This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

THE FRANCIS A. COUNTWAY LIBRARY OF MEDICINE
HARVARD MEDICAL LIBRARY-BOSTON MEDICAL LIBRARY

THE

6 [illegible]

MEDICAL AND SURGICAL REPORTER:

A WEEKLY JOURNAL.

(ESTABLISHED IN 1858, BY S. W. BUTLER, M.D.)

EDITED BY

D. G. BRINTON, M.D.

JANUARY–JULY, 1881.

VOL. XLIV.

PHILADELPHIA:
NO. 115 SOUTH SEVENTH STREET.
1881.

BOSTON MEDICAL
JUL 10 [illegible]
LIBRARY

CONTRIBUTORS.

ADAIR, L. J., 89.
AGNEW, D. HAYES, *Clinic*, 626, 654.
APPLEY, J. G., 500.
ASHHURST, JOHN, Jr., *Clinic*, 678.
AUBREY, J. C., 557.

BAMBER, T. R., 334.
BARNES, H. E. H., 360.
BARTON, ISAAC, 401.
BATTEN, J. M., 286.
BEARD, GEO. M., 583.
BEAUMONT, G., 221.
BEAVER, D. B. D., 147.
BELL, T. S. 141.
BETTELHEIM, CARL, 505.
BIGELOW, A. E., 80.
BIGELOW, H. R., 604.
BLACKWELL, E. T., 108.
BLACKWOOD, WM. R. D., 289.
BLAISDELL, FRANK, 81.
BROOKS, JOHN, 305.
BROWNSON, W. G., 692.
BUCK, W. PENN, 697.
BUCQUOY, M., 645.
BULDRIDGE, M. C., 484.
BULLARD, FRANK B., 164.
BUTLER, L. C., 80, 193.

CHARCOT, M., 393.
CHRISTINE, G. M. M., 163, 474.
CLARK, ALONZO, 1, 29, 225, 253, 365, 449.
COLE, R. BEVERLY, 622.
COLTMAN, ROBERT, 708.
CORSON, HIRAM, 57, 173, 259, 421.
CRANDALL, CHAS. R., 41, 533.
CROTHERS, T. D., 141, 506.
CUTTER, G. R., 361.

DA COSTA, J. M., *Clinic*, 41, 93.
DELAFIELD, FRANCIS, *Clinic*, 289.
DETWEILER, A. C., 499.
DE YOUNG, A. H., 815.
DINGEE, RICHARD, 249.
DRAPER, WM. HENRY, 477.

ENGEL, HUGO, 454, 617.
ERICHSEN, JOHN ERIC, 443

FIERCE, W. W., 26.
FORCE, J. F., 531.
FOSTER, E., 222.
FOURNIER, M., 85.
FOX, G. T., 304.

GARRISON, MRS., 91.
GARRISON, G. W., 312.
GOODELL, WM., *Clinic*, 61, 567.
GOUCHER, J. T., 54.
GROSS, S. D., *Clinic*, 429.
GUSTINE, JOHN W., 230.

HALE, JAS. J., 165.
HALLORAN, M. J., 341.
HARVEY, J. G., 249.
HANSELL, H. F., *Report*, 313.
HAWKINS, W. H., 119.
HENGST, D. A., 150.
HILL, E. W., 446.
HILL, GEO., 109, 249.
HINSDALE, GUY, *Report*, 626, 654, 678.
HOLMES, JOHN C., 708.
HORNER, FRED., Jr., 814.
HUBBARD, J., 612
HUDSON, A. S., 26, 591.
HURD, E. P., 694.
HUTCHINSON, JAS. H., *Clinic*, 121, 207, 485.

JACOBI, A., 345.
JOHNSTON, J. A., 859.
JONES, ISAAC, 710.

KANE, H. H., 113, 221, 537, 649.
KELCH, A. H., *Report*, 124, 318.
KIMMEL, J. A., 611.
KISTLER, W. P., 163.

LANDESBERG, M., 234.
LAURENCE, WM. M., 643.
LAVERTY, D. C., 82.
LAW, G., 584.
LEE, BENJAMIN, 206, 416, 643.
LEVICK, A. P., 696.
LEVIS, R. J., *Clinic*, 680.

MACFIE, JAMES, 118.
MANLEY, THOS. H., 583.
MANN, EDWARD C., 674.
McCLENACHAN, H. M., 338, 458, 539.
MERRIMAN, D. J., 219.
MICHENER, E., 39.
MILLARD, F. R., 643.
MILLER, CHAS. H., 529, 696.
MILTON, M., 697.
MOFFIT, JAMES, 334.
MORRIS, A. W., 529.
MORRIS, JOHN, 652.
MORRISON, WM. H., *Report*, 10, 61, 176, 237, 401, 567.

NYE, H., 79.

OLLIPHANT, SAMUEL R., 642.
O'NEAL, J. W. C., 280.
OWSLEY, W. J., 81.

PEARSON, J. S., 358.
PEARSON, J. W., 250.
PEPPER, WM., *Clinic*, 10, 176, 237, 309, 401.
PIFFARD, H. G., 612.
PIRNAT, J., 576.
POLK, WM. M., *Clinic*, 593.
POWELL, W. B., 584, 613.

REED, BOARDMAN, 342.
REYNOLDS, D. S., *Clinic*, 318.
RUSH, E. W., 25.

SABIN, R. H., 55.
SACKETT, S. P., 92.
SCHUYLER, C. C., 204.
SEILER, CARL, 427, 565.
SHINDEL, JOHN Y., 694.
SHIVERS, C. H., 279.
SCHLEIMER, D., 710.
SHOLL, E. H., 279, 360.
SIMON, JULES, 281, 337.
SMITH, T. C., 701.
SOUWERS, GEO. F., 35, 121, 207, 485
SOZINSKEY, T. S., 7.
SPENCER, H. C., 283.
STELWAGON, H. W., 460.
STEWART, F. E., 370.
STINSON, J. E., 500.
STONE, E. R., 482.
STROUT, A. O., 558.
STUART, A. B., 53.
STURGIS, F. R., 673.
SUNDBERG, J. C., 308.
SWERINGEN, S. V., 60.

THOMPSON, MARY HARRIS, 561.
THOMPSON, N. G., 696.
THOMPSON, WM., *Clinic*, 316.
TURNBULL, CHAS. L., 197, 413, 443, 470.
TURNBULL, LAURENCE, 388.

VANCE, REUBEN A., 424.
VAN VRANKEN, A. T., 164.
VOJE, J. H., 361.

WALLACE, T. C., 373, 396, 446.
WATHEN, WM. H., 169.
WEISS, N., 589.
WEST, S. L., 710.
WIGHT, J. S., 676.
WILE, WM. C., 360, 612.
WILSON, H. AUGUSTUS, *Clinic*, 263; *Report*, 630
WOLFE, SAM'L, 221.
WOODBURY, FRANK, *Report*, 429.
WRIGHT, J. S., 418.
WYNNE, W. H., 677

INDEX.

Abdominal; abscess, 347; belt, 386.
Abnormal menstruation, 108.
Abortion as a therapeutic measure, 243.
Abortive treatment of smallpox, 302.
Abscess; perinephritic, 11; of the liver, 181; of abdomen, 347; of tonsil, 347; gonorrhœal, 527.
Abstract of ophthalmological literature, 413, 443, 470.
Accidental deaths, increase of, 442.
Accidents after ovariotomy, 105.
Accommodating muscle, treatment of paralysis of, 162.
Account of nine sclerotomies, 234.
Accumulation of foreign bodies in the stomach, 17.
Accuracy of clinical thermometers, 222.
Acid; *benzoic*, action of, 182; *carbolic*, in hemorrhoids, 96; as an antipyretic agent, 274; in carbuncle, 294; poisoning by, 613; *lactic*, in vesical catarrh, 23; *phosphate*, Horsford's, 167; *pyrogallic*, in hemorrhage from the rectum, 576; *salicylic;* as a foot powder, 162; elixir of, 556.
Acids, mineral, to relieve burns from, 470.
Acne vulgaris, treatment of, 99.
Aconite; in fevers, 525; poisoning from, 616.
Act; medical, for Pennsylvania, 502; relating to color blindness, 559; temperance, in Kansas, 559.
Action; of benzoic acid, 182; of anæsthetics, 275; of electricity, 330; of bromides in epilepsy, 707.
Active principle of hydrastis, 470.
Activity, relation of sexual to cerebral, 50.
Actual cautery, use of the, 58.
Acute; rheumatism, 69, 377, 576; glaucoma, 234; gonorrhœa, cardiac complications of, 498.
Adherent placenta, 349.
Adolphe Gubler's therapeutics, 74.
Adulteration; of drugs, 83; of food supplies, 134; of coffee, 469.
Adults, glaucoma in, 234.
Affection; of the nails, 168; of the liver and stomach of habitual drinkers, 617.
Affections; pleuritic, sudden death in, 321; of the testicle, suspensory bandage in, 673; of the skin in neuralgia, 697.
Africa, medical practice in, 531.
After; pains, chloral in, 68; education of graduates, 827.
Age, old, hygiene of, 424.
Agent; antiseptic, carbolic acid as an, 274; electrical, dried collodion as an, 331.
Agents; therapeutical, 24; digestive, in inflammatory rheumatism, 60.
Aid associations, 357.
Air, detection of carbon in the, 358.
Albuminate of iron in amenorrhœa, 525.
Albuminuria; in healthy men, 128; the pathology of, 393.
Alcohol, antispasmodic effects of, 328.
Alcoholic liquors, their effect on the liver and stomach, 617.
Alleged higher rate of mortality in the medical profession, 157.
Allies of homatropin, 24.
Allocheiria, 691.
Alumni association of Jefferson Medical Col., 835.
Amenorrhœa; albuminate of iron in, 525; sterility and, 634.
Ammonia, intravenous injection of, 411.
Amputation of a finger, 680.
Anæmia, mitral disease, with and without, 207.
Anæsthesia; by compressed nitrous oxide, 44; by rapid breathing, 276; special, 278; in labor, 279; the earliest instance of, 615.
Anæsthetic; narcosis, 278; methods modified, 704.
Anæsthetics; relative action and administration of, 275; mortality from, 278.
Anæsthetizing during sleep, 279.
Anatomical; act in Michigan, 447; guides, tattoo marks as, 496.
Anchylosed elbow joint, 655.
Aneurism of the femur, 119.
Angina pectoris, 550.
Aniline colors detected in wine, 685.
Animals; used for food, diseases of, 352; favus from, 579.
Annual report of the Surgeon General, 75.
Anthrax; bacillus the source of, 49; treatment of, 682.
Antidote to strychnia, 113.
Anti- ; *miasmatic*, eucalyptus as an, 160; *pyretic* agent, carbolic acid as an, 274; *septic;* treatment of empyema, 22; practical methods of, 101; dressing, 133; with eucalyptus oil, 71; methods of Esmarch, 154; removal of scrotal elephantiasis, 295; *spasmodic* effects of alcohol, 328; *syphilitic*, turpentine as an, 192.
Anuria, blistering in, 23.
Aortic and mitral regurgitation, 152.
Aphasia, 22.
Apparatus for extension in fractures, 387.
Apparent insusceptibility to nitrous oxide, 106.
Apparitions, or false conceptions, 218.
Application; of fixed dressings, 35; of the faradic and galvanic currents, 331, 704.
Applications; revulsive, in tuberculosis, 52; topical, of iodoform in orchitis, 528.
Argument, an astounding, 504.
Arsenic in enlarged spleen, 218.
Art, medical, among the Celestials, 697.
Artery forceps, 386.
Artificial; respiration in newborn infants, 126; membrana tympani, 266.
Aspergillus nigricans, 25.
Asphyxia of the newborn, hot baths in, 442.
Association; for the protection of the insane, 250, 265; Northern medical, of Philadelphia, officers of, 280; of Medical Officers of American Institutions for Idiotic and Feeble minded persons, 559; of medical editors, 586; of medical colleges, 586; American surgical, 587; medical, of Georgia, 587.

Asthma, electricity in, 333.
Astigmatism, 318.
Astounding argument, 504.
Asylum; State Lunatic, of Pa., removal of superintendent of, 56.
Asylums, insane, plans for, 614.
Atelectasis, forced respiration in, 701.
Atheroma of the aortic valves and arteries, 401.
Atmosphere, epidemic constitution of the, 634.
Atropia sulphate; in epileptiform convulsions, 70; in wounds of the cornea, 147; prevention of the irritating effects of, 516; in opium poisoning, 708.
Attack of trichinosis, 28.
Aural; department of Jefferson Med. Col. Hospital, brief report, 65; polypi, treatment of, 69.
Autopsy; in sclerema, 54; in typhoid fever, 93.
Away with the spray, 77.
Axillary pad in fractured clavicle, 222.

Babies, hogs *vs.*, 476.
Bacillus as the source of anthrax, 49.
Backache, high-heeled boots and, 684.
Baker's cod-liver oil, 167.
Bandage; plaster-of-Paris, in spinal irritation, 377; galvanic, in hydrocele, 441; suspensory, in affections of the testicle, 673.
Baths; cold, in rheumatism, 100; hot, in asphyxia of the newborn, 442.
Battey's operation, 17.
Bellevue Hospital Medical College weakening, 280, 385.
Belt, abdominal, stem pessary and, 386.
Benevolent societies, statistics of sickness in, 687.
Benzoate; of soda in rheumatism, 442; of calcium, 607.
Benzoic acid, action of, 182.
Bichromate of potash in obstinate syphilis, 193.
Bile ducts; obstruction of the, 401; obliteration of the, 690.
Biliary calculi, hygienic treatment of, 580.
Birth, quintuple, 334.
Births, the limitation of, 382.
Bladder; irritable, in the female, 108; stone in the, 221, 288; drainage in chronic cystitis, 324; disease of the, 424; application of galvanism to the, 704.
Bleeding; local, in inflammation, 76; in tetanus, 406; in eclampsia, 707.
Blindness, color; act relating to, 559; statistics of, 615; in pilots, 699.
Blistering, in aneuria, 23.
Blood, changes in, in acute rheumatism, 69.
Blunders of doctors, 583.
Board of health; the national, 139; effort to establish a, 246; value of, 110.
Bodies; foreign; in the stomach, 17, 359; extracted from the ear, 241; in the uterus, 302; removed by gastrotomy, 329; Pacchionian, office of the, 526; movable, in the knee joint, 580.
Bogus diploma business in Philadelphia, 83.
Bone; femoral, fracture of the, 159; temporal, neurosis of, 431.
Boots, high heeled, and backache, 684.
Born bearded, 167.
Bougie as a tampon, 267.
Boys, incontinence of urine in, 652.
Brain; injury, serious, slight results from, 377; substance, its relation to mental power, 517, 525.
Brains, size of, 280, 364.
Branches, special, in medicine, 304.
Breast, cancer of the, 161.
Breathing, rapid, for anæsthesia, 276.
Bright's disease, ophthalmoscopic diagnosis of, 677.
British contagious diseases acts, 699.
Bromides in epilepsy, 707.
Bronzing of the skin, 517.
Brow case, incompetence in a, 110.
Buchanan, "Dr.", 251.
Buildings, public, sanitary rules for, 686.
Burn; severe, recovery from, 81; treatment of, 412; from mineral acids, relieved, 470.
Butterine and winter cholera, 307.

Cæsarean operation, 101.
Calcium, benzoate of, 607.
Calculi; pancreatic, 401; biliary, 580.
Calomel; and chlorate of potash, 224, 364; corrosive sublimate from, 279.
Can syphilis be spread by vaccination with human virus? 52.
Cancer; of stomach, 151; of breast, 161; of rectum, 241; of the tongue, 406; chian turpentine in, 454; mammary, infiltration in, 691.
Cantharides poisoning, symptoms of, 574.
Carbolic acid; in hemorrhoids, 96; as an antipyretic agent, 274; in carbuncle, 294; poisoning by, 613.
Carbon, detection of in the air, 358.
Carbuncle, carbolic acid in, 294.
Cardiac; disease, dropsy in, 237; prognosis in, 515; complications of acute gonorrhœa, 498.
Care of foundlings in Philadelphia, 475.
Carica papaya, 106.
Caries of the spine, 485.
Caruncle, urethral, 627.
Case; a tough, 26; of hemorrhagic diathesis, 44; of hæmophilia, 56; of poisoning with ergot, 69; of diabetes, 82; of typhoid fever, 93; of cæsarean operation, 101; of herniotomy, 118; of tubercular meningitis, 150; of prolapsus, 220; of glaucoma, 234; of convergent strabismus, 263; of gastrectomy, 329; of poisoning by chlorate of potash, 330; of syphilitic disease, 401; of myelitis, 485; of triplets, 531; of double quotidian hemorrhagic fever, 556; of prolonged gestation and unusual labor, 561; illustrating missed labor, 572; of morphine habit, 649; of dystocia, 670; of opium poisoning, 708.
Cases; of syphilis, 13; in mental therapeutics, 16; of exophthalmic goitre, 89; of wounds of the cornea, 147; of diseases of the pancreas, 153; of spinal irritation, 182; of optico-ciliary neurotomy, 316; of trichinosis, 419; of pulmonary syphilis, 427; of hysteria, sudden death in, 575; of compound ganglion of the flexors of the hand, 676: of allocheiria, 691.
Cat, trichinæ in a, 195.
Catalepsy and the faculty of speech, 300, 676.
Cataract, syphilis as a cause of, 191.
Catarrh; vesical, lactic acid in, 23; nasal, 230, 822, 333, 401, 574; intestinal, 345.
Catarrhal; phthisis, 176; diphtheria, 575.
Catching cold, 565.
Causation of the uniformly small pelvis, 412.
Cause; of nephritis after diphtheria, 385; of infant mortality, 409; of rigor mortis, 468; of disease, excessive eating as a, 573.

Causes; of pneumonia, 358; of sudden death in disease, 494; of deaths in Great Britain, 532; of insanity, 640.
Cautery, actual, use of the, 58.
Cavazzini's, case of gastrotomy, 329.
Celestials, medical art among the, 697.
Centenarians, 84, 644.
Cerebral; tumor, 22; activity, 50; rheumatism, 100; hemorrhage, 242; trance, 609.
Cerebrology of criminals, 640.
Cervix uteri; laceration of the, 61; dilation of, 188; chian turpentine in epithelioma of the, 469.
Chancre of the lip, 660.
Changes; in the blood in acute rheumatism, 69; in Marine Hospital Service, 82, 474.
Character of diabetic urine, 55.
Charbon, malignant, germs of, 524.
Charleston, S. C., influenza in, 504.
Charter annulled, 368.
Checking phthisical cough, 356.
Chemical examination of drinking water, 166.
Chian turpentine in cancer, 454; in epithelioma of the cervix uteri, 469.
Child; male, hysteria in a, 188; large amount of opium to a, 446.
Childbed, utero-vaginal injections in, 681.
Children; vesical spasms in, 23; diseases of, 77; typhoid fever in, 281; valvular disease of the heart in, 606; inward fits in, 685.
China, how doctors are made there, 697.
Chloral; in after pains, 68; as an antidote to strychnia, 113, 279; pharmacology of, 160; poisoning by, 221; hydrate, 587; eczema from, 556; in eclampsia, 707.
Chlorate of potash; and calomel, 224; poisoning by, 330.
Chloroform, ether and, 76.
Cholera infantum, lactopeptine in, 699.
Chorea in pregnancy, 188.
Chromicized catgut ligature, 442.
Chronic; peritonitis, localized, 41; nasal catarrh, 230, 822; diffuse nephritis, 290; prostatic enlargement, 822; cystitis, 824; uterine inversion, 441; nicotine poisoning, 578; ulcer of the stomach, 582; affection of the liver and stomach, 617; colitis, 672, 710; intermittent fever, 695.
Cinchona; cutaneous eruption from, 102; trees, 215.
City of Mexico as a health resort, 140.
Classification of lung diseases, 161.
Clavicle, fractured, 222.
Clinical; studies of inebriety, 144, 506; thermometers, 222; varieties and treatment of pneumonia, 645.
Club foot, operation for, 212.
ca leaf, 616.
d-liver oil, Baker's, 167.
ffee adulterants, detection of, 469.
ld; baths, in cerebral rheumatism, 100; fire, 217; is it favorable to health? 251; treatment of dysentery, 517; catching, 565.
lic, sodium phosphate in, 100.
litis, chronic, 672, 710.
llections, purulent, salt water in, 610.
llege; commencements, 385, 861; a new medical, 418.
llodion, dried, as an electrical agent, 381.
lorado, a strange story from 672.
Color blindness; act relating to, 559; statistics of, 615; painful effects of, 639; in pilots, 699.
Colors, aniline, detected in wine, 685.
Colotomy, value of, 240.
Combination of stem pessary and abdominal belt, 386.
Combinations, explosive pharmaceutical, 50.
Comparative mortality of, 1881, 699.
Complete; extirpation of the uterus, 350; obliteration of the common bile duct, 690.
Complicated; presentation, 133; case of prolapsus, 220.
Composition of podophyllin, 302.
Compound; fracture of radius and ulna, 627; ganglion of the flexors of the hand, 676.
Compressed; nitrous oxide for anæsthesia, 41; hypodermic tablets, 643.
Compresses of hot water in tetanus, 188.
Concentrated solution of quinine, 555.
Concentration theory of trance, 583.
Conceptions, false, 218.
Condition of Malaga, 83.
Conference, international sanitary, 88.
Confessions, medical, 54, 110, 164, 195.
Congenital hydrocephalocele, 53.
Congestive dysmenorrhœa, 412.
Congress; international, of hygiene, 84; pharmaceutical, 588.
Consciousness in epilepsy, 668.
Consumption; of the lungs, relation of sex to, 7; galloping, 179: of diseased meat, 136; of opium in the United States, 438.
Constipation; Swedish movement cure in, 206; psyllium seeds in, 555.
Constitution; of human milk, 490; epidemic, of the atmosphere, 684.
Contagion; of enteric fever, 217; mental, 641; from milk, 666.
Contagious diseases law; in Wisconsin, 613; in Great Britain, 699.
Contribution to the study of nervous diseases, 674.
Control of diarrhœa in typhoid fever, 516.
Convalescence, tonic potions in, 610.
Convergent strabismus, 263.
Convulsions treated by sulphate atropia, 70.
Cookery as it should be, 298.
Copaiva in sciatica, 376.
Copper, sulphate of; in croup, 581; in neuralgia, 611.
Cord, management of the, 17.
Cornea, wounds of the, 147.
Correction, a, 671.
Corrosive sublimate from calomel, 279.
Coryza, curious form of, 247.
Cosmetic invention, 616.
Cough; phthisical, checking, 356; ergotin in, 468.
Council, sanitary, of the Mississippi valley, 558.
Cow vaccination, product of, 249.
Coxalgia; diagnosis of, 666; rec al touch in, 707.
Craniomeningocele, 53.
Cremation, 644; progress of, 104; in Rome, 195; society, 419.
Criminals, cerebrology of, 640.
Criterion of hallucinations, 668.
Croup; with tracheotomy, 124; membranous, 151; sulphate of copper in, 581.
Crude petroleum, 697.
Cultivation of cinchona trees, 215.
Cupping, dry, in typhoid fever, 248.

Cupric test pellets, 612.
Curative treatment of smallpox, 302.
Cure; of tabes dorsalis, by nerve stretching, 23; of phthisis, 52; of glaucoma by sclerotomy, 234; of a case of morphine habit, 649.
Curiosities of vital statistics, 189.
Curious; accumulation of foreign bodies in the stomach, 17; physiological experiment, 76; affection of the nails, 163; form of coryza, 247; statistics of color blindness, 615; cosmetic invention, 616; facts in physiological magnetism, 666.
Currents, faradic and galvanic; applications of, 331; as a stimulant in parturition, 331; in obstinate sciatica, 333.
Cutaneous eruption, from quinine, 102.
Cystic degeneration of the pancreas, 401.
Cystitis; chronic, bladder drainage in, 324; gonorrhœal, 498.

Danger; of dusting calomel into the eye, 446; of vaginal injections, 469.
Day, a question of the, 385.
Dead fœtus, tardy expulsion of a, 274.
Deaf mutes, oral method for, 67.
Death; in pleuritic affections, 321; from swallowing false teeth, 516; by pulmonary embolus, 555; sudden, in hysteria, 575; from smallpox, 588.
Deaths; accidental, increase of, 442; in Great Britain, 532.
Decision; a righteous, 363; of an important question, 554.
Delirium tremens, treatment of, 488.
Delivery; spontaneous, 133; forced, at eight months, 163.
Dermic dressing in variola, 26.
Desiccated ox blood and hæmoglobin, 802.
Detection; of carbon in the air, 358; of coffee adulterants, 469; of feigned epilepsy, 669; of aniline colors in wine, 685.
Development; natural, of syphilis, 15; of the physical signs in pneumonia, 188.
Diabetes; 82; insipidus, galvanization of the medulla in, 332; phosphatic, 552.
Diabetic urine, character of, 55.
Diagnosis; of ovarian tumors, 61; of rheumatic gout, 241; of adherent placenta, 349; of paronychia, 430; of tertiary syphilis, 432; of the forms of insensibility, 434; of jaundice, 436; of coxalgia, 666; of morbus Brighti, 677.
Diarrhœa; in typhoid fever, 516; infantile, 582; of phthisis, 659.
Diarrhœal diseases of infancy, 470.
Diathesis, hemorrhagic, 44.
Dictionaries, the German-English medical, 361.
Diet, water, in typhoid fever, 517.
Differences of race, 690.
Diffuse nephritis, chronic, 290.
Diffused traumatic aneurism of the femur, 119.
Digestive agents in inflammatory rheumatism, 60.
Dilatation of the cervix uteri, 188.
Dilating the uterus, 183.
Diminution in the size of heads, 615.
Dioscorea villosa, 162.
Diphtheria; 79, 151; in Illinois, 111; in Russia, 152; cause of nephritis after, 385; treatment of 433, 579; catarrhal, 575; pilocarpin in, 638; lemon juice in, 707.
Diploma; business, in Pennsylvania, 83; of an herb doctor, 475.
Discovery of medicinal plants, 638.
Disease; of labium, thermo-cautery in, 17; of ear, following scarlet fever, 45; of the pancreas, 153; mitral, 207; cardiac dropsy in, 287; organic, 289; prognosis in, 515; predisposition to and intolerance in, 286; organic nervous, 349; of the heart, 365; in children, 603; of the bladder, 424; of the skin, 441; St. Gothard tunnel, 442; causes of sudden death in, 494; excessive eating a cause of, 573; uterine, 593; insanity, a, 641; Pott's, 000.
Diseased meat, consumption of, 134.
Diseases; of children, 77; filth, origin of, 98; of the liver, 121; skin, effects of vaccination on, 159; lung, classification of, 161; syphilitic, 190; of the middle ear, 197; valvular, 225, 258; of the naso-pharynx, 333; of animals used for food, 352; uterine, viburnum prunifolium in, 433; of the heart, 449; filth, 558; contagious, 618; of the uterus, 622; mental, in relation to sexual irregularities, 640; nervous, 674.
Dislocation of finger, 431.
Disordered liver, 183.
Dispensary, Philadelphia, 195.
Displacements of the uterus, 622.
Display of pharmaceuticals, 587.
Dissection, preservation of bodies for, 248.
Distention of the gall bladder, 401.
Disturbances of menstruation, 331.
Disuse of the axillary pad in fractured clavicle, 222.
Division, sanitary, of the seasons, 614.
Doctor; why be a? 48; herb, diploma of a, 475.
Doctors; mistakes and blunders of, 583; how made in China, 697.
Dose, poisonous, of morphine, 611.
Double quotidian hemorrhagic fever, 556.
Drainage of the bladder, 324.
Dressing; dermic, in variola, 26; surgical, 635.
Dressings; fixed, application of, 85; antiseptic, 133; eucalyptus oil in, 71.
Dried collodion as an electrical agent, 331.
Drinkers, habitual, of strong alcoholic liquors, the liver and stomach of, 617.
Drinking water; impure, 134; chemical examination of, 166.
Drinks; temperance, the improvement of, 608; foods and, 637.
Dropsy; ovarian, 80; in cardiac disease, 237.
Drugs, adulteration of, 88.
Drunkards, pigs as, 419.
Dry cupping in typhoid fever, 248.
Duboisia, in wounds of the cornea, 147.
Dumbness after measles, 160.
Duration of pregnancy, 639.
Dusting calomel into the eye, 446.
Duty, physicians', 186.
Dysentery, cold treatment of, 517.
Dysmenorrhœa, 250, 412.
Dyspepsia, gastro-intestinal, 633.
Dystocia relieved by episiotomy, 670.

Earache, treatment of, 434.
Ear; diseases following scarlet fever, 45; middle, 197; extraction of foreign bodies from the, 241; rings, injury from, 358.
Earliest instance of anæsthesia, 615.

Easy cure of a case of morphine habit, 649.
Eating, a cause of disease, 573.
Eclampsia, treatment of, 707.
Eczema; of the fingers, 134; of the scalp, 555 707; from chloral, 556; treatment of, 659.
EDITORIALS:—
  A Glance at Last Year's Work, 20.
  Why Be a Doctor? 48.
  The Bacillus as the Source of Anthrax, 49.
  Adolphe Gubler and His System of Therapeutics, 74.
  Annual Report of the Surgeon General, 75.
  The Progress of Cremation, 104.
  The Use of Tobacco, 132.
  The Alleged Higher Rate of Mortality in the Medical Profession, 157.
  Variations in Pharmaceutical Preparations, 158.
  The Limits of a Physician's Duty, 186.
  The Cultivation of Cinchona Trees, 215.
  The Effort to Establish a Board of Health, 246.
  The Sanitary Regulation of Prostitution, 271.
  Cookery as it Should Be, 298.
  The After Education of Graduates, 327.
  The Diseases of Animals Used for Food, 352.
  Women as Physicians, 354.
  The Limitation of Births, 382.
  Infant Mortality, its Causes and Prevention, 409
  The Consumption of Opium in the United States, 438.
  The Relation of Hybrid Marriages to Sex in Offspring and Fecundity, 439.
  The Social Status of the Medical Profession, 466.
  The Education of the Public in Health Matters, 467.
  Some Recent Views of Life and its Forces, 493.
  The Causes of Sudden Death in Disease, 494.
  Explanations of Mercuric Phenomena, 521.
  Questions Relating to Typhoid Fever, 522.
  The American Medical Association, 553.
  An Important Question Decided, 554.
  The Theory of Maternal Impressions, 577.
  The Improvement of Temperance Drinks, 608.
  Recent Studies on Foods and Drinks, 637.
  Recent Medical Legislation, 663.
  Statistics of Sickness in Benevolent Societies, 687.
  The Improvement of Medical Literature, 706.
Editors, American Medical, Association of, 586.
Education; after, of graduates, 327; of the public in health matters, 467.
Effects; of sanitation, 22; of tobacco on the uterine functions, 77; of varicocele on the testicles, 127, 435; of vaccination on skin diseases, 159; of electric light on the eye, 161; antispasmodic, of alcohol, 323; of chian turpentine in cancer, 454; of smoking, 496; of atropia, 516; of color, 639.
Effort to establish a board of health, 246.
Effusion, pleural, 10, 247, 407.
Elastic; ligature in surgery, 52; pressure in uterine inversion, 441.
Elbow joint, anchylosed, 655.
Electro-; magnet in paralysis of sensation, 332; therapeutics, 771.
Electric; light, its effects on the eye, 161; treatment of exophthalmic goitre, 333.
lectrical agent, dried collodion as an, 331.
Electricity; static, in neuralgia, 288; its mode of action, 330; in asthma, 333.
Elephantiasis, scrotal, removal of, 295.
Elixir of salicylic acid, 556.
Elongation of nerves in tetanus, 496.
Embolism, 14.
Embolus, pulmonary death from, 555.
Emphysematous lung, pneumonia in an, 95.
Empirical treatment of inebriety, 144.
Empyema, antiseptic treatment of, 22.
Endocarditis, 1, 29, 225, 323, 607.
Enlarged spleen, injection of arsenic for, 218.
Enlargement; chronic prostatic, 322; of the Jefferson Medical College, 699.
Enteric fever; without lesion of Peyer's patches, 160; the contagion of, 217.
Epidemic; of orchitis, 162; of smallpox, 195; metastatic parotiditis, 529; constitution of the atmosphere, 634.
Epidemics; of Philadelphia in 1879, 66; relations of, 134.
Epidymitis, 53, 498.
Epigastric pressure in obstinate hiccough, 274.
Epilepsy; incipient, gelsemium in, 435; persistent consciousness in, 668; feigned, detection of, 669; bromides in, 707.
Epileptic mania, 668.
Epileptiform convulsions treated by sulphate atropia, 70.
Episiotomy, relief of dystocia by, 670.
Epithelioma, chian turpentine in, 469.
Ergot, poisoning by, 69.
Ergotine in cough, 468.
Eruption, cutaneous, from quinine and cinchona, 102.
Eruptive fevers, parallelism of the, 337.
Esmarch's latest improvements, 128, 154.
Esthiomenos ano-vulvaris, 108.
Ether and chloroform, 76.
Ethical question, 164, 224, 392, 560.
Etiology of vertigo, 293.
Etiquette, fatal military, 167.
Eucalyptus; oil, in antiseptic dressings, 71; as an anti-miasmatic, 160.
Evolution; recent views of, 45; Dr. F. M. Robertson *vs.*, 693.
Examination; microscopic, of sclerema, 54; of drinking water, 166.
Excessive eating a cause of disease, 573.
Excision of cancer of the rectum, 241.
Excoriations of the nipple, 133.
Exhaustion, nervous, 405.
Expectorants, food and fats as, 212.
Experiences of vaccinators, 698.
Experiments; curious physiological, 76; in hypnotism, 165; by means of a gastric fistula, 526.
Explanations of mesmeric phenomena, 521.
Explosive pharmaceutical combinations, 50.
Exophthalmic goitre, 89, 333.
Expulsion of a dead fœtus, 274.
Extension apparatus, 387.
External use of jaborandi in mammary inflammation, 704.
Extirpation of the uterus, 350.
Extraction of foreign bodies from the ear, 241.
Extremities, operations on the, 499.
Eye; effects of electric light on the, 161; and ear infirmary, German, 168; danger of dusting calomel into the, 446.
Eyelid, sarcoma of the, 346.

Facial nerve, stretching the, 153.

Facts; in smallpox, 204; about pneumonia, 554; in physiological magnetism, 666.
Faculty of speech, 300.
Failure; mental, 153; of pilocarpin in diphtheria, 638.
False; conceptions, 218; teeth, death from swallowing, 516.
Faradic current, the application of, 331.
Fatal; military etiquette, 167; case of poisoning by chlorate of potash, 330; syphilis, 357.
Fats as expectorants, 212.
Fatty heart, treatment of, 267.
Favus, transmitted from animals, 579.
Fecal fistula, from gunshot wound, 529.
Fecundity, relation of hybrid marriages to, 439.
Feeding of infants, 584.
Feet; fetid sweating of the, 18; hot water for, 51.
Feigned epilepsy, detection of, 669.
Female; irritable bladder in the 108; bladder, stone in, 288.
Femoral bone, fracture of the, 39, 159.
Femur, aneurism of the, 119.
Fetid sweating of the feet, 18.
Fever; *typhoid*, 12, 93, 103, 127, 160, 216, 217, 248, 281, 441, 516, 517, 522, 551; *scarlet*, in Western Pennsylvania, 27; ear disease following, 45; *malarial*, the parasite of, 216; hemorrhagic, 556; intermittent, 642; *gastric*, intermittent, 665; chronic intermittent, 695; yellow, 700.
Fevers; eruptive, parallelism of the, 337; aconite in, 525.
Fibres, muscular, the striation of, 358.
Fibroid tumor of the uterus, 567.
Filth diseases, origin of, 98, 558.
Filthy streets, 558.
Finger; dislocation of, 431; amputation of, 680.
Fingers; eczema of the, 134; supernumerary, 481.
Fire, cold, 217.
First investigator of neurasthenia, 51.
Fissures of the nipple, 138.
Fistula; vaginal, 169; gastric, 526; fecal, 529; vesico-vaginal, 568.
Fits, inward, in children, 685.
Fixed dressings, 85.
Flexors of the hand, compound ganglion of, 676.
Florida; in the winter of 1880, '81, 84; improvement in, 195.
Fluid, Wickersheimer's, 51.
Fly-dirt as a local remedy, 107.
Fœtus, dead, tardy expulsion of a, 274.
Fogs of London, 301.
Food; supplies, adulteration of, 134; as an expectorant, 212; for infants, 301; diseases of animals used for, 352.
Foot powder, salicylic acid as a, 162.
Foods and drinks, 637.
Forced; delivery at eight months, 163; respiration in weak lungs, atelectasis, phthisis, 701.
Forceps; mechanical theory of the, 70; use of the, 373, 396; artery and needle, 386.
Forces of life, 498.
Forearm, paralysis of the, 430.
Foreign; bodies in the stomach, 17, 329, 359; in the ear, 241; in the uterus, 302.
Form, curious, of coryza, 247.
Forms of insensibility, 434.
Foundlings, care of, in Philadelphia, 475.
Fracture; of the os femoris, 39, 159; of the clavicle, 222; of the leg, extension appatus for, 387; of radius and ulna, 627.
Fragrant sumach, 666.
Free quinine, how it works, 448.
French mineral waters in obesity, 524.
Frostbite, treatment of, 218, 360.
Fuchsine detected in wine, 685.
Functions, uterine, effects of tobacco on the, 77.
Fungus of syphilis, 189.

Gall; bladder, distention of the, 401; stones, olive oil in, 518.
Galloping consumption, 176.
Galvanic; currents, application of, 331, 333; bandage, in hydrocele, 441.
Galvanism applied to the bladder, 704.
Galvanization of medulla, 332.
Galvano-cautery in nasal catarrh and diseases of the naso-pharynx, 333.
Ganglion of the flexors of the hand, 676.
Gastrectomy, 329; menstruation after, 689.
Gastric; ulcer, 477; fistula, 526; intermittent fever, 665.
Gastro-intestinal dyspepsias, 633.
Gastrotomy for removal of foreign bodies, 329.
Gauging physicians, 55.
Gaultheria procumbens, 25.
Gelatine, medicated, in nasal catarrh, 401.
Gelsemium in incipient epilepsy, 435.
General paralysis of the insane, 189.
Genesis of hallucinations, 667.
Geography; medical, 475; of malaria, 703.
Georgia; northern, a health resort in, 303; medical association of, 587.
German; eye and ear infirmary, 168; pharmacopœia, 356, 504; -English medical dictionaries, 361; measles, 417, 482; mineral waters in obesity, 524.
Germs of malignant charbon, 524.
Gestation, prolonged, 561.
Glaucoma cured by sclerotomy, 234.
Glycosuria, a new test for, 384.
Goitre, 41, 89, 333.
Gonorrhœa, 497, 527.
Gout; rheumatic, 241; treatment of, 573; use of lime in, 684.
Graduates, the after education of, 327.
Granular urethra, 528.
Grave's disease, 480.
Great Britain; causes of deaths in, 532; patent medicines in, 698.
Green vomit, nature of, 464.
Gubler and his therapeutics, 74.
Guides, anatomical, tattoo marks as, 496.
Gummata of the iris, 191.
Gunshot wound, 347, 539.
Gymnastics; for the phthisical, 464; pulmonary, 701.
Gynæcology, iodoform in, 162.

Habit, opium; veratrum in the, 360; cure of, 649.
Habitual drinkers of strong alcoholic liquors, chronic affection of the liver and stomach in, 617.
Hæmoglobin, desiccated ox blood and, 302.
Hæmophilia, 56.
Hallucinations, 667, 668.
Hammond prize, American Neurological Association, 672.

Hand, compound ganglion of the flexors of the, 676.
Hard chancre of lip, 660.
Head, severe injury of the, 626.
Heads, diminution in the size of, 615.
Health; resort, 91, 303; the City of Mexico as a, 140; St. Helena as a, 363; boards, the value of, 110; the national, 139; the effort to establish a, 246: London fogs and, 301; education of the public in, 467.
Healthy men, occurrence of albuminuria in, 128.
Heart; position in palpitation of the, 161; fatty, treatment of, 267; disease, organic, 289; diseases of the 365, 449, 606.
Heartburn, treatment of, 294.
Hemorrhage; post-partum, 92; intestinal, 93; cerebral, 242; umbilical, 342; from the rectum, 576.
Hemorrhagic; diathesis, 44; pleural effusions, 247; fevers, 556.
Hemorrhoids; inflamed, treatment of, 51, 96, 611.
Herb doctor, diploma of, 475.
Hereditary syphilis, 77, 615.
Hernia; in infants, 347; oblique inguinal, 628.
Herniotomy, 118.
Herpes; facialis, 489; gestationis, 518.
Hiccough, epigastric pressure in, 274.
High; temperature, 112; rate of mortality in the medical profession, 157; heeled boots and backache, 684.
Hint for the use of the actual cautery, 53.
Hogs *vs.* babies, 476.
Homatropin; and its allies, 24; hydrobromate, mydriatic power of, 268.
Homœopathy, high potencies in, 167.
Horsford's acid phosphate, 167.
Hospital extensions, 476.
HOSPITAL REPORTS—
Bellevue Hospital, N. Y.—
  Clinic of Francis Delafield, M.D., 289.
College of Physicians and Surgeons, N. Y.—
  Clinic of Prof. Jacobi, 345.
Hospital of the University of Pennsylvania—
  Clinic of Dr. Pepper, 10, 176, 237, 401.
  Clinic of Dr. Goodell, 61, 567.
  Clinic of John Ashhurst, Jr., M.D., 678.
Jefferson Medical College Hospital—
  Clinic of Prof. Da Costa, 41.
  Brief Report of Aural Department, 65.
  Clinic of Prof. Thompson, 316.
  Clinic of Prof. S. D. Gross, 429.
  Clinic of R. J. Levis, M.D., 680.
Louisville College Hospital—
  Clinic of Prof. Reynolds, 318.
Pennsylvania Hospital—
  Clinic of Prof. Da Costa, 93.
  Clinic of Dr. Hutchinson, 121, 297, 485.
  Clinic of Prof. D. Hayes Agnew, 626, 654.
Philadelphia Dispensary for Skin Diseases, 460.
St. Mary's Hospital, Philadelphia—
  Clinic of H. Augustus Wilson, M.D, 268.
University of New York City—
  Clinic of Wm. M. Polk, M.D., 593.
Hot; water for sweaty feet, 51; springs, Ark., 137; compresses in tetanus, 188; ice, 217; baths in asphyxia of the newborn, 442.
Houses, tenement, mortality in, 615.
ow to prevent perineal lacerations, 182; free quinine works, 448; Philadelphia cares for its foundlings, 475; to vaccinate, 576.
Human; virus, can it spread syphilis? 52; subject, tænia in the, 292; milk, constitution of, 490.
Humanized vaccine virus, 168, 195.
Hybrid marriages in relation to sex, 439.
Hydatiform mole; 152; in virgins, 689.
Hydrastis, active principle of, 470.
Hydrate of chloral; 537; as an antidote to strychnia, 113.
Hydrocele, galvanic bandage in, 441.
Hydrocephalocele, congenital, 53.
Hydrocephalus, 431.
Hydrophobia, perivascular lesions in, 187.
Hygiene of old age, 424.
Hygienic treatment of biliary calculi, 580.
Hymen, unruptured, in a prostitute, 217.
Hypertrophied tonsils, 551.
Hypertrophy; cardiac, 252; of the head, 407; prostatic, 424.
Hypnotism; 300; experiments in, 165.
Hypodermic; quinine, 50; injections of sulphate of atropia, 70; treatment of hemorrhoids, 96; tablets, 643.
Hysteria; as it affects the muscles, 102; in a male child, 188; sudden death in, 575.

Ice, hot, 217.
Icterus neonatorum, in relation to umbilical hemorrhage, 342.
Illinois; diphtheria in, 111; letter from, 165.
Illustration of missed labor, 572.
Iritis, syphilitic, 191.
Irritable bladder in the female, 108.
Irritation, spinal, 182, 377.
Imbecility, types of, 573.
Immersion, wounds treated by, 293.
Impairment of sight by tobacco, 556.
Impetiginous eczema of the scalp, 707.
Important question decided, 554.
Impressions, maternal, 671.
Improvement; in Florida, 195; of temperance drinks, 608; in ovariotomy statistics, 672; in medical literature, 706.
Improvements; in perineoraphy, 107; Esmarch's latest, 128.
Incipient epilepsy, gelsemium in, 435.
Incision in purulent pericarditis, 515.
Incompetence in a brow case, 110.
Incontinence of urine in boys, 652.
Increase; of pellagra in Italy, 27; of accidental deaths, 442; of hereditary syphilis, 615.
Indians, practice of medicine among the, 338, 458, 539.
Indication of relapse in typhoid fever, 96.
Indigestion; from disordered liver, 183; treatment of, 294; due to nervous influences, 533.
Induced current in parturition, 331.
Induction of abortion, 243.
Inebriety, clinical studies of, 144, 506.
Infantile diarrhœa, treatment of, 582.
Infants; feeding of, 107, 584; newborn, artificial respiration in, 126; food for, 301; hernia in, 347; mortality of, 409; diarrhœal disorders of, 470.
Infiltration in mammary cancer, 691.
Inflamed hemorrhoids, treatment of, 51.
Inflammation; local bleeding in, 76; nasal and pharyngeal, 197; of the kidney, 289; mammany, jaborandi in, 704.
Inflammatory rheumatism, digestive agents in, 60.
Influences, nervous, in indigestion, 533.

Influenza in Charleston, S. C., 504.
Inguinal hernia, 628.
Inhalation of turpentine in pertussis, 330.
Injection; of sulphate of atropia, 70; of arsenic, 218; of ammonia, 411; vaginal, 469; soft rubber tubes for, 528; utero-vaginal, in childbed, 681.
Injury; from earrings, 358; brain, 377; from smoking, 496; of the head, 626.
Inoculating kine, 330.
Inoculation, transmission of rabies by, 514.
Insane; asylum of New York, 84; paralysis of the, 189; protection of the, 250; hospital, at Norristown, 388; asylums, plans for, 614; treatment of the, 641.
Insanity; causes of, 640; as a disease, 641.
Insensibility, the forms of, 434.
Insomnia, treatment of, 43.
Instance of movable liver, 411.
Insurance, sanitary, 532.
Insusceptibility to the influence of nitrous oxide, 106.
Interference acts, 250.
Intermittent fever, 642, 665, 695.
Internal organs, rupture of, 554.
International sanitary conference, 83; medical congress, 306, 391, 643; medical and sanitary exhibition, 447, 643; pharmaceutical congress, 588.
Intestinal; hemorrhage, 93; catarrh, 345.
Intestines, tubercular ulceration of the, 176.
Intolerance in disease, 286.
Introducing the uterine sound, rules for, 683.
Inventions; cosmetic, 616; surgical, 691.
Inversion, uterine, elastic pressure in, 441.
Investigator of neurasthenia, 51.
Inward fits in children, 685.
Iodide of potassium in typhoid fever, 103.
Iodine in chronic intermittent fever, 695.
Iodoform; topical uses of, 101; in gynæcology, 162; in nasal catarrh, 322, 574; in orchitis, 528; as a vermifuge, 689.
Iron, albuminate of, in amenorrhœa, 525.
Irregularities, sexual, relation of mental diseases to, 640.
Irritating effects of atropia, prevention of, 516.
Italy, increase of pellagra in, 27.
Itch, treatment of, 526.

Jaborandi in mammary inflammation, 704.
Jaundice; syphilitic, 190, 401; diagnosis of, 436.
Jefferson Medical College, enlargement of, 699.
Joint; shoulder, resection of, 432; knee, treatment of movable bodies in the, 580; elbow, anchylosed, 655.
Joke, a prophetic, 699.
Juice of lemon in diphtheria, 707.

Kansas, temperance act of, 559.
Kant's skull, 644.
Kidney, inflammation of the, 289.
Kine, inoculating, 330.
Knee joint, treatment of movable bodies in the, 580.
Knowledge, medical, of the North American Indians, 338, 458, 539.
Koumiss, the nutritive powers of, 357.

Labor, position in, 108; unusual, 561; missed, 572.
Labium, malignant disease of the, 17.
Labor, anæsthesia in, 279.
Laboratory, municipal, of Paris, 698.
Laceration; of the cervix uteri, 61; of the perineum, 182, 593.
Lactic acid in vesical catarrh, 23.
Lactopeptine in cholera infantum, 699.
Lancet, the use of the, 643, 696.
Large amount of opium to a child, 446.
Larynx, syphilitic ulceration of the, 665.
Last year's work, 20.
Latest improvements of Esmarch, 128.
Law; of Wisconsin on contagious disease, 613; medical, of Pennsylvania, 708.
Leaf of coca, 616.
Leg, extension apparatus for fracture of the, 387; ulcer of the, 628.
Legislation, recent medical, 663.
Lemonade, rose flavored sulphuric, 580.
Lemon juice in diphtheria, 707.
Leprosy in the United States and Sandwich Islands, 363.
Lesions, perivascular, in hydrophobia, 187.
Letter from southern Illinois, 165.
Life; views of, 493; of plants, 496.
Ligature; elastic, in surgery, 52; chromicized catgut, 442.
Light, electric, its effect on the eye, 161.
Lime, use of, in gout, 684.
Limitation of births, 382.
Limited effects of sanitation, 22.
Limits of a physician's duty, 186.
Linear scarifications for nævi materni, 106.
Lip, hard chancre of, 660.
Liquors, alcoholic, their effect on the liver and stomach, 617.
Listerian, a violent, 140.
Literature; of ophthalmology, 413, 443, 470; medical, improvement in, 706.
Lithotomy, lateral, 678.
Lithotrity on a female, 288.
Liver; diseases, 121, 181; disordered, indigestion from, 183; movable, 411; chronic affection of the, 617.
Local; bleeding in inflammation, 76; remedy, fly-dirt as a, 107; œdema, 309; treatment in syphilitic ulceration of the larynx and pharynx, 665.
Localized chronic peritonitis, 42.
Locomotor ataxia; nerve stretching in, 162; syphilis a cause of, 189; relations of, 218.
London; fogs and health, 301; international medical and sanitary exhibition, 447; smallpox in, 558.
Longevity of women, 335.
Lotions, soothing 526.
Lung; emphysematous, pneumonia occurring in an, 95; diseases, classification of, 161.
Lungs; relation of sex to consumption of the, 7; tuberculosis of the, 176; syphilitic diseases of the, 190; pseudo-caverns in the, 582; weak, forced respiration in, 701.
Lupus, treatment of, 575.

Machine shops, the metric system, in, 51.
Magnetism, physiological, 666.
Magnoliæ acuminatæ tincture in gastric intermittent fever, 665.
Malaga, the condition of, 83.
Malaria, 141; the geography of, 703.
Malarial fever, the parasite of, 216.

Malario-typhoid fever, 96.
Male child, hysteria in a, 188.
Malignant; disease of labium, 17; syphilis, 190; charbon, germs of, 524; pustule, 580; uterine disease, 594.
Mammary; cancer, infiltration in, 691; inflammation, jaborandi in, 704.
Management of the cord, 17.
Mania, epileptic, 668.
Markings; on the nails in typhoid fever, 96; tattoo, as anatomical guides, 496.
Marriages, hybrid, in relation to sex, 439.
Married life, syphilis in, 85.
Maternal impressions, 671.
Means; of treating inflamed hemorrhoids, 51; for dilating the uterus, 188; of checking physical cough, 356.
Measles; dumbness after, 160; German, 417, 482; vaccination and, 558; treatment of, 584.
Measures, weights and, 249.
Meat; diseased, the consumption of, 136; trichinæ in, 581.
Mechanical; theory of the forceps, 70; vibrations, treatment of pain by, 348; uterine support, 557, 622.
Medical; confessions, 54, 110; matters in Spain, 56; lectures, propriety of publishing, 81; profession, rate of mortality in the, 157; social status of the, 466; matters in Vermont, 193; specialty, 370; college, a new, 418; gymnastics for the phthisical, 464; geography, 475; act for Pennsylvania, 502; practice in Southern Africa, 531; knowledge of the North American Indians, 338, 458, 539; treatment of hemorrhoids, 611; men, portraits of, 644; legislation, 668; art among the Celestials, 697; literature, improvement in, 706; law, of Pennsylvania, 708.
MEDICAL SOCIETIES—
  Academy of Medicine and Surgery, of Kentucky, 124.
  American Laryngological Association, 629.
  American Medical Association, 541, 553, 570.
  Burlington County (N. J.) Medical Society, 703.
  College of Physicians, Philadelphia, 66.
  Iowa Union Medical Society, 96. State Society, 616.
  Kentucky State Medical Association, 509.
  Massachusetts State Medical Society, 698.
  Medical Society of the Third Congressional District of Indiana, 631.
  Medical and Surgical Society of Baltimore, 13, 151, 346.
  National Association for the Protection of the Insane, 265.
  National Board of Health, 699.
  New Jersey State Medical Society, 655.
  New York State Medical Society, 179, 211.
  Northern Medical Association, Philadelphia, 280, 488.
  Pennsylvania Medical Society, 585, 596.
  Philadelphia Laryngological Society, 13, 67, 210, 321, 432, 571.
  Rhode Island State Medical Society, 703.
  Snyder Co., Pa., Medical Society, 694.
dicated gelatine in nasal catarrh, 401.
dicinal; whisky, 307; plants, 638.
dicine; registration of practitioners of, 194; harmacy *vs.*, 223; special branches of, 304; among the Indians, 338, 468, 539; quack, Scribner's plea for, 694.
Medico-chirurgical college, 501.
Medulla, galvanization of the, 332.
Melanotic sarcoma, 22.
Membrana tympani, 266.
Membranous croup, 151.
Men; healthy, albuminuria in, 128; as nurses, 248.
Meningitis, tubercular, 150, 350.
Menstruation; normal and abnormal, 108; the uterine membrane in, 128; electricity in disturbed, 821; after ovariotomy and gastrectomy, 689.
Mental; therapeutics, 16; failure, from strain, 158; power, relation of brain substance to, 517, 525; diseases in relation to sexual irregularities, 640; contagion, 641.
Mercury, oleate of, 315.
Mesmeric phenomena, 521.
Metastasis in mumps, 187.
Metastatic parotiditis, 529, 643.
Meteorology and epidemics of Philadelphia, 1879, 66.
Method; oral, for deaf mutes, 67; of operating for phimosis, 680.
Methods; of applying fixed dressings, 35; of antiseptic treatment, 101, 154; of surgical dressing, 635; anæsthetic, modified, 704.
Metric system in machine shops, 51.
Michigan, anatomical act in, 447.
Microscopic examination of sclerema, 54.
Middle ear, diseases of, 197.
Midwifery among the Indians, 539.
Military etiquette, fatal, 167.
Milk; human, constitution of, 494; poisoning by, 615; contagion from, 666.
Mineral; acids, relief of burns from, 470; waters in obesity, 524.
Missed labor, illustration of, 572.
Mississippi valley, sanitary council of the, 558.
Mistakes of doctors, 583.
Mitral; regurgitation, 152; disease, 207.
Mode of action of electricity, 330.
Mole, hydatiform, 152.
Morbid sweating at the menopause, 469.
Morbus Brighti, ophthalmoscopic diagnosis of, 677.
Morphia; poisonous quantity of, 591, 611; habit, cure of, 619.
Mortality; from anæsthetics, 278; infant, 409; in tenement houses, 615; of 1881, 699.
Motion and rest, 447.
Movable; liver, 411; bodies in the knee joint, 580.
Multiform sarcoma, 14.
Mumps, metastasis in, 187.
Municipal laboratory of Paris, 698.
Muscle, accommodating, paralysis of the, 162.
Muscles in hysteria, 102.
Muscular fibres, the striation of, 358.
Mushroom poisoning, 532.
Mutual aid associations, 357.
Mydriatic power of homatropin hydrobromate, 268.
Myelitis, 485.

Nævi materni, 106.
Nails; markings on the, indicating relapse in typhoid fever, 96; curious affection of the, 163.

Narcosis, anæsthetic, treatment of, 278.
Nasal; inflammations, 197; catarrh, 230, 322, 333, 401, 574.
National Board of Health, the, 139, 698.
Natural development of syphilis, 15.
Nature of the green vomit, 464.
Necessity of the suspensory bandage in affections of the testicle, 673.
Needle forceps, 386.
Negro, ophthalmoscopic diagnosis of morbus Brighti in the, 677.
Neonati, size and weight of, 217.
Nephritis; chronic diffuse, 289; after diphtheria, 385; scarlatinal, 555.
Nerve; stretching in tabes dorsalis, 23; in locomotor ataxia, 162; facial, 158; in neuralgia, 581; in sciatica, 690.
Nerves, elongation of, in tetanus, 496.
Nervous; diseases; in children, 79; tribasic phosphate of silver in, 349; the study of, 674; exhaustion, 405; influences productive of in digestion, 538.
Neuralgia; syphilitic, 190; static electricity in, 283; treatment of, 294; nerve stretching in, 581; sulphate of copper in, 611; skin affections in, 697.
Neurasthenia, first investigator of, 51.
Neurosis of temporal bone, 431.
Neurotomy, optico-ciliary, 316.
New; plan of gauging physicians, 55; theory of rheumatism, 69; -born infants, artificial respiration in, 126; hot baths in, 442; Provost of the University of Pa., 139; test for glycosuria, 334; German Pharmacopœia, 356, 504; medical specialty, 370; medical college, 418; method of operating for phimosis, 680.
New York City, the sanitary state of, 391.
Nicotine poisoning, 578.
Night medical service in New York city, 166.
Nipple, excoriations and fissures of the, 133.
Nitrogen, protoxide of, 275.
Nitrous oxide; compressed, for anæsthesia, 44; insusceptibility to, 106
Normal menstruation, 108.
North American Indians, medical knowledge of, 338, 458, 539.
Northern Georgia, a health resort in, 303.
Notes from the University of Pennsylvania, 27.
Nozzles of syringes, recurrent streams in, 565.
Nurses; men as, 248; sisters of charity as, 532; training school for, Washington, 699.
Nutritive powers of koumiss, 357.

Obesity, German *vs.* French mineral waters in, 524.
Obituary notices; Drs. E. H. Dixon, Wm. Herbst, 28; David P. Smith, 56; E. M. Wight, 84; Ford, George, 111; Vattier, J. L., 112; Geo. Taylor, Samuel T. Knight, Geo. Ferrel, Chas. Winterburn, Geo. W. Hewitt, 196; W. H. Baird, Ebenezer Alden, 224; Allison E. Perrine, Wm. Trevitt, Edward A. Page, Edward S. Bell, Louis Pientzenauer, Jas. O. Pond 252; Francis Carter, Arthur Clifford, Geo. W. Diermoyer, John S. Winans, 308; Geo. A. Otis, Wm. Walker. Thos. C. Cox, Jas. Burd Peale, Andrew Wood, 336; John Harris, John D. Ross, M. B. Mosser, 364; Chas. Osgood, H. N. Loomis, 392; Isaac Ray, Richard Henry Lee, 420; Wm. H. Phibbs, Josiah Hornblower, 448; R. O. Cowling, 476; Mrs. S. W. Butler, 560; Salvator Caro, Max Herzog, Charles McGill, 588; Greensville Dowell, J. Lenox Hodge, 700; Prof. Skoda, 710.
Oblique inguinal hernia, 628.
Obliteration of the common bile duct, 690.
Obscure rubeola, 612.
Observations; at Hot Springs, Ark., 137; on venesection, 312.
Obstetrical forceps, the use of the, 373, 396.
Obstinate; syphilis, bichromate of potash in, 193; hiccough, epigastric pressure in, 274; sciatica, the galvanic current in, 333.
Obstruction of the bile ducts, 401.
Occurrence of albuminuria in healthy men, 128.
Ocular symptoms, 489.
Œdema, local, 309.
Œsophagus, stricture of the, 429.
Office of the Pacchionian bodies, 526.
Offspring of hybrid marriages, 489.
Oil; of eucalyptus in antiseptic dressings, 71; olive, in gall stones, 518.
Old age, the hygiene of, 424.
Oleate of mercury, 315.
Open confessions, 164.
Opening exercise of the Medico-chirurgical College, 501.
Operation; with thermo-cautery in malignant disease of labium, 17; Battey's, 17; cæsarean, 101; for diffused traumatic aneurism of the femur, 119; for club-foot, 212; on the extremities, 499; for phimosis, 680.
Ophthalmia, 15, 385, 527.
Ophthalmic pathology, 124.
Ophthalmological literature, 413, 443, 470.
Ophthalmoscopic symptoms of morbus Brighti, 677.
Opium; habit, veratrum in the, 360; consumption of, in the United States, 438; large amount of, to a child, 446; smoking, in Persia, 698; poisoning, atropia in, 708.
Optico-ciliary neurotomy, 316.
Oral method for deaf mutes, 67.
Orchitis; treatment of, 53, 528; an epidemic of, 162.
Organic; heart disease, 289; nervous diseases, tribasic phosphate of silver in, 349.
Organisms of typhoid fever, 216.
Organs, internal, rupture of, 554.
Origin; of so-called filth diseases, 98; of syphilis, 615.
Os femoris, fracture of the, 39.
Ovarian; tumors, diagnosis of, 61; dropsy, 80.
Ovariotomy; accidents after, 105; statistics, 672; menstruation after, 689.
Over feeding of infants, 107.
Ox blood, desiccated, and hæmoglobin, 302.
Ozæna, treatment of, 212.

Pacchionian bodies, office of, 526.
Pad, axillary, in fractured clavicle, 222.
Pain; treated by mechanical vibrations, 348; in the side, 465.
Painful effects of color, 639.
Palpitation of the heart, position in, 161.
Pancreas, disease of the, 153, 401.
Parallelism of the eruptive fevers, 337.
Paralysis; agitans, 151; of the accommodating muscle, 162; of the insane, syphilis and, 189;

of sensation, the electro-magnet in, 332; of forearm, 430.
Parasite of malarial fever, 216.
Paris municipal laboratory, 698.
Parotiditis, metastatic, 529, 648.
Paronychia, 430.
Parotitis, 418.
Parenchymatous; injection of arsenic, 218; inflammation of the kidney, 289.
Parturition, the induced current in 331.
Patent medicines; regulation of the sale of, 532; in Great Britain, 699.
Pathological changes in the blood in acute rheumatism, 69.
Pathology; ophthalmic, 124; of tubercle, 280; of rheumatism, 314; of albuminuria, 398; of hydrocephalus, 514.
Peacemakers, 307.
Peculiarities of race, 307.
Pellagra in Italy, 27.
Pellets, cupric test, 612.
Pelvis, small, 412.
Pennsylvania; State lunatic asylum, 56; bogus diploma business in, 83; medical act, 502, 708.
Pepsin preparations, 587.
Pericarditis, 481; purulent, incision in, 515.
Perineal laceration, 182, 593.
Perineoraphy, improvements in, 107.
Perinephritic abscess, 11.
Peritonitis, localized chronic, 42.
Perivascular lesions in hydrophobia, 187.
Persia, opium smoking in, 698.
Persistent consciousness in epilepsy, 668.
Pertussis, 77, 330.
Pessary; twenty years in the vagina, 247; and abdominal belt, 387.
Petroleum, crude, 697.
Petrous portion of the femoral bone, fracture of the, 159.
Peyer's patches, enteric fever without lesion of, 160.
Pharmaceutical; combinations, explosive, 50; preparations, variations in, 158; display, 587.
Pharmacology of chloral hydrate, 160.
Pharmacopœia, the new German, 356, 504.
Pharmacy *vs.* medicine, 223.
Pharyngeal inflammations, 197.
Pharynx, syphilitic ulcerations of the, 665.
Phenomena, mesmeric, 521.
Philadelphia; dispensary, 195; smallpox in, 307.
Phimosis; as a cause of hernia in infants, 347; new method of operating for, 680.
Phosphate of sodium in habitual colic, 100.
Phosphatic diabetes, treatment of, 552.
Phosphide of silver, tribasic, 644.
Phthisis; spontaneous cure of, 52; catarrhal, 176; embolus in, 555; diarrhœa of, 659; forced spiration in, 701.
hisical; cough, means of checking, 856; edical gymnastics for the, 464.
sical signs; of pneumonia in an emphyse- atous lung, 95; slow development of, 188.
sicians; gauging, 55; duty, limits of, 186; omen as, 354, 644.
siological; experiment, 76; action of benzoic cid, 182; magnetism, 666.
siologist, a reverend, 532.
s as drunkards, 419.
carpin; 24; in scarlatinal nephritis, 555; erapeutic uses of, 606; in diphtheria, 638.
Pilots, color blindness in, 699.
Pimpinellæ tincture, producing urticaria, 495.
Pitting of smallpox, 217.
Placenta; prævia, 163; adherent, diagnosis of, 349.
Plague, the, 392, 588.
Plan of gauging physicians, 55.
Plans for insane asylums, 614.
Plants; the life of, 496; medicinal, 638.
Plaster-of-Paris bandage, in spinal irritation, 377.
Plastic surgery, 679.
Plea for quack medicines, Scribner's, 694.
Pleural effusion; 407; of the left side, 10; hemorrhagic, 247.
Pleuritic affections, sudden death in, 321.
Pneumonia, 57, 97, 178, 188, 259, 358, 360, 421, 500, 530, 554, 645, 692.
Pododynia, 672.
Podophyllin, the composition of, 302.
Poisoning; with ergot, 69; by chloral, 221; by strychnia, chloral in, 279; by chlorate of potash, 330; by mushrooms, 532; by cantharides, 574; by nicotine, 578; by carbolic acid, 613; by milk, 615; by aconite, 616; by opium, 708.
Poisonous quantity of morphia, 591, 611.
Poisons, sale of, 419.
Polypi, aural, treatment of, 69.
Portraits of medical men, 644.
Position in labor, 108.
Post nasal inflammations, 197.
Post-partum hemorrhage, 92.
Potash; bichromate of, in obstinate syphilis, 193; chlorate of, 224, 330, 364.
Potassium, iodide of, in typhoid fever, 103.
Potions; soothing, 526; tonic, 610.
Powder, foot, salicylic acid as a, 162.
Power; mydriatic, of homatropin hydrobromate, 268; mental, relation of brain substance to, 517.
Practical methods of antiseptic treatment, 101.
Practice of medicine among the Indians, 338, 458.
Practitioners of medicine, registration of, 194.
Predisposition to disease, 286.
Pregnancy; chorea in, 188; vomiting in, 249; varices during, 524; duration in, 639.
Preparation of benzoate of calcium, 607.
Presentation, complicated, 133.
Preserving subjects for dissection, 248.
Pressure; epigastric, in obstinate hiccough, 274; in uterine inversion, 441.
Prevention; of infant mortality, 409; of the irritating effects of atropia, 516.
Primary sore, treatment of the, 191.
Principle, active, of hydrastis, 470.
Prize, Hammond, of the American Neurological Association, 672.
Product of cow vaccination, 249.
Professional profits, 614.
Prof. Sayre, a talk with, 000.
Prognosis; of cerebral hemorrhage, 242; in cardiac disease, 515.
Progress; of cremation, 104; of surgery, 697.
Prolapsus uteri, 220.
Prolonged gestation, 561.
Promises of the sick, 448.
Propagation of syphilis by razors, 616.
Prophetic joke, a, 699.

Propriety of publishing medical lectures, 81.
Prostatic; enlargement, treatment of, 322; hypertrophy, 424.
Prostitute, unruptured hymen in a, 217.
Prostitution, sanitary regulation of, 271.
Protection of the insane, 250.
Protoxide of nitrogen, 277.
Pseudo-caverns in the lungs, 582.
Psoriasis, 112, 192, 385.
Psylium seed in constipation, 555.
Public; education in health matters, 467; buildings, sanitary rules for, 686.
Pulmonary; syphilis, 427; gymnastics, 701.
Purpura hemorrhagica, 691.
Purulent collections, salt water in the treatment of, 610.
Pustule, malignant, treatment of, 580.
Pyrogallic acid in hemorrhage from the rectum, 576.
Pyrosis, treatment of 610.

Quack medicines, Scribner's plea for, 692.
Quebrachine, 406.
Query in ethics, 164, 560.
Question; of the day, 385; an ethical, 392; an important, decided, 554.
Questions relating to typhoid fever, 522.
Quinine; for hypodermic use, 50; cutaneous eruption from, 102; free, how it works, 448; synthesis of, 496; concentrated solution of, 555; use of, 696.
Quinquinia, 416, 643.
Quintuple birth, 334.
Quotidian hemorrhagic fever, 556.

Rabies, transmission of, 514.
Race; peculiarities of, 307; differences, 690.
Radius, fracture of the, 627.
Rapid; breathing as an anæsthetic, 276; cure of a case of morphine habit, 649.
Rational Sundays, 412.
Razors, in the propagation of syphilis, 616.
Recently discovered medicinal plants, 638.
Recent; views; of evolution, 45; of life, 498; studies on foods and drinks, 637; medical legislation, 663.
Recovery; from severe burn, 81; from traumatic tetanus, 484.
Recurrent streams in syringe nozzles, 565.
Reduction of dislocated finger, 431.
Rectal touch in coxalgia, 707.
Rectum; cancer of the, 241; stricture of, 429; hemorrhage from the, 576.
Registration of practitioners of medicine, 194.
Regulation; sanitary, of prostitution, 271; of the sale of patent medicines, 532.
Regurgitation, mitral and aortic, 152.
Relapse in typhoid fever, 96.
Relation; of sex to consumption of the lungs, 7; of sexual to cerebral activity, 50; of icterus, neonatorum to umbilical hemorrhage, 342; of hybrid marriages to sex, 439; of scrofula and syphilis to typhoid fever, 441; of brain substance to mental power, 517, 525; of mental diseases to sexual derangements, 640.
Relations; of epidemics, 136; of locomotor ataxia, 218.
Relative action of anæsthetics, 275.
Relief; of spasm of the facial muscles, 153; of burns from mineral acids, 470; of dystocia, 670.
Remarks; on diphtheria, 79; on intestinal hemorrhage, 93; on pneumonia, 95; on sulphate of atropia and duboisia, 147; on intermittent fever, 642.
Remedy; in fetid sweating of the feet, 18; fly-dirt as a, 107.
Removal; of a ring, 56; of stone from a female bladder, 288; of scrotal elephantiasis, 295; of foreign bodies by gastrotomy, 329; of two yards of intestine, 350.
Report on trichina, 418.
Resection; of shoulder joint, 432; of the stomach, 614.
Resort for health, 91, 303, 363.
Respiration; artificial, in newborn infants, 126; forced, in weak lungs, atelectasis, phthisis, 701.
Rest, motion and, 447.
Result of autopsy in sclerema, 54.
Results from brain injury, 377.
Retention of urine in gonorrhœa, 498.
Retina of the negro, ophthalmoscopic symptoms of morbus Brighti in the, 677.
Reverend physiologist, a, 532.
REVIEWS AND BOOK NOTICES—
  Agnew—Principles and Practice of Surgery, 465.
  Anderson—Sanitary Care of Children, 685.
  Anon—Atlas of Anatomy, 18.
  Barnes—German-English Medical Dictionary, 245.
  Bartholow—Antagonism between Medicines, Remedies and Diseases, 520; Medical Electricity, 636.
  Barwell—Diseases of the Joints, 465.
  Battey—Practical Taxidermy, 130.
  Beard and Rockwell—Medical and Surgical Uses of Electricity, 270.
  Bigelow—Hydrophobia, 491.
  Bosworth—Diseases of the Throat and Nose, 270.
  Bryant—Practice of Surgery, 185.
  Campbell—Easiest Way in Housekeeping and Cooking, 296.
  Carter—Elements of Practical Medicine, 156.
  Clowes—Chemistry and Qualitative Analysis, 156.
  Da Costa—Medical Diagnosis, 214.
  Daguenet—Ophthalmoscopy, 73.
  Day—Diseases of Children, 636.
  Deems—Urinary Analysis, 156.
  Denison—Rocky Mountain Health Resorts, 131.
  Dickman—Kansas Medical Directory, 465.
  Dickerson—Albuminuria, 156.
  Duhring—Diseases of the Skin, 245.
  Edwards—Dyspepsia, 635.
  Ellis—What Every Mother Should Know, 520.
  Flint—Principles and Practice of Medicine, 214; Human Physiology, 408.
  Flower—Nerves of the Human Body, 245.
  Fothergill—Aids to Diagnosis, 408.
  Fournier—Syphilis and Marriage, 297.
  Fox—Cutaneous Syphilis, 18.
  Garretson—Oral Surgery, 662.
  Gordon—Camping in Colorado, 131.
  Green—Pathology and Morbid Anatomy, 492.
  Gross—John Hunter and His Pupils, 297.
  Gubler—Principles and Methods of Therapeutics, 269.

Hagen—Clinical Examination of Patients, 437.
Hall—Differential-Diagnosis, 72.
Hammond—Diseases of the Nervous System, 705.
Health Primers—The Heart and its Functions, 297.
Jacobi—Diphtheria, 19.
Kane—Drugs that Enslave, 297.
Kirkbride—Hospitals for the Insane, 19.
Landis—How to Use the Forceps, 248.
Lee—Handbook for Coroners, 244.
Martin—The Human Body, 326.
Mitchell—Diseases of the Nervous System, 519.
Mittendorf—Diseases of the Eye and Ear, 437.
Moir—Practice of Medicine, 519.
Mundé—Minor Surgical Gynæcology, 156.
Nichols—The Diet Cure.
Oldberg—Metric System in Medicine, 437.
Otis—Syphilis, 214.
Page—How we Fed the Baby, 520.
Piffard—Materia Medica and Therapeutics of the Skin, 465.
Proceedings—of the Alumnæ Association of the Woman's Medical College of Pennsylvania, 47.
Ranney—Surgical Diagnosis, 19; Anatomical Plates, 520.
Report of North Carolina Board of Health, 492.
Rumbold—Hygiene and Treatment of Catarrh, 408.
Sansom—Diseases of the Heart, 408.
Seiler—Microscopical Technology, 244.
Smith—Ringworm, 73.
Stevens—Revelations of a Boston Physician, 156.
Taylor—Medical Jurisprudence, 47.
Thomas—Diseases of Women, 47.
Thorowgood—Aids to Diagnosis, 408.
Transactions—Of the Medical Societies of West Virginia and North Carolina, 72; of Wisconsin and Louisiana, 130; of Pennsylvania, 184; of the American Medical Association, 185: of the American Ophthalmological Society, 878.
Turnbull—Hygiene of the Ear, 351.
Tyson—Bright's Disease, 519.
Wark—Prevention and Cure of Chronic Consumption, 131.
Warren—Hernia, 155.
Wilson—Drainage for Health, 73. The Continued Fevers, 662.
Wood—Ophthalmic Test Types, 19.
Up de Graff—Bodines; Camping on the Lycoming, 326.
Van Buren—Diseases of the Rectum, 351.
Ziemssen—Practice of Medicine, 185.
vulsive applications in tuberculosis, 52.
eumatic gout, 241.
eumatism ; digestive agents in, 60 ; new theo-
y of, 69 ; cerebral, 100 ; pathology and treat-
ient of, 314 ; salicin in, 377, 576 ; benzoate
soda in, 442 ; gonorrhœal, 497 ; salicylate
sodium in, 500.
us aromatica, 666.
kets, hereditary syphilis and, 78.
hteous decision, 863.
or mortis, cause of, 468.
g, removal of a, 56.

Robertson, Dr. F. M., *vs.* evolution, 698.
Rodent ulcer, 575.
Rome, cremation in, 195.
Rose flavored sulphuric lemonade, 580.
Rötheln, or German measles, 482, 708.
Rubber tubes for injection, 528.
Rubeola, obscure, 612.
Rules; for introducing the uterine sound, 683: sanitary, for public buildings, 686.
Rupture; of the uterus, 16; of internal organs, 554.
Russia, diphtheria in, 152.

Safe administration of anæsthetics, 275.
Sale; of poisons, 419; of patent medicines, 532.
Salicin in rheumatism, 377, 576.
Salicylate of sodium in rheumatism, 500.
Salicylic acid ; as a foot powder, 162; treatment of typhoid, 490; elixir of, 556.
Salt water in the treatment of sores and purulent collections, 610.
Sandwich islands, leprosy in the, 368.
Sanitary; conference, international, 83; regulation of prostitution, 271; state of New York city, 391; insurance, 532; council of the Mississippi valley, 558; division of the seasons, 614; rules for public buildings, 686.
Sanitation, limited effects of, 22.
Sarcoma; multiform, 14; melanotic, 22; of eyelid, 346.
Scabies, treatment of, 330.
Scalp, eczema of the, 555, 707.
Scarification for nævi materni, 106.
Scarlatina and smallpox, 305.
Scarlatinal nephritis, 555.
Scarlatinoid, 109.
Scarlet fever; in western Pennsylvania, 27; ear disease following, 45; neurosis of temporal bone following, 481.
Sciatica, 42, 338, 376.
Sclerema, 54.
Sclerotomy in glaucoma. 234.
Scribner's plea for quack medicines, 694.
Scrofula in relation to typhoid fever, 441.
Scrotal elephantiasis, removal of, 295.
Sea sickness, 514.
Seasons, sanitary division of the, 614.
Secondary disease of the bladder, 424.
Seed, psylium, in constipation, 555.
Sensation, the electro-magnet in paralysis of, 332.
Severe; burn, recovery from, 81; injury of the head, 626.
Sex; in relation to consumption of the lungs, 7: relation of hybrid marriages to, 439.
Sexual; activity in relation to cerebral, 50; irregularities, relation of mental disease to, 640.
Shave, shall we, or not? 166.
Shock, 572.
Shoulder joint, resection of, 482.
Siamese twins outdone, 363.
Sick, promises of the, 448.
Sickness in benevolent societies, 687.
Side, pain in the, 465.
Sight, impairment of by tobacco, 556.
Significance of tendon reflex, 300.
Simulation of hallucination, 667.
Signs; of pneumonia in an emphysematous lung, 95; physical, slow development of, 188.

Silver, tribasic phosphide of, 644; in organic nervous disease, 349.
Simple remedy in fetid sweating of the feet, 18.
Singular case of diabetes, 82.
Sisters of charity as nurses, 532.
Size; of neonati, 217; of brains, 280, 361; of heads, 615.
Skin; diseases; effect of vaccination on, 159; treatment of, 441; bronzing of the, 517; affections in neuralgia, 697.
Skull, Kant's, 644.
Sleep, anæsthetizing during, 279.
Slight results from serious brain injury, 377.
Slow development of the physical signs in pneumonia, 188.
Small pelvis, causation of, 412.
Smallpox; epidemic, 195, 475; hospital at Troy, facts from, 204; pitting of, 217; treatment of, 302; in Philadelphia, 307; in London, 558; deaths from, 588.
Smoking; effects of 496; of opium in Persia, 698.
So-called filth diseases, origin of, 98.
Social status of the medical profession, 466.
Society for cremation, 419.
Soda; benzoate of, in rheumatism, 442; sulpho cresylate of, 582.
Sodium phosphate in habitual colic, 100.
Soft rubber tubes for injection, 528.
Soluble compressed hypodermic tablets, 643.
Solution; of quinine, 555.
Some recent views of life and its forces, 493.
Somnambulism, 674.
Soothing lotions and potions, 526.
Sores, salt water in the treatment of, 610.
Sound, uterine, rules for introducing the, 683.
Source of anthrax, the bacillus as the, 49.
Southern; Illinois, a letter from, 165; Africa, medical practice in, 531.
Spain, medical matters in, 56.
Spasm of the facial muscles, 153.
Spasms, vesical, in young children, 23.
Spaying of women, 112.
Special; anæsthesia, 278; branches of medicine, 304.
SPECIAL REPORTS:—
  On Therapeutical Agents, 24.
  Diseases of Children, 77.
  Gynæcology, 107.
  Public Health, 134.
  Syphilology, 189.
  On Anæsthetics, 275.
  Medical Electricity, 330.
  Surgical Mechanics, 386.
  Abstract of Ophthalmological Literature, 413, 443, 470.
  Gonorrhœa, 497, 527.
  Insanity, 610, 667.
Specialty, a new medical, 370.
Speech, the faculty of, 300.
Spina bifida, 78.
Spine, caries of the, 485.
Spinal irritation, 182, 377.
Spleen, enlarged, parenchymatous injection of arsenic for, 218.
Spontaneous; cure of phthisis, 52; delivery, 133.
Spray, away with it, 77.
Squint, 263.
State insane hospital at Norristown, 388.
Static electricity in neuralgia, 283.
Statistics; of Battey's operation, 17; vital, curiosities of, 139; of cancer of the breast, 161; of ophthalmia neonatorum, 385; of color blindness, 615; of ovariotomy, 672; of sickness in benevolent societies, 687.
Stem, pessary and abdominal belt combined, 886.
Sterility and amenorrhœa, 634.
St. Gothard tunnel disease, 442.
St. Helena as a health resort, 363.
Stimulant in parturition, 331.
Stomach; foreign bodies in the 17, 359; cancer of, 152; chronic ulcer in the, 582; resection of the, 614; chronic affections of the, 617.
Stones; in the bladder, 221, 228; gall, olive oil in, 518.
Strabismus, convergent, 263.
Strain, mental failure from, 153.
Strange story from Colorado, 672.
Stretching; of nerves in tabes dorsalis, 23; in locomotor ataxia, 162; in neuralgia, 581; in sciatica, 690; the facial nerves, 153.
Striation of muscular fibres, 358.
Stricture of œsophagus, 429.
Strychnia, chloral hydrate an antidote to, 113, 279.
Studies; of inebriety, 144, 506; on foods and drinks, 637.
Study of nervous diseases, 674.
Subjects preserved for dissection, 248.
Subperitoneal fibroid tumor of the uterus, 567.
Substitute for tobacco, 164.
Successful; treatment of epileptiform convulsions, 70; cesarean operation, 101; treatment of opium poisoning by atropia, 708.
Sudden death; in pleuritic affections, 321; causes of 404; in hysteria, 575.
Sugar in the urine, testing for, 134.
Suggestions in toothache, 639.
Sulphate; of atropia; in epileptiform convulsions, 70; the use of, 147; of copper; in croup, 581; in neuralgia, 611.
Sulpho-cresylate of soda, 582.
Sulphuric lemonade, rose-flavored, 580.
Sumach, fragrant, 666.
Sunstroke and its treatment, 682.
Supernumerary fingers, 481.
Supplies, food, adulteration in, 184.
Support; mechanical uterine, 557.
Supra-post-nasal inflammations, 197.
Surgeon, a wonderful, 55.
Surgery; elastic ligature in, 52; as practiced by the Indians, 458; plastic, 679; progress of, 697.
Surgical; dressing, 635; inventions, 691.
Suspension, for spinal irritation, 377.
Suspensory bandage in affections of the testicle, 673.
Swallowing false teeth, death from, 516.
Sweating; of the feet, fetid, simple remedy in, 18; hot water for, 51; at the menopause, 469.
Swedish-movement cure, in constipation, 206.
Symptoms; ocular, 489; of cantharides poisoning, 574; of morbus Brighti in the negro, 677.
Synthesis of quinine, 496.
Syphilis; cases of, 13; natural development of, 15; human virus, can it spread? 52; and rickets, 78; in married life, 85; rapidly fatal, 357; pulmonary, 427; tertiary, 432; in relation to typhoid fever, 441; the origin of, 615; hereditary, 615; propagation of, 616.

Syphilitic disease, 401, 665.
Syphilology, 18[illegible].
Syringe nozzles, recurrent streams in, 565.
System, metric, in machine shops, 51.

Tabes dorsalis cured by nerve stretching, 23.
Tablets, soluble compressed hypodermic, 643.
Tænia in the human subject, 292, 505, 613.
Tæniafuge, a, 611.
Tampon, the bougie as a, 267.
Tardy expulsion of a dead fœtus, 274.
Tattoo marks as anatomical guides, 496.
Teeth, false, death from swallowing, 516.
Temperance; act, of Kansas, 559; drinks, improvement of, 608.
Temperature; high, 112; in tubercular meningitis, 350.
Temporal bone, neurosis of, 431.
Tendon reflex, significance of, 300.
Tenement houses, mortality in, 615.
Tertiary syphilis, 432.
Test; for glycosuria, 334; pellets, 612; of vaccination, 615.
Testicle; effects of varicocele on the, 127, 435; suspensory bandage in affections of the, 673.
Testing for sugar in the urine, 134.
Tetanus; hot water compresses in, 188; bleeding in, 406; traumatic, 484, 654; elongation of nerves in, 496; pathology and treatment of, 589.
Texas, southwestern, as a health resort, 91.
Theory; as to pathological changes in the blood in acute rheumatism, 69; mechanical, of the forceps, 70; of trance, 583.
Therapeutic; action of benzoic acid, 182; induction of abortion, 243; uses; of tobacco, 474; of pilocarpin, 606.
Therapeutics; mental, 16; Gubler's system of, 74.
Thermo-cautery in diseases of the labium, 17.
Thermometers, clinical, accuracy of, 222.
Tinctura; rusci, 266, 361; magnoliæ acuminatæ, 665.
Tincture pimpinellæ producing urticaria, 495.
Tobacco; its effects on the uterine function, 77; the use of, 132, 474; a substitute for, 164; impairment of sight by, 556.
Tongue, treatment of cancer of the, 406.
Tonic potions in convalescence, 610.
Tonsils, abscess of, 347; hypertrophy of, 551.
Toothache, suggestions in, 639.
Topical uses of iodoform, 101.
Touch, rectal, in coxalgia, 707.
Tough case, 26.
Tracheotomy, 124, 463.
Training school for nurses, Washington, 699.
Trance; the concentration theory of, 583; cereral, 669.
T nsmission; of rabies, 514; of favus, 579.
T nsverse fracture of the petrous portion of the moral bone, 159.
T matic; aneurism of the femur, 119; tetanus, 4.
tment; of rupture of the uterus, 16; of em- ma, 22; of insomnia, 43; of inflamed hemor- ds, 51, 96; of orchitis and epididymitis, 53; cers, 68; of aural polypi, 69; of epilepti convulsions, 70; of post-partum hemor- ge, 92; of intestinal hemorrhage, 93; of larial typhoid fever, 96; of acne vulgaris, 99; of cerebral rheumatism, 100; antiseptic, 101; of nævi materni, 106; of typhoid fever, 127, 281, 490, 551; of eczema of the fingers, 134; of inebriety, 144; of paralysis of the accommodating muscle, 162; of abscess of the liver, 181; of chorea in pregnancy, 188; of the primary sore, 191; of nasal and pharyngeal inflammations, 197; of constipation, 206; of ozæna, 212; of frostbite, 218; of fatty heart, 267; of the anæsthetic narcosis, 278; of neuralgia, 283, 294; of wounds by immersion, 293; of indigestion and heartburn, 294; of carbuncle, 294; of smallpox, 302; of rheumatism, 314; of prostatic enlargement, 322; of scabies, 330; of exophthalmic goitre, 333; of pain, 348; of pneumonia, 360, 500, 530, 645; of spinal irritation, 377; of ophthalmia neonatorum, 385; of nasal catarrh, 401; of cancer of the tongue, 406; of burns, 412; of paronychia, 430; of hydrocephalus, 431; of tertiary syphilis, 431; of diphtheria, 433, 579; of earache, 434; of skin diseases, 441; of delirium tremens, 488; of sea sickness, 514; of dysentery, 517; of itch, 526; of gonorrhœal ophthalmia, 527; of orchitis, 528; of phosphatic diabetes, 552; of eczema of the scalp, 555; of gout, 573; of lupus and rodent ulcer, 575; of hemorrhage from the rectum, 576; of movable bodies in the knee joint, 580; of biliary calculi, 580; of malignant pustule, 580; of chronic ulcer of the stomach, 582; of infantile diarrhœa, 582; of measles, 584; of endocarditis in children, 606; of sores and purulent collections, 610; of pyrosis, 610; of hemorrhoids, 611; of tænia, 613; of displacements of the uterus, 622; of the insane, 641; of the diarrhœa of phthisis, 659; of eczema, 659; of gastric intermittent fevers, 665; of syphilitic ulceration of the larynx and pharynx, 665; of compound ganglion of the flexors of the hand, 676; of sunstroke, 682, of anthrax, 682; of chronic intermittent fever, 695; of eclampsia, 707; of weak lungs, 701; of opium poisoning, 708.
Tribasic phosphide of silver, 644.
Trichina; in a cat, 195, report on, 418; in meats, 581.
Trichinosis, 28, 419, 531.
Triplets, 581.
Tripolith, 448.
True mechanical theory of the forceps, 70.
Tubercle, pathology of, 280.
Tubercular; meningitis, 150, 350; ulceration of intestines, 176.
Tuberculosis; 176; revulsive applications in, 52.
Tumor; cerebral, 22; ovarian, 61; uterine, 567.
Tumors, gummy, 191.
Turpentine; as an antisyphilitic, 192; inhalations in pertussis, 330; in psoriasis, 385; chian, in cancer, 454, 469.
Types of imbecility, 573.
Typhoid fever, 10, 98, 108, 127, 216, 217, 248, 281, 441, 490, 516, 517, 522, 551.

Ulceration; of the intestines, 176; of the larynx and pharynx, 665.
Ulcer; gastric, 477; rodent, 575; chronic, of the stomach, 582; on the leg, 628.
Ulcers; treatment of, 68; syphilitic, 192.
Ulcerous endocarditis, 3[illegible]3.
Ulna, fracture of the, 627.

Umbilical hemorrhage, relation of icterus neonatorum to, 342.
Undefined poisonous quantity of morphia, 591.
Unchangeable character of diabetic urine, 55.
Uniformly small pelvis, 412.
Unilateral hypertrophy of the head, 407.
United States; leprosy in the, 363; consumption of opium in the, 438.
University of Pennsylvania, notes from the, 27.
Unruptured hymen in a prostitute, 217.
Unusual labor, 561.
Urethra, granular, 528.
Urethral caruncle, 627.
Urine; diabetic, 55; testing for, 184; retention of, 498; incontinence of, in boys, 652.
Urticaria produced by tinct. pimpinellæ, 495.
Use; of the actual cautery, 53; of tobacco, 132; of sulphate of atropia and duboisia, 147; of the obstetrical forceps, 373, 396; of plaster-of Paris bandage, 377; of tincture pimpinellæ, 495; of the lancet, 643, 696; of the suspensory bandage, 673; of lime in gout, 684; of quinine, 696; of jaborandi in mammary inflammation, 704.
Uses; of iodoform, 101; of tobacco, 474; of pilocarpin, 606; of benzoate of calcium, 607.
Uterine; functions, effects of tobacco on the, 77; membrane in menstruation, 128; diseases, viburnum prunifolium in, 433; inversion, elastic pressure in, 441; support, 557; disease, malignant, 594; hydatids in virgins, 639; sound, rules for introducing the, 683.
Utero-vaginal injections in childbed, 681.
Uterus; rupture of, 16; dilating the, 183; foreign bodies in the, 302; extirpation of the, 350; tumor of the, 567; mechanical treatment of displacements of the, 622.

Vaccine virus, humanized, 168, 195.
Vaccination; 503; with human virus, can it spread syphilis? 52; its effect on skin diseases, 159; cow, product of, 249; and measles, 558; method of, 576; true test of, 615; experiences, 698.
Vagina, pessary twenty years in the, 247.
Vaginal; fistules, 169; injections, dangers of, 469.
Value; of health boards, 110; of colotomy, 240; of local treatment in syphilitic ulceration of the larynx and pharynx, 665.
Valvular diseases, 225, 253, 606.
Vapors of turpentine in pertussis, 380.
Variations in pharmaceutical preparations, 158.
Varices during pregnancy, 524.
Varicocele, its effects on the testicle, 127, 485.
Varieties of pneumonia, 645.
Variola, dermic dressing in, 26.
Venereal affections of the testicle, the suspensory bandage in, 673.
Venesection; the value of, 301; observations on, 312, 612.
Veratrum in the opium habit, 360.
Vermifuge, iodoform as a, 689.
Vermont, medical matters in, 193.
Vertigo, etiology of, 293.
Vesical; spasms in young children, 23; catarrh, lactic acid in, 23.
Vesico-vaginal fistula, 568.
Vibrations, mechanical, in the treatment of pain, 348.
Viburnum prunifolium in uterine diseases, 433.
Views; of evolution, 45; of life, 493.
Violent Listerian, a, 140.
Virgins, uterine hydatids in, 639.
Visit to the State Insane Hospital, Norristown, 388.
Vital statistics, curiosities of, 189.
Vivisection, 587.
Vomit, green, nature of the, 464.
Vomiting in pregnancy, 249.

Warren's (Dr.) surgical inventions, 691.
Was it relaxation or spasm? 219.
Washington training school for nurses, 699.
Water; hot, for sweaty feet, 51; compresses of, in tetanus, 188; impure drinking, 136; drinking, chemical examination of, 166; diet, in typhoid fever, 517; mineral, in obesity, 524; salt, in the treatment of sores, 610.
Weak lungs, forced respiration in, 701.
Weakening of Bellevue Hospital Medical College, 280, 358.
Weight of neonati, 217.
Weights and measures, 249.
Western Pennsylvania, scarlet fever in, 27.
What constitutes a poisonous dose of morphine, 611.
Whiskey, medicinal, 307.
Why be a doctor? 48.
Wickersheimer's fluid, 51.
Wine, detection of aniline colors in, 685.
Winter cholera and "Butterine," 307.
Wisconsin contagious diseases law, 613.
Women; spaying of, 112; longevity of, 335; as physicians, 354, 644.
Women's National Hospital, 385.
Wonderful surgeon, 55.
Work of last year, 20.
Wounds; of the cornea, 147; treated by immersion, 293; gunshot, 347, 529.

Yellow fever, 700.
Young children, vesical spasms in, 23.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1244.] PHILADELPHIA, JANUARY 1, 1881. [Vol. XLIV.—No. 1.

Original Department.

Lecture.

ENDOCARDITIS.

BY ALONZO CLARK, M.D., LL.D.,

President and Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons, New York.

The next topic that lies in our way is endocarditis, and I, perhaps, had better not enter upon that to-day, as the hour has nearly expired, but make a few preliminary remarks upon what is essential to an understanding of endocarditis and valvular diseases of the heart.

Here you observe a heart, a very large one, laid open. You observe the inner surface of this cavity is lined by a smooth, shining membrane. This is called the endocardium. A serous membrane somewhat analogous to that that lies upon its outside. It lines it completely; lines all these muscles, protecting the muscular structure entirely from contact with the blood. This same lining membrane is to be found in every cavity of the heart, and it is continuous in a certain way, from one to the other.

Now observe how a valve is made. Here is the semilunar valve of the aorta. If you will examine this you will see that the tissue is absolutely continuous from the wall of the ventricle on to this valve. Follow it on a little further; it comes over here and doubles down where my finger is; it doubles down upon this valve, and then from there is reflected off on to the base of the aorta. Well, a valve of the heart is made, then, of a duplication of the lining membrane, of a duplication of the endocardium. You see I have illustrated it with this towel. The valve is open when it lies against the aorta, and you can then hardly see how it is constructed; but open it and you see it is the same lining membrane of the ventricle which doubles down to the bottom of this valve and then passes off, without being broken, into the great vessel, exactly as I have folded this towel.

The mitral valve is made in the same way, but there is a variation. The lining membrane of the ventricle goes down upon the posterior face of the mitral valve, as I hold this now; doubles upon itself, and goes back into the auricle, so that that again is continuous. But the peculiarity is that to this valve are attached a considerable number of little cords that go down into the ventricle and are there attached to what are called the fleshy columns—these bodies. The endocardium is no less continuous for that reason. Indeed, it doubles upon these cords, it covers them. Each valve, in each part of the heart, is made in the same way, but there is, however, a little more to each of these valves. There is a fibrous structure in the middle of them—you may say a skeleton; something like the frame of a house before there are any boards or plaster put upon it. Then the fibrous tissue of the valve lies between these two folds of membrane, as my finger lies between the two folds of this towel. Now, it happens that in endocarditis that particular part, that is, the aortic or the pulmonary valve, is most likely to show the results of inflammatory action.

But the point I wanted to bring to your attention was, and is, in what way the blood circulates through the heart, and what the heart does in the course of the circulation of the blood through it.

Suppose the blood is coming in from the lung.

In the period of rest the left auricle is being distended by the blood coming in from the lung. The contraction of the heart begins in the auricle and almost instantly spreads to the ventricle. The result of this little contraction of the auricle before the ventricle begins to contract is to send a little more blood into the ventricle, or perhaps to send a portion of it backward, because there is no valve which will prevent its going either way. Then the left ventricle contracts; what becomes of the blood? It goes right up here into this great aorta, and if there is anything here on this valve to obstruct it it may make a noise, and that is not normal; that is a bruit or murmur. Then, when you have a murmur produced at the base of the heart when the ventricle contracts it is produced by an obstruction—it may be a narrowing of the vessel at the point of these valves. Now, what else, when this ventricle contracts? If there is a way for it to get out anywhere the blood will take that way, as well as this, its natural way. Suppose this valve, the mitral, is insufficient; suppose it to be diseased in such a way it cannot close perfectly; what is there to prevent the blood, when the ventricle contracts, going back on the very track it came? Nothing in the world. Well, then, when this mitral valve is insufficient, and you get a murmur from it, it will be when the ventricle contracts: that is regurgitation. When in systole, or contraction of the ventricle, there is a murmur here at the aortic opening, that is obstruction, while this is regurgitation.

Now, then, suppose this aortic valve to be so far diseased, so far narrowed and shortened, that the three different portions of the valve cannot meet in the middle of the artery, and stop the blood going back; there would be a murmur then. And when? Why, after the first sound of the heart has gone by, after the contraction of the ventricle has gone—in the period of rest, or in the place of the second sound. A murmur, then, heard at the base of the heart in the place of the second sound, implies regurgitation; a murmur heard during the contraction of the heart implies obstruction. You may have both in the same person, at the same time. Here, again, at the mitral valve, if there is a vegetation, if there is unnatural thickening of the valves, when the blood comes from the auricle into the ventricle during the period of repose, there may be a murmur. It is almost always a very faint murmur, and Dr. Williams described it, a good many years ago, as being like the sound produced by breathing the word *awe*—a very soft blowing murmur. That is in the period of rest; it has been called presystolic. I have no objection to the name; it is before the systole. Then you may have two murmurs at each one of these valvular openings; in which case it is obstruction in the one instance and regurgitation in the other. Now, to satisfy you whether it is obstructive or regurgitative you have only to remember the course of the blood. It begins here in the auricle, passes into the ventricle during the period of rest; then the ventricle contracts and it goes over these valves into the aorta, or, if there is an opening, it goes right back.

SECOND LECTURE.

Here is a large heart—all the better, because it acts just as a small one does, and can be seen at a greater distance. Here is the mitral valve, which is to guard the communication between the left auricle and the left ventricle, and you observe that it is attached at its border to some fleshy columns here, three tendinous cords—three small tendinous cords that run from the border of the valves to the fleshy columns. I will repeat what I said last. The blood we will suppose is here in the left auricle. It has come from the lungs. The first act of contraction is in the auricle, but it is almost immediately followed by contraction of the ventricle. If the heart is in its normal condition, when the left ventricle contracts it will throw the blood past the semilunar valves up into the aorta. If there is a hole here, if the mitral valve does not close properly, we call it insufficiency, and a portion of the blood will go back on the very track it has come; go back into the auricle. That we call mitral regurgitation. Then, too, it sometimes happens, as I shall explain to you further on, that these valves are subjected to a certain amount of inflammatory action when endocarditis occurs, and their action is disordered. The mitral valve, we know, is composed of fleshy columns which are composed of fibres that are continuous with those in the walls of the heart. Now, if these be diseased, one or more of them, or a part of them may become contracted and leave an opening in the mitral valve. This fact shows that regurgitation may take place without disease of the valves; that is, without deforming disease of the valves.

As the blood comes from the ventricles it is forced over the semilunar valves, which lie smoothly up against the aorta, presenting no obstruction to the outgo of the blood. If they are rough, thickened, contracted, then they will present an obstacle to the course of the blood, and there will be produced a murmur during the contraction of the heart, that is, during systole—

the time when you feel the impulse of the heart against the ear when it is applied to the chest. Now, that is easily remembered, I think; the murmur in systole, the murmur in the contraction of the ventricle, heard over that part of the chest which corresponds to the aorta, an aortic obstruction. When the blood reaches the aorta the aorta dilates, and on account of the many little elastic fibres which it contains it has a disposition at once to contract; and in contracting it of course starts the current backward toward the heart, which instantly closes these valves and they prevent its return. But if these valves have become so thickened, so hard and inelastic that they will not close, a portion of the blood is sent back into the ventricle, which has to do its work over. This produces a murmur which occurs during the period of repose or in the place of the second sound. This constitutes aortic regurgitation. We often have obstruction and regurgitation in the same person, so that we will have a "whewing" sound during contraction, which is repeated during diastole of the ventricle. It has come to be the fashion latterly to use the terms "direct" and "indirect." I do not think the terms are nearly as good as obstruction and regurgitation, for these are descriptive, while only "direct" can be regarded as descriptive in the other choice of terms.

Then the blood goes on in the general circulation and comes back in the veins to the other side of the heart, to the right auricle. The right auricle in turn contracts after it is full and sends its blood into the right ventricle, which, being connected with the left ventricle by their septum, is really a part of the same organ and liable to contract at the same time; and the right and left ventricles then do contract at the same instant, and a sound produced by the passage of blood into the pulmonary artery occurs in diastole. You observe that the pulmonary artery has valves corresponding with those of the aorta, and they work in the same way. In this particular specimen they are in a healthy condition, and you can observe how delicate they are. You cannot recognize them by touch. They fall up against the artery and allow the blood to flow over them easily and freely. But these, too, are sometimes found to be diseased. The valves of the right side of the heart, I say, are sometimes found to be diseased, and here is as good a place to state the fact as any, that in persons who have disease of the right side, if it is not due to laceration or breaking of its tendinous cords, you may pretty reasonably infer that the disease belonged to the period before birth. The right side of the heart is more subject than the left to disease in utero. The left side of the heart becomes diseased after birth. If you can find a murmur, then, that belongs to the pulmonary valves, you will be pretty sure to find it in a child, and it will be pretty safe to infer that there was endocarditis in that child before it was born. It is not a common occurrence, and yet it has happened a few times in my own observation. Then the same law applies to the current of blood and to the sound that will be produced by disease of the valves of the right side as on the left. There are two valves here, the tricuspid, which guard the opening between the auricle and ventricle, and act in the same way as the mitral valve on the left side and the pulmonary valve.

Now, I will repeat the formula by which you can recognize disease at different points of the heart. Notice that these fleshy columns are connected with the heart at a distance of from one inch to an inch and a half above its apex; in this heart it is fully an inch and a half. These tendinous cords run into the heart, and may be regarded as a conducting medium, and the fleshy columns also may be regarded as a conducting medium. The point where, physiologically, or in audition, you can get nearest to the heart, is not at the apex exactly, but about an inch above. There you will be more likely to hear sounds produced in the mitral valve than at any other part of the chest; and when I say "heard at the apex," I mean at the apex, or an inch above. When, then, you have a murmur during the time the ventricle is being filled, you ascertain, by listening at different points, where it is most distinct. If it is most distinct at or near the apex in systole it is a murmur of regurgitation by the mitral valve; if, on the contrary, it is heard in the period of repose, in diastole, during this period of repose the blood is flowing from the auricle into the ventricle, and that will be an obstructive sound in the mitral. The mitral is roughened, and throws the blood or itself into sonorous vibrations, as the blood flows over it; that, however, is almost always a very feeble sound. As I said before, Dr. Williams described it by breathing the word "awe," opening the throat well and breathing a little loud.

A murmur heard most distinctly on the third rib, at the sternum, and heard in systole, must be obstruction at the aortic valve. Then, if it is repeated immediately afterward, in the interval—you can hardly appreciate it, and yet you do appreciate it, that there are two sounds—the latter is regurgitation; the valve acts insufficiently, it cannot perform its office, and gives the murmurs. Every little while you get two murmurs. I have heard four in the same person, two produced at the aortic valve, two at the mitral.

Now, the same law applies to the right side of the heart. You listen to the right side of the heart, at the lower part of the precordial region on the right side. I do not say the lower part of the sternum, because the sternum extends below the heart region; but on the sternum at the fifth rib, and outside the sternum a little, on the same level, you will get a sound from the right heart more distinctly than anywhere else. If, then, you get a murmur in that region, heard most distinctly in contraction of the heart, in systole, that would be regurgitation by the tricuspid valve. If, on the contrary, you get a murmur which you are not quite satisfied is aortic, and it is a little to the left on the sternum, you may, perhaps, conjecture that it belongs to the pulmonary artery. The pulmonary artery is given off a little further to the left than the aorta, that is, this way; and you listen for the aortic murmurs on the middle of the sternum and a little to the right; for the pulmonary murmurs on the left edge of the sternum and a little to the left of the sternum. If you get a murmur there in systole it is obstruction at the pulmonary valve. If it is repeated, it is then regurgitation at the same valve, and is heard most distinctly at the base of the heart. But if it is tricuspid you will hear it most distinctly on the right part of the heart, at the right edge of the sternum; I never have heard a direct or obstructive murmur at this point. Indeed, a good many years ago Dr. King thought he demonstrated, and probably he did, that this particular part of the heart, the opening of the tricuspid valve, has considerable power of dilatation without injury, and when the veins are over-crowded with blood, surcharging the left ventricle, he says the right ventricle has the power of sending it back into the veins again through the tricuspid opening and without a murmur. I can easily comprehend that it may be so. It is what he called the safety-valve arrangement. The right ventricle being over distended the right auriculo-ventricular opening would be dilated also, and a part of the blood can be thrown back into the veins of the general system without being compelled to go forward into the arteries that lead to the lungs.

Now, then, with reference to the tones of these murmurs. You hear them in different stages of cardiac disease; mildly when the valves begin to be deteriorated; more strongly when the deformity has become considerable. And then again, perhaps not at all after the disease has continued for a length of time and the heart has become weakened by it. Almost every person who has cardiac disease which finally terminates fatally reaches a period, before death, when the murmur cannot be heard, and the simple reason is that the heart cannot contract upon its contents with sufficient force to make the blood run swiftly enough to cause a murmur. It is probable these murmurs are made in the solid tissue and not in the blood itself. The vibrations that produce the murmur are probably in these deformed valves. You have a great many terms by which to designate these murmurs, according to their tone. The French have used terms which represent a filing sound, a rasping sound, a sawing sound, which, of course, are harsh, and given to distinguish the harsh sounds from those which are soft and blowing. But it is not necessary for you to learn those terms. The coarse sounds are almost always produced by deformity or defects of the valves. The blowing sounds are often produced by the same thing, but they are also produced under circumstances in which the valves are not diseased; when, for example, the blood becomes watery and thin, by a law which I cannot explain to you, the blood makes a noise in going over the aortic valves. It is the anæmic sound; and, therefore, if you hear a blowing sound at the aortic opening, as if it were obstructive, your next business is to look in the patient's face and see if she is anæmic—for it occurs more frequently in women than in men. If the face is pale and watery, has a chlorotic look, you will be very likely to get a soft murmur—a blowing murmur at the aortic opening—and it will not authorize you to infer that there is any disease of the aortic valves under such circumstances. There is another thing connected with the thin blood which may perhaps help you to distinguish the sounds that are produced by deformity of the valves and those that occur when the valves are sound. In most of these persons in whom anæmic murmurs occur there will be heard, through the stethoscope applied over the jugular vein in the neck, a continuous humming noise. They call it *bruit de la toupie*, which a friend of mine has interpreted with a little liberty "devil of a noise." This *bruit de la toupie* is not the work of the devil. The French have a little toy which children whirl around, and as it goes around a spring works on a wheel of cogs and makes a repetition of clicks. That is the devil that this is compared with—*bruit de la toupie*. That, of course, is not connected with disease of the heart, but as it so frequently occurs in anæmic persons it is worth while to associate it in this connection. The harsh, rasping sound is almost always produced by some defect of the valves; the soft, blowing murmur may be so produced, but it is occasionally found in persons whose hearts are sound enough but whose blood is diseased or in a watery condition. I do not think there is any practical use, therefore, in making any other distinctions between the murmur that is soft and the harsh or blowing and rough.

Now, there is another thing that I must call your attention to before entering upon endocarditis itself, associated with the things that I have been explaining. The heart itself has two sounds. They are denominated first and second, and it will interest you to know what is the cause of these two sounds; and, perhaps, as great diversity of opinion has been expressed in regard to the cause of them, it may be of some little interest to you to know which of them I have chosen, as I have been pretty familiar with heart disease. In a few days I shall have a microscopic specimen of the muscles of the heart to show you. It is not ready yet. In that I can show you the different layers of muscular tissue in the heart; show you how some run at nearly right angles to others—indeed, quite at right angles sometimes. I cannot show you how they are braided together, for before the specimen could get around the class it would be lost; but you can infer it from a part of the material of which the house is built. I can show you repeated instances in which some muscular fibres go in one direction, and other fibres at right angles to them. The consequence of this arrangement of fibres is, that as the heart contracts all these bundles of fibres contract at the same time, and one rubs against another. It is not exactly a fiddle-string operation, and yet it is not without analogy to it. These fibres cannot rub upon one another actively, as they do when the heart contracts, without producing some sound, and this first sound continues during the contraction of the heart. It begins with the beginning and ends with the end of that contraction, that is, of the ventricles. The auricles are placed a little out of your reach, so that you cannot know what is going on in them by audition. You can imitate that sound very closely by placing the stethoscope upon the ball of the thumb and opening the thumb in this manner. You will get in your ear a sound exactly like that that you get in the first sound of the heart. Another very good illustration of it is, to place the arm against something that is firm and extend and contract it, and let your chum listen to the action of the muscles. It has been said that the first sound is produced by the tension of the mitral valves in consequence of the sudden jerk made upon them by their muscular columns. I do not know that that does not enter into the first sound and make a part of it; I do not know that it does. It has been said, again, that the first sound is produced by the rush of blood from the auricle into the ventricle(?). I do not know but that aids in the production of the first sound, and I do not know that it does. The current is easy, the flow is at a pretty good rate, to be sure, and I should not be surprised if its concussion against the empty walls of the ventricles would produce some effect of that kind; and yet I do not know it.

I think when you have tried these little experiments I have spoken to you of, and then listen to the heart sound, you will be pretty well satisfied that the chief element in it is the contraction of the muscles, and the rubbing of these cross fibres one against another. They are separated, to be sure, by a little layer of connective tissue, but even that is put upon the stretch by the action of these muscles that are working at right angular contraction. The first sound, therefore, is confined entirely to the systole, to the contraction. The second sound there are no debates about; experiments have been performed that explain that perfectly. A number of physicians in London tortured some honest old asses and worn-out horses, by opening into the chest and having little hooks that were sharp enough to penetrate the tissue, laying the hook handle along the course of the aorta and penetrating it, then carrying the hook forward and getting it over one of the folds of the semilunar valve and drawing it back up to the wall of the artery. It is an experiment that can be pretty easily done. The result of the experiment was a cessation of the second sound. Then by depressing the handle and raising the point of this hook the valve would be let loose, and be at liberty to play again, and then the second sound was reproduced. They repeated the experiment a great many times, and in a great variety of ways. A Philadelphia committee of doctors repeated it with the same result, so that we have the fact pretty well ascertained, that the second sound, which you will recognize as instantaneous as a click, results from the falling together of these three segments of the valve in the centre of the aorta—a noise of exactly the same kind that I produce now by striking my fingers together. Then you would naturally expect, if these aortic valves are incompetent, are inefficient, do not guard the opening, that there would be no second sound. But call to mind the fact that I just now said to you that the two hearts beat at the same time, and it is almost never found to be a fact that the pulmonary valves and the aortic valves are diseased in the same person. You have, then, the pulmonary valves to give you the second sound. The aortic valves may not participate in it, may not fall together at all; they may be too short and too inflexible. The cause, then, of the two sounds of the heart you can easily carry in mind. The reflux of the blood from the aorta in its attempt to get back into the ventricle closes, as I told you, these valves, and they close with a click, and that is all there is of the second sound.

Now, we are ready to pursue our course on endocarditis. I have gone into this explanation of the action of the valves, and the effects of their not working properly, because endocarditis is a deformer of valves.

When inflammation occurs in the endocardium, we are not sure that it affects the whole extent of the endocardial membrane. We are sure that it occurs a good deal about the valves. I have not seen for a few years past a heart which I used to show, in the left ventricle of which there was a perfect layer of false membrane attached to the natural tissues, a lining inside of it, of a membrane that could be easily torn off, and was in a great degree torn off by frequent inspection. When we first received it it was perfectly lined by this false membrane. It seems that such specimens are rare, for you find no mention of it in the books, or at least I have seen no mention of it, and the tendency of persons who write about diseases of the heart is to confine the inflammatory action to the valves. Now, it is not necessary that the inflammatory action should be confined to the valves, even from what we see. If there is an exudation upon the border of the ventricle, here, for example, on this part of the endocardium, it will be washed off by the current of blood that is continuously flowing, and flowing with a good deal of force, through the heart. You ask why it would not be washed off from the valves? Because it holds fast there. The effusion is between the folds that make the curtains of this valve, on the attached surface of these folds, and it cannot readily get out. Then there is a form of inflammation, called ulcerative endocarditis, that attacks any portion of the endocardium. I will explain that further on. The point, then, I make is, that because the results of the inflammation are found only in and about the valves, it does not follow that the whole endocardium may not have been the seat of disease.

Then the question occurs, what changes take place in the endocardium during this process? I do not know whether it becomes red, except by analogy. Nobody has ever seen the endocardium at the commencement of endocarditis. We cannot say, then, that we know the membrane is red. We can infer it is probable, because membranes that are inflamed anywhere else, so far as we know, are red at the beginning of the inflammatory process, becoming less and less red as the inflammation exhausts itself. Roughnesses are not commonly made, except in particular kinds of inflammation, upon the body of the endocardium, but here at the valves. Now, then, the kind of production that you may expect from endocarditis is, first, a thickening of the valves; and second, a growth, either upon the valves or near them (and this is not constant), of little eminences—little granulations, you might call them—which are described as being firm at the base, and by microscopical examination found to be composed of connective tissue at the base, but of new and soft cells at the top, so that the base of these little granulations is firmer than the apex. You will see some of them figured in this engraving, and here they make a sort of ornament—to our eye only, not to the patient's—a sort of ornament just below the edges of the aortic valve. Here are some of the same kind of things, with an addition, too, and that addition is the most important fact, perhaps, in the whole history of endocarditis. Little granulations are formed upon these valves, as in that instance, and then the blood has precipitated its fibrine upon these rough surfaces. You are, perhaps, aware that if, in an animal, a thread be run through a vein or artery so as to pierce it about its middle, the fibrine will collect upon that thread and form a clot, a considerable little ball; or it will be swept in the direction of the circulation. Any rough body in an artery, or in the heart, or in a vein, will cause a coagulation of blood about it, the fibrinous portion of blood making the clot. Well, here this roughened surface has become encrusted, so to speak, or covered by a coagulation of fibrine, having some blood-coloring matter in it to give it a red color. Now, that is the worst thing that can happen in endocarditis, for the reason that these concretions, these aggregations upon any rough surface of the heart, are apt to be washed away and carried into the organs of the body—into the brain, not infrequently; perhaps more frequently than into the spleen; rarely to be found in the liver, because the liver circulation from the heart direct is feeble (one small artery), being supplied chiefly by the portal circulation. But the brain lesions are the worst, and this embolism carried from the heart valves most frequently, or from any portion of the heart, to the arteries of the brain, will frequently produce apoplexy, of course, a pretty grave matter. Then the principal points to be noted with reference to the effect of endo carditis are: First, thickening of the valves by an effusion between their folds; and, second, these granulations growing up in different parts of the endocardium, mostly upon the valves which have lain traps and caused a deposit of fibrine of blood upon them, making what we usually call vegetations, and these are constantly apt to be washed off and carried into important parts of the body and do serious harm.

Now, the material that produces the thickening of these valves is not exactly like ordinary false membrane. The inspection of it by the microscope, when it is recent, shows that it is a transparent, opaquish fluid, filled with new cells, not of the kind that we refer to pus, but of those that are suitable of combining and being propagated into fibrine. The false membrane met with in endocarditis is made in a different way from ordinary false membrane, with which you have already become somewhat familiar. It has no property of its own. It is coagulated into fibres by the addition of acetic acid; at least, Virchow says so, and he compares it with mucine. This product may, at first, swell the valve considerably, and afterward contract by the absorption of its fluid part, and then it may become organized within the two folds of the valves. Well, what will be the result of that? Quite a thickened and clumsy valve. And as this new material contracts it contracts the valve, the valve is shortened so that it cannot reach its fellow in the middle of the artery, and it is very much stiffened and hardened; it is of the consistency of leather sometimes. I shall show you some specimens that will illustrate that point. Now, that defect is the cardinal one. The valves are thickened, they are shortened, they are stiffened, they cannot perform their office. The result of that is, obstruction, and again, regurgitation, one or both, as may occur in a particular case.

Now, then, with reference to the recognition of these changes as they are coming on. You sometimes can do it, and sometimes cannot. Endocarditis is very apt to occur with pericarditis, and while you may be able to recognize pericarditis to your full satisfaction, you will be lingering in doubt, very likely for some time, whether there is endocarditis or not.

One point I passed over. There may be a grade of inflammation of the endocardium and of the valves that will not produce this mucine matter, but merely œdema. The valves may become thickened by becoming bags of water. Now, that is a form of disease that is sometimes recognized, not by the rational signs. To recognize an endocarditis by rational signs is impossible, and perhaps that is a good reason why it waited to be recognized during life till auscultation became an art, and it may, in that sense, be called the child of auscultation. The deformities of valves were known long before auscultation was practiced, but how to recognize endocarditis waited for auscultation. Now, when this œdematous effusion occurs, the valves are obstacles to the free flow of the blood, and produce a murmur. If, then, you have listened at a particular time to the heart and found no murmur of any kind, and you have symptoms of a very vague kind, and you suspect endocarditis, if you listen again you may possibly hear an endocardial murmur, and it is very likely to be at the aortic opening.

(To be Continued.)

COMMUNICATIONS.

THE RELATION OF SEX TO CONSUMPTION OF THE LUNGS.

BY T. S. SOZINSKEY, M.D., PH.D.,
Of Philadelphia.

The bearings of sex on the occurrence of consumption of the lungs is a subject on which, so far as I know, very little has been written. In the series of lectures on the disease, by Dr. Pepper, which was published in this journal last summer, not a word was said about it; nor is it referred to in Flint's, or Roberts' treatise on the practice of medicine, or Parkes' on hygiene. Dr. Bristowe disposes of it, in his work on practical medicine, as follows: "The influence of sex is uncertain."

The remarks which precede might well lead one to believe that sex has little or nothing to do with the occurrence of the disease. Yet in a book of mine recently published ("The Care and Culture of Children"), in which, by the way, considerable attention is given to the mortality and allied features of diseases, may be found the following remarkably striking passage: "Between ten and fifteen years of age the deaths from it [consumption of the lungs] are twice as numerous among females as males, and between fifteen and twenty well on to three times as numerous." Evidently either this statement must be untrue or sex has in some way not a little to do with the occurrence of the disease.

Now, I may say that the statement of mine just quoted is indeed somewhat open to criticism. I am disposed to modify it so as to make it read as follows: Between ten and fifteen years of age the deaths from consumption of the lungs are twice as numerous among females as males, and between fifteen and twenty well on to twice as numerous. Still, according to the official Report of the mortality in the United States during the Census year ending June 1st, 1870, of the deaths of persons of from fifteen to twenty years of age due to the disease it appears that in Alabama eight were of males and thirty-six of females; that in Rhode Island fourteen were of males and forty-three of females; that in Delaware four were of males and thirteen of females; that in Connecticut twenty-two were of males and fifty of females; and that in Kentucky seventy-two were of males and one hundred and seventy of females. In about a third of the States, of the deaths of persons of from fifteen to twenty those of females were considerably over twice as many as those of males.

It may be taken as a fact, then, that among persons of from ten to twenty years of age about twice as many females as males die of consumption of the lungs. This being so it is assuredly worth while to examine and see what the relative mortality of the sexes at other periods of life is, from it.

The following table gives the mortality of either sex at different periods of life, from consumption of the lungs, in the United States as a whole and in the States of Pennsylvania and Massachusetts during the Census year ending June 1st, 1870:—

Period of life.	Mortality in U. S.		Mortality in Penna.		Mortality in Mass.	
	Males.	Females.	Males.	Females.	Males.	Females.
Under 5	2274	2209	234	235	178	192
5—10	459	494	35	45	25	44
10—15	501	1056	51	75	32	67
15—20	1756	3431	200	317	125	238
20—25	3938	5138	385	508	290	394
25—30	3904	4681	464	515	284	360
30—35	3329	3556	353	391	227	246
35—40	3262	3215	368	312	218	231
40—45	2631	2422	278	273	164	169
45—50	2423	1843	238	189	147	135
50—55	2130	1655	233	176	124	134
55—60	1657	1221	198	116	106	112
60—65	1704	1407	182	147	145	118
65—70	1341	1172	153	136	88	92
70—75	1118	993	139	125	92	89
75—80	745	696	90	84	50	61
Over 80	726	706	77	72	59	69

From the above table it would seem that, as a whole, in persons under five years of age the mortality from consumption of the lungs among males is greater than among females. In all, or nearly all constitutional diseases this is the case, I believe.

From five to ten years of age females are more liable to have the disease than males. This is markedly the case in Massachusetts; in which State the deaths from it among the former are almost twice as many as among the latter.

Among persons of from ten to fifteen over twice as many females as males succumb to the disease. This statement does not hold good in Pennsylvania.

Among persons of from fifteen to twenty nearly twice as many females as males are destroyed by the disease. The proportion is considerably less than this in Pennsylvania.

The figures given show, therefore, that as stated above the deaths from consumption of the lungs among persons of from ten to twenty years of age consist of about two females to one male. Indeed, among persons of from five to twenty this is nearly the proportion at least in the State of Massachusetts. The proportion of girls to boys who die from it is far greater in that State than in Pennsylvania.

In this connection I may say that of the deaths from the disease in Philadelphia, of persons within their twentieth year of age, there were, in 1876, one hundred and thirteen males and two hundred and nine females, in 1877 one hundred and eight males and one hundred and seventy-one females, and in 1878 one hundred and fourteen males and one hundred and ninety-four females. The published mortality statistics of that city afford no more information than this, as to the number of deaths of either sex from it at different periods of life, except the number of those of each collectively, in persons over twenty years of age.

Returning now to the table above, I would remark that among persons of from twenty to twenty-five about a quarter more females than males die of the disease. In both Pennsylvania and Massachusetts a third more females than males die from it—the proportion being at this period about the same in the two States.

Among persons of from twenty-five to thirty about a sixth more females than males die from the disease. The proportion is less than this in Pennsylvania but greater in Massachusetts.

Among persons of from thirty to thirty-five, about a twelfth more females than males die from the disease, not only in the nation at large, but in both Pennsylvania and Massachusetts.

From the age of thirty-five forward there are more deaths of males than females from the disease. This statement holds good as regards the deaths from it in Pennsylvania, but not in Massachusetts. From forty-five to fifty, from fifty to fifty-five and from fifty-five to sixty, a third more males than females die from it. In Pennsylvania, the deaths of males are over a third more than those of females, at each of these periods; while in Massachusetts the number of deaths of females is somewhat greater than that of males at each period.

The entire number of deaths of males from the disease during the Census year in the United States was 33,971, and of females 35,925. In Pennsylvania the deaths of males numbered 3750, and of females 3731; and in Massachusetts the deaths of males numbered 2355, and of females 2802. From these figures it would appear that as a whole there is a considerably larger number of deaths of females than of males from the disease. This is emphatically so in Massachusetts, but in Pennsylvania the number of deaths of either sex is almost the same. Of the deaths from the disease in Philadelphia in 1876 there were 1288 males and 1388 females; in 1877 there were 1142 males and 1207 females; and in 1878 there were 1154 males and 1337 females.

Almost every practicing physician must, doubtless, have observed that the number of cases of consumption of the lungs in females is greater than that of males in early life, but not many, probably, suppose that the difference is so marked as the figures given indicate.

Now, how is the greater prevalence of the disease among females than males in childhood and youth to be accounted for? Sex, *per se*, may have something to do with it, but I believe that the mode of life is the main cause of it. Were the young of either sex brought up similarly it is improbable that the deaths of the one would greatly outnumber those of the other. Girls are not generally allowed to exercise as freely as boys, and are confined more closely within doors. From the fifth, or sixth year of age forward their entire plan of existence is very unlike that of boys; and that it is less hygienic scarcely admits of any doubt.

The greater proportion, as regards sex, of deaths of young females in Massachusetts than in Pennsylvania cannot be easily accounted for. Assuredly, some climatic, or social influence, or influences of both these kinds are at work to produce it.

The greater number of deaths of males than of females from the disease among persons of middle age is remarkable. It would seem to indicate simply that the mode of life of the former is less in harmony with their environment than that of the latter.

The much greater proportion, as regards sex, of deaths of males of middle age in Massachusetts is very singular. Possibly, I should say that the greater proportion, as regards sex, of deaths of females of middle age in Massachusetts than in Pennsylvania is very singular. The fact that there is a slightly greater proportion of women to men in the former than in the latter State may have something to do with the matter, but, doubtless, this is only one of the reasons for it.

That consumption of the lungs is largely due to other than hereditary causes is very clearly indicated by the figures given above. The strange features of the mortality from it, of either sex, in Pennsylvania and Massachusetts, which have been pointed out can hardly be, to any great extent, due to influences of an hereditary nature. Unhygienic living is beyond all question the chief source of the appalling mortality from this, the most fatal of all diseases. Constitutional degeneracy, induced by breaches of the laws of health, is the fount, *par excellence*, not only of consumption of the lungs, but of the majority of other diseases.

Such information in respect to the disease as that which precedes serves to show that through individual efforts the ravages of it might be greatly lessened. Were children reared intelligently and so instructed that in after life they should know how to preserve and foster health and strength, the average vigor and longevity of the race might be very considerably increased. There is a pressing need for an apostle of health among us whose words might be heard and heeded by the multitude.

At least one important lesson as to the treatment of the disease in its remediable stage may be drawn from the above considerations; which lesson is this, that in such measures as will improve the general health lie chiefly the means of cure. This truth is far from being as well known as it should be. Hundreds, nay thousands, die of the disease yearly, from the fact that precious time has been wasted, in their cases, in the search for purely medicinal means of cure. Nor have medical practitioners in general nothing to do with this. There are multitudes of them who seek but little anywhere, except in the stores of apothecaries, for the weapons by which to strike powerless this fell destroyer of mankind. And one hears almost daily of experimental searches for remedies among articles which a person of a little common sense would at once cast aside as void of special virtues. To-day a disagreeable substance—blood, for instance—which cannot in the nature of things be of more account than any of many ordinary items of diet, receives the ephemeral confidence of the profession, as having in it, at any rate, the promise of great things, and to-morrow something else. All of which goes to prove that when unguided by enlightened reason a man cannot practice medicine to much purpose, so far as the welfare of his patients is concerned.

HOSPITAL REPORTS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

A CLINICAL LECTURE, DELIVERED MAY 8, 1880, BY WILLIAM PEPPER, M.D.,

Professor of Clinical Medicine in the University of Pennsylvania.

REPORTED BY WM. H. MORRISON, M.D.

A Large Pleural Effusion of the Left Side.

GENTLEMEN:—I bring this patient again before you to discuss the further stages and treatment of her condition. It has been now about a month since you saw her. You will remember that she had a large left-sided pleural effusion, where the nature of the effusion was open to some doubt. Soon after coming in she had an abrupt rise of temperature, of brief duration. We came to the conclusion that this fever, which was accompanied by a severe attack of strangury and other symptoms of irritation of the kidneys, was due to the action of a large blister. Previously the temperature had been low and the general symptoms did not indicate that the effusion was purulent. At the same time, I called your attention to the fact that this acute attack of fever indicated a sensitive state of the system, in which there would be a predisposition to unhealthy complications.

Since then the course of the case has been peculiar. The action of the blister caused a decided reduction of the effusion. This may be taken as positive proof that at that time the effusion was severe. I am sorry to say that this condition did not continue, but after we had gotten resonance down to the second interspace (dullness had before extended to the apex) after the temperature had fallen to 99°, five days after admission, it again went up to 102°. Since then the evening temperature has never been normal. The temperature has ranged between 99.5° in the morning, to 101°, 101.5°, and occasionally 102°, in the evening, indicating a constant remittent fever of a hectic type. This has been going on for about three weeks. I must acknowledge that lately this febrile action has been growing less, and for the last five days we have had a morning temperature approaching 99°, and an evening temperature a little below 101°.

Our treatment during this time has consisted of the applications of successive blisters. Three large blisters have been applied, first on the front, then on the back, and then on the side. These have been applied at intervals of about a week. The internal treatment has been iodide of potassium and digitalis. She has been kept absolutely at rest. We have tried to control the fever by quinia, and have given her a good nourishing diet.

I have not examined her chest for a little while, but I think the time has come to decide whether or not to perform paracentesis, and I have brought her before you to-day to settle this question.

Her general aspect is good; her expression easy. The tongue is clean, except a slight coating at the back. Her appetite is pretty good, and her bowels regular. On percussion, the resonance is good down to the third rib; there is some resonance at the fourth rib, but at the fourth interspace there is flatness. As she sits up the level of the dullness does not vary more than half an inch. Posteriorly, the dullness extends higher than in front. On auscultation over the right side there is a perfectly healthy respiratory murmur; on the left side there is a respiratory murmur heard all down the back. You will observe that I directed her to open her mouth and not make a noise in breathing. This is a little matter, but one of extreme importance in determining the existence of a pleural effusion. You may have a large effusion filling the whole chest, but to your surprise, on auscultation, you will hear a blowing sound—bronchial breathing—which may seem quite close to the ear, and you may conclude that instead of having a pleural effusion, you have a consolidation of the lung. This blowing breathing may be due to the tracheal sound transmitted through the tense chest walls, at least, that is the way I think it is transmitted, for the ribs are raised and the intercostal tissues are on the stretch, so that the loud breathing is carried either through the liquid or the chest walls to the ear. Before deciding that you have bronchial breathing be sure to see that the patient is not making a blowing sound in the chest.

Now, in the present case, when she was making a noise in her throat in breathing, the sound was transmitted very distinctly to the ear; but when I stopped that I heard vesicular breathing, not perfectly natural, it is true, but still distinct and of a slightly blowing character.

You will observe, then, dullness behind, to the spine of the scapula, a little higher than in front, and when raised from the recumbent posture the line of dullness does not materially change, as it would if the liquid were free to move. We have to deal here with a mass of plastic lymph over the back of the chest, which is not considerable enough to entirely compress the lung, but allows it to expand slightly. In other words, the absorption of liquid has been going on satisfactorily, but it has left behind a large quantity of plastic lymph.

Our line of treatment is, therefore, very plain. There is no excuse for operative interference, for in spite of the febrile temperature, the absorption has been going on satisfactorily. The same irritation that has caused this deposit of lymph has, I think, been the cause of the remittent febrile action. This woman is getting better and the effusion is being absorbed, but it will take a long time for the absorption of this plastic matter. I have found dullness, imperfect respiratory murmur and impaired movement remain for many weeks, and even months, dependent upon a large amount of plastic matter.

This case is a very instructive one, as showing us that we should never be guided entirely by the irritative fever as indicating pus in the chest, but that we should combine with this a careful study of the other symptoms and the effect of treatment.

I shall put another blister over the back as soon as she can bear it, and continue the use of digitalis and the iodide of potassium.

Peri-nephritic Abscess.

The next patient, a miner of Luzerne county, applies, with the following brief statement: He has been troubled for some time with an abscess, discharging in the back. The origin of this abscess is open to a good deal of doubt. When four years old a calculus was passed by the urethra. When twelve years old another was broken up in the urethra and washed out. Since he was thirteen years old there has been pus in the urine. The amount is now quite considerable. Six years ago he noticed a lump in the left lumbar region, which proved to be an abscess, and opened five years ago. It has discharged ever since. There is no pain complained of. Pain is not caused by rough riding, jumping, etc. He says that some portions of stone were taken from the opening in the back, last January.

This appears to be a case of peri-nephritic abscess, connected with calculous pyelitis, with perforation of the pelvis of the kidney and the escape of fragments of stone into the peri-renal connective tissue, opening later in the lumbar region; a rather unusual condition. This opening is not in the common place for a discharge from caries of the vertebræ. It is outside of the line of the erector spinæ muscles, and some distance above the crest of the ilium. Although a vertebral abscess may burrow through the connective tissues, and escape outside of the fascia. and perforate in the lumbar region, yet it is not commonly so far out as this; still I should not attach too much importance to the locality of the opening. You know that many of these abscesses from diseased vertebræ become psoas or iliac abscesses, and burrow down and appear anteriorly.

This patient has presented to us none of the symptoms of vertebral caries. There has been no spinal tenderness. There is no scrofulous or tubercular diathesis or condition present. Physical examination of the vertebral column has not shown us any lesion there, and the history of the case points in an entirely different direction.

It points very strongly to some calculous and nephritic trouble. Thus, as early as the age of four he passed a calculus by the urethra; eight years later another lodged in the glandular portion of the urethra, and was removed by breaking it up and washing out the pieces. Subsequently pus appears in the urine, not from cystitis, but evidently from inflammation of the higher parts, the ureter and pelvis of the kidney. Later still an abscess forms and discharges in the back, from which opening fragments have been taken, which, unfortunately, have not been preserved, but they are said to have been calculous in their nature, and not from caries of the bone. Much information would have been gained from these fragments, but the course of the case and the absence of marked symptoms of spinal trouble cause me to regard this as an abscess around the kidney, from perforation of the pelvis and the discharge of fragments of stone, or other irritating matter.

If this is so, this is one of a class of cases which have recently been made the subject of some daring operations in surgery, of a character to which I cannot altogether give my consent. For instance, an incision has been made in the lumbar region, the pelvis opened, a calculus extracted, the parts carefully washed out and the urinary fistula thus formed allowed to heal, and the patient restored to health, after years of suffering from the exhausting drain of pyelitis. Not only that. Of course, a peri-nephritic abscess should be opened, but in some cases, after the abscess has been opened the substance of the kidney has been found inflamed and destroyed, and the kidney has been removed, the ureter tied with the animal ligature, and one or two cases have terminated in recovery, but this has led to the operation being performed in cases which have resulted fatally, and where the patient's life could have been made comfortable without the risk of so dangerous an operation.

The first question to be determined in any case is the diagnosis of calculous pyelitis, and the second is the treatment to be pursued. Calculous pyelitis is the name given to an inflammation of the lining of the kidney, the pelvis and its branches or infundibula, dependent upon the presence of a calculus, setting up irritation and inflammation and causing a purulent discharge. It is not a rare disease.

The symptoms which indicate it are, in the first place, the appearance in the urine of pus. This pus is not of the kind that comes from the bladder, that is, mixed with mucus. In cystitis there is nearly always a greater quantity of mucus than pus, but in pyelitis the pus is unmixed with mucus, unless the case is complicated by cystitis, and then the diagnosis is very difficult. When we examine the pus cells with the microscope they have the appearance of having existed for some time. They are not as smooth or unwrinkled as the pus cells of cystitis. With this there is nearly always a considerable proportion of albumen, depending upon the admixture of the liquor sanguinis. There are no tube casts, unless there is associated some inflammation of the substance of the kidney. From time to time there is apt to be a little hemorrhage from sudden congestion or from some unusual exertion causing the stone to scrape against the mucous membrane; but there is usually not so much bleeding as in vesical calculus. The pain is referred to the region of the kidney on one or other side. Pain is caused by deep pressure. There is also another pain very characteristic, that is, after a jar of any kind a sharp, acute pain may be felt in the region of the kidney.

The presence, then, of pus in the urine without much mucus, the occasional admixture of blood which may or may not occur, the absence of morbid vesical symptoms, and, of course, the evidence of the sound, showing that there is neither a stone in the bladder, nor a ribbed bladder, which may occur in an old cystitis, pain referred to one or other kidney, particularly if excited by deep pressure or sudden exertion, are the symptoms which will lead us to the diagnosis of calculous pyelitis. Particularly so, if they occur in a person with a calculous diathesis, a uric acid or oxalic acid dyspepsia.

In such cases treatment will often do a great deal to relieve the patient's suffering. Quiet, extreme care in diet, the use of mineral waters suitable to the diathesis present, the use of large doses of iron in its diuretic salts and continued counter-irritation will do much to render the patient comfortable.

Occasionally, fragments of stone will be discharged and all the symptoms disappear. In other cases, the symptoms will subside without the calculus being discharged. and you may infer that it has become encapsuled. In very rare cases, the inflammation of the pelvis gives rise to the condition that seems to have followed here, and which I have seen follow in cases like this. That is to say, the inflammation is attended by ulceration, and the connective tissue around the kidney becomes implicated and takes on a suppurative action; or, possibly, the ulcer may perforate the pelvis, the urine and pus may escape into the peritoneal tissue, setting up suppurative inflammation. This abscess may kill the patient before it is diagnosed, or it may discharge in one of several directions; the most common being where this opening is, below the ribs and outside of the sheaf of the erector muscles. When an abscess points in this region, it is to be distinguished from an abscess resulting from caries of the rib, of the vertebræ, and sometimes of the crest of the ilium. This diagnosis is sometimes exceedingly difficult to make, but if we have a history as clear as we have here, I do not see how we could refuse to diagnose the case as a perinephritic abscess.

The question here is to decide whether this is to be left alone, or whether there are any fragments of stone which should be removed. I have been unable to get a probe into this sinus. It appears to be closed at present. I do not think that cutting down on these abscesses seems to do much harm, and certainly dilating this opening to see if there was any calculus, would not; but if we could detect no calculus, this young man's health is so good, and the trouble caused by the abscess so slight, that I do not think we would be justified in performing any serious operation. I shall keep him in the house a little while, but if there is not much discharge I shall leave it alone, and have him return in six months. If there is much discharge, I shall dilate the opening with a sponge tent.

I shall treat him for the pyelitis. I would put him on a good diet, nourishing and digestible, consisting of a moderate quantity of meat once a day, but for the most part of vegetables, milk, the grains and farinaceous articles; care in dressing; the use of a flannel belt around the middle of the trunk, to protect from chills; the avoidance of damp and sudden changes of temperature; a quiet life, some sedentary occupation, total avoidance of any active work, and the internal use of iron in a diuretic form.

One of the most agreeable and useful forms of giving iron is in combination with such a diuretic as acetate of ammonia. This combination has become popular under the name of Bashaw's mixture:—

℞. Tinct. ferri. chloridi, f. ʒ iiss
Acidi acetici diluti, ʒ j
Syr. aurantii corticis,
vel curacoæ, ℥ j
Liq. ammonii acetatis, q.s.ad ℥ v. M.

Sig.—℥ ss four times a day, in water, after meals.

The dose of the tincture of iron has to be varied for different cases. The tincture of the chloride of iron and the liq. ammon. acetatis may be kept separately and mixed at the moment of taking.

Typhoid Fever.

This is the fever case I showed you last Tuesday, and to the symptomatology of which I devoted the whole hour. I want to give you an opportunity of watching the natural history of typhoid fever, in a well marked case, under the simplest of all treatment.

He came in, I think, on about the fourth day of the disease (the third of May) so that to-day (Saturday) is about the ninth day. You will remember that the symptoms were unmistakably those of typhoid fever. There was an absence of two symptoms which are constantly mentioned, and are frequently present, viz., epistaxis and eruption. There was no eruption when we last saw him.

Let us look to-day. Several red spots at once attract our attention. I feel them. but they are distinctly papular. The eruption of typhoid fever is scarcely at all elevated above the skin; is of a rather pale red or rose color, either round or oval, lenticular, and about a couple of lines long by a line and a half wide. It disappears on pressure but returns immediately on its removal. In other words, it is merely a patch of congestion of the skin with a very trifling effusion in the skin. The spots usually first appear about the epigastric region. They come out about the seventh day. Here are some spots of a paler red, and with these some brownish spots, which are freckles. The little pale spots are worthy of careful study. They were not here two days ago. I press upon one of them; it entirely disappears. It is small, rounded and not raised above the skin. I would not be willing to attach much importance to any of these spots, except the one to which I have called attention. The same mottling of the skin exists that we saw on Tuesday. On the back there are some red spots, which, without being characteristic, are suspicious; but the course of the fever, the distention of the abdomen, the looseness of the bowels, the condition of the mind, the state of the tongue, the condition of the circulation, and the existence of bronchial irritation, render the diagnosis sufficiently certain.

The treatment of this man has been as follows: First, absolute rest, in bed. Now, I consider this a reasonably bad case of typhoid fever, for by the sixth day the temperature was 103.5°, and on the seventh 104°. This is a moderately high temperature, but not at all threatening or alarming. The pulse was 112 and the respirations 32 per minute. He has had no stimulants at all, because there were no exhausting discharges, the nervous symptoms were mild, and the pulse of fair volume.

Secondly, he has had, as his bowels were loose and tongue coated, nothing but milk and water—two parts of skim milk and one part water, probably about fifty per cent. of milk. Of this he received f.℥vj every two hours—seventy-two ounces of liquid in the twenty-four hours, containing three pints of skim milk.

In order to exert an alterative and sedative effect on the inflamed mucous membrane of the bowel, which is the lesion, the source of the greatest danger and the cause of many of the symptoms of typhoid fever, I gave a pill containing one-sixth of a grain of nitrate of silver and one-eighth of a grain of powdered opium, four times a day.

His temperature has been going steadily down. This morning it was 101.4°, and the pulse 96 per minute. During the second week, instead of this man growing hotter, more restless, dull, with a dry, brown tongue and increased mental disturbance, we see all the symptoms taking a favorable turn. His fever has not been combated by bathing, the cold pack, or other severe measures. We have endeavored to prevent excessive surface irritation, believing, as I do, that this surface irritation is a fruitful cause of the elevated temperature, of a great deal of the nervous disturbance and many of the general symptoms. I think that if we can prevent or modify the development of these local lesions, we shall prevent development of those grave general states that sometimes call for such heroic treatment.

MEDICAL SOCIETIES.

STATED MEETING OF THE PHILADELPHIA LARYNGOLOGICAL SOCIETY, NOVEMBER 26, 1880.

Before the meeting was organized Dr. Cohen exhibited a case of prolapse of the laryngeal sack (inversion of the ventricle), and Dr. Bean a case of goitre, which were examined by the members present.

The meeting was then called to order by the President, Dr. Cohen, and after the minutes of the previous meeting had been read, Dr. Harrison Allen read an interesting paper on "Retro-Pharyngeal Abscess in an Adult." This paper was discussed by Drs. Cohen, Turnbull and Allen. In the discussion Dr. Cohen suggested that it would be a good plan to use the aspirator for the removal of pus in such cases and of serous effusions in cases of œdema of the larynx.

Dr Cohen then read a letter from the patient with stenosis of the larynx, which he had exhibited at the last meeting, the letter stating that the case was progressing favorably. The Doctor also reported the history of a case of paralysis of one of the vocal cords and of several of the muscles of the body, of syphilitic origin, which was slowly improving under the iodide; and a case of congenital syphilis, in which the whole of the soft palate had been agglutinated to the pharynx, so that there resulted a complete stenosis of the posterior nares, and in which the uvula was absent.

Dr. Seiler stated that he had seen a similar case, in which, however, the stenosis was not complete.

Dr. Bean then presented a specimen of aneurism of the aorta pressing upon the recurrent laryngeal nerve and upon the trachea, together with a history of the case and a report of the post-mortem examination. The specimen, after examination of the points of interest, together with the case, were then discussed by the members present.

Dr. Cohen then referred to the case of prolapse of the laryngeal sack, reported at the last meeting, and the patient being present, the latter gave a detailed history of his case. He stated that the trouble had been of several months' duration, and was brought on, as he believed, by a severe fit of coughing, but that the protrusion of the mucous membrane was gradually diminishing in size under the influence of an astringent powder blown into the larynx. Having learned to use the laryngoscopic mirror on himself, he was enabled to watch the progress of the trouble. The subject of inversion of the ventricle was then at length discussed, and the rarity of such cases as the present one was dwelt upon. Dr. Cohen proposed to change the name of this affection to "prolapse of the laryngeal sack," inasmuch as it was not the ventricle which became inverted, but the mucous membrane lining the same.

Dr. Cohen then, for Dr. I. Barton, who was absent, reported a case of goitre, in which the treatment had been painting the tumor with iodoform dissolved in collodion, which was followed by marked reduction in the size of the growth. The subject of goitre and of iodized collodion was then discussed by most of the members present.

Dr. Turnbull reported a case of chronic abscess of the tonsil, producing spasmodic cough, induced by the pus running into the larynx; and Dr. Cohen reported a case of spasmodic cough, due to a small erosion in the inter-arytenoid fold. The subject of spasmodic cough was discussed by Drs. Allen, Turnbull, Cohen and Seiler.

After fixing the time and place for the next meeting, the Society, on motion, adjourned.

CARL SEILER, M.D., *Secretary*.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Cases of Syphilis.

Dr. Cathell. A young lady, perfectly respectable, consulted me about some simple disease, when I noticed that she had a suspicious eruption. I made inquiry as to a sore upon the genitals, which she positively denied. She recollected that about four months ago a young man boarded at her house who was suffering from a sore mouth. Upon one occasion he kissed her, and some weeks after she had a sore on her tongue and enlarged glands under the jaw. I think I am justified in believing that this was the initial lesion of syphilis. I treated her for syphilis and she got well.

Dr. Morris. A young lady consulted me about a sore mouth, and, as I thought it might be from decayed teeth, I sent her to a dentist for examination. While we were there a young gentleman joined us, and taking me aside, told me that he had contracted the disease from a water closet, and possibly might have infected her by kissing. He subsequently married her, and the offspring were syphilitic.

Dr. Rohe. I have a case now under treatment. A lady was married about three years ago. Six weeks ago I was called to attend her for rheumatism, and found her covered with syphilitic roseola. Since then she has had paralysis, and lately her eyes have become affected. Both she and her husband assure me that they never had any sore, but I do not believe the man.

Dr. Erich. A young lady, aged 16, consulted me about an eruption. The idea of syphilis never occurred to me. I prescribed for her and she went to the country for the summer. When she returned in the fall she was covered with the eruption and seemed to be completely broken down. Then I remembered that I had attended her father for patches in his mouth some months before. She was put under proper treatment and made a good recovery, and seems to be entirely free from the disease.

Dr. Lynch. I attended a young man who, I believe, contracted the initial lesion from a pipe which a sea captain had smoked.

Embolism.

Dr. Rennolds. I attended a lady in confinement, and as it was a tedious labor I used the forceps. She suffered no inconvenience from their use and was doing finely until the eleventh day, when, while she was sitting in her chair, she complained of severe pain in her chest, smothering, etc., and died in a few hours.

Dr. Brinton. I lost a case in precisely the same way. I was called hurriedly to see a lady who was suffering from great dyspnœa, pulseless, and extremities cold. She was perfectly rational. I ordered stimulants but she was dead in half an hour.

Dr. Cathell. A lady went to bed perfectly well, and during the night awoke with similar symptoms. I was hurriedly summoned, but before I arrived she was dead. As she had had an attack of colic a short time before, I, not knowing but that it might be another attack of that kind, took my hypodermic syringe with me. Just before death her respiration was stertorous, and had any morphia been used it might have been thought that the opium contributed to the fatal result.

Dr. Lynch. The cases of sudden death after the use of the hypodermic syringe are caused by the injection of air, and not because the morphia has been injected into an artery or vein.

Multiform Sarcoma.

Dr. Erich. This man, 72 years old, has suffered for about two years. He has about sixty tumors, of different sizes, distributed over his body and limbs. One about the size of an egg is seated on the left temple, and another, the size of a chestnut, at the inner canthus of the right eye; this last one is nearly black in color. About six months ago two tumors, one on the right shoulder and the other just below the inferior angle of the left scapula, were removed by Dr. Gaitley. As a result of the operation fungoid growths occupy the places of the original tumors. He suffers considerable pain and constitutional disturbance. Two tumors have disappeared, as a result, he thinks, of a liniment he was using. The skin is freely movable over the tumors. There is some doubt about the diagnosis, between sarcoma and carcinoma, which only the microscope can decide.

Dr. Coskery. The case is one of considerable doubt. I believe the case to be one of multiple lipoma. Sarcoma being a connective tissue growth is found most frequently in early life, say from twenty-five to thirty years. According to his account the tumors two years ago were the same size they are now. In moving the tumors, one on the thigh is fixed, and many of them move in the skin. The dark color of the one on the eye is due to pigmentation. The fungous masses on the shoulder and below the scapula I believe to be encephaloid cancer, due to the operation for their removal and friction and pressure of the clothing. It was a great mistake to attempt removal of them in a man of his age. On his back, low down, is an undoubted lipoma, and that I believe is the diagnosis—multiple lipoma. The only thing against this is that lipoma is of slow growth and not likely to have attained this size in two years.

Dr. Rohe. The consistence of a tumor is not diagnostic. The large tumor on the back of the man was discovered about three years ago. Multiple lipoma, so multiple as this, is a thing of which I have never heard. The only disease, I think, that this could be mistaken for is fibroma molluscum. A case somewhat similar, except in its beginning, has been described by Duhring. Hebra, Jr., of Vienna, reports a similar case. About fifteen cases have been reported. A case was taken into the Toronto General Hospital, about four years ago. The microscope demonstrated that it was spindle-celled sarcoma.

Dr. Cathell. About eight months ago I saw a case similar to this, with Dr. Dodge. The man was fifty-six years old; had been a soldier for fifteen years; never had syphilis, and seemed to be in good health. He had between fifty and sixty tumors the size of a walnut, and many more much smaller. Ten or twelve of them had fungous growths. None had been removed, but those occupied by the fungous growths had ulcerated spontaneously. We thought it a case of sarcoma.

Dr. Evans. Three years ago I had a case somewhat similar. A man, twenty-six years old, was taken sick, in Chicago, and some weeks after was brought to this city. The tumors were distributed all over the body. He was much debilitated, and suffered from intense headache, and gradually became blind. Drs. Chew and Van Bibber saw the case with me. The diagnosis was lymphadenoma. The man died from brain pressure.

Dr. Bates. I do not think Dr. Evans' case is similar to this. I saw his case several times. It was acute in its character; he had constant pain and there was continued fever. From the beginning of the disease until the man's death did not exceed three months.

Dr. Erich. I am still not convinced that this case is anything else than multiple sarcoma. That a few of the tumors are soft, like lipoma, does not prove that all are. That it is not lipoma I am convinced, by the tumor on the temple; it has a raised bony ridge surrounding it, which does not follow lipoma. That the ulcerated tumors are malignant I think very likely. This man is not debilitated and is able to take good care of himself. All these cases of multiple sarcoma have occurred in old persons. Until a microscopic examination is made we cannot settle the question.

Ophthalmia.

Dr. Scarff. I was attending a case of phlyctenular ophthalmia, and used instillations of calomel. The next time I saw it the case had changed to purulent ophthalmia. The calomel was analyzed, but no corrosive sublimate found in it.

A lady had catarrhal laryngitis, for which I treated her. The next day she came back; the throat was entirely well, and she had ophthalmia, for which I used leeches. The day after the eyes were well and the throat was sore, and for several days this alternation continued.

EDITORIAL DEPARTMENT.

PERISCOPE.

Syphilis in Natural Development.

Mr. E. S. Brander was Surgeon to a Hospital in the Andaman Islands, and among some other experiences related in the Edinburgh *Medical Journal*, November, gives this account of syphilis:—

Syphilis, in its various forms, was the principal cause of disease among the inmates of the Andamanese Hospital, both numerically and in the gravity of its symptoms.

The study of syphilis among these people was exceptionally interesting, as they may be supposed, prior to its quite recent introduction among them, to have been free from it entirely; and in their case, therefore, it presented the appearance of the effect of the venereal poison acting on a "virgin soil." The conditions met with differed from what I had formerly seen in European hospitals, and also from what is given in the books as the typical appearances.

Such cases as I saw early commenced, among the men, from an ulcerating sore at the edge of the prepuce and extending *outward*. In those cases more advanced the whole *outer* surface of the penis was a succession of chancroid ulcers of various sizes, with some running into each other. In many cases I saw what to me was a new feature, viz., the scrotum and perineum covered with sores of this nature. In one case, I remember that the whole scrotum, most of the perineum, and nearly all the penis, was one continuous mass of ulcerated surface. In the women, the sores on the labia were also of a rapidly spreading kind. As a rule they did not suffer so much from rapid and consecutive ulceration as the men; still there were several cases where nearly the whole extent of the labia on both sides was one continuous ulcerated surface. In addition, there were occasionally sores on the mons veneris and down the thighs. Although these large local sores were clearly due in great measure to want of cleanliness, yet the condylomatous growths so commonly found to result from want of that precaution were comparatively rare. I only remember two cases of the latter, both in men, though it was more frequent among the children congenitally affected. After a varying period from commencement of original sore, the inguinal glands became inflamed, with but little antecedent induration. They rapidly suppurated, and formed large confluent sores. In those cases where the latter were met by treatment they went no further, but in those who had come from a distance, and the sores had advanced, they presented a most extensive appearance, forming great gaping apertures of considerable depth, and involving great loss of tissue. The glands on both sides were nearly always affected, and both men and women seemed to suffer equally in this respect. These were the principal lesions, but were almost always accompanied by one or more of the following: In some there were sores about the nose and mouth, in the latter case commencing as cracks. There were two cases of ulceration of tonsil. I observed, moreover, a marked immunity from ulceration of palate, fauces, larynx, etc., so commonly found in this disease. There was no case of destruction of laryngeal cartilages, etc., or aphonia. In one case commencing ulceration across the bridge of the nose was effectually checked by treatment. In a few cases of mothers suckling children there was ulceration of nipple. The most remarkable feature, however, was a peculiar shallow and spreading ulceration of the skin. I never happened to have a case in hospital when this condition began, but I saw several shortly after, and the appearance then was that of a shallow spreading ulcer—without raised or punched-out-looking edges—and apparently only involving skin tissues, with a tendency to spread indefinitely. The loss of hair was difficult to observe, as they always shave the head. In many cases I found the surface of the scalp covered with an eruption like syphilitic impetigo, going on to syphilitic lepra, but I do not remember any case where the characteristic appearance of syphilitic rupia was seen. There were two cases of syphilitic varioloid, where the eruption was well marked on the face. The spots went through regular stages to maturation, but never burst externally, the contents being absorbed under treatment, and only a slight desquamation resulting. The syphilitic affections of bones and joints were only found in two cases, and I did not discover any syphilitic nodes on subcutaneous surfaces.

Cases in Mental Therapeutics.

Dr. S. B. Chase reports the following instructive cases, in the Transactions of the Iowa State Medical Society:—

During a stormy night, in the winter of 1868, I was called ten miles to visit a lady supposed to be dying. On reaching the place, I found my patient in terrible convulsions, foaming at the mouth, and gasping for breath. Asking the grief stricken ones to step into an adjoining room, I calmed the storm and soon restored the sufferer in quiet to her friends. The rapidity of the cure satisfied the husband, a somewhat churlish man, of the nature of the malady. As I started homeward he followed me to the door and said, "if my wife has another fit I now know how to cure her." He subsequently assured me of her perfect health. "After you left," said he, "angered that hysterics was the cause of our anxiety and trouble, I returned to her room and sternly upbraided her. She immediately went into a most violent convulsion. Grasping a pail at hand, filled with ice and water, I dashed it upon her. With a shriek she bounded to the ceiling and fell back upon her bed, cured. I lost my patient; the cure was permanent.

Permit me to relate another case. In my boyhood I had the misfortune to break my arm. A lady, well advanced in years, whom we called Aunt Becky, was present. From early life she had suffered from epilepsy, until her mind was much shattered; yet, she was a great charmer. Her invariable custom was slowly to draw the thumb three times each way across the spot she desired to heal, forming a triple cross, and then to kiss the spot.

Great pain continuing in my arm after the surgeon had given it proper attention, Aunt Becky wanted to charm it away. Being faithless, like Thomas, I declined the proffer. A gentleman, some twenty-five years of age, was present, who for ten years had suffered from a bad fever-sore that he had in vain tried to get cured. He said, "Aunt Becky, you may charm my leg, and if you cure it I will give you ten dollars." She was much pleased at the proposition, and immediately began her charming, closing the performance with her customary seal.

The gentleman shortly returned to his home, some distance away, and I did not again see him for years; yet he soon sent Aunt Becky the ten dollars. When I did see him, he expressed great astonishment at the result, as he assured me he had not the slightest faith in the charming at the time, and only consented to the performance because Aunt Becky felt so badly that I could not let her charm my arm. He further said that he did not think of the matter again for weeks after his return home, and not until his leg began to get well. The cure was complete in three months, and has remained permanent. The gentleman is living, a man of prominence, and will corroborate all I say. Could the determination of blood to the part, during the process of charming, have wrought the cure?

The Treatment of Rupture of the Uterus.

Dr. Frommel, Assistant to the Gynæcological Clinique at Berlin, lately communicated a case to the *Zeitschrift für Gebürtshulfe und Gynækologie*, where rupture of the uterus was successfully treated by drainage and antiseptic irrigation of the peritoneum. In the *Centralblatt f. Gynækologie* for August 28th, 1880, he gives at length the histories of two other cases which recovered from the same accident under similar treatment. In the first case the muscular tissue of the uterus was entirely torn through, but the peritoneal covering was intact, though widely separated from the uterus, thus forming a large sac, into which the fœtus had escaped. The woman was put under chloroform, the whole sac thoroughly washed out with a two per cent. solution of carbolic acid, and a large drainage tube passed to the bottom of the cavity. The highest temperature the patient had after the operation was 38° C. (100.4 F.), on the evening of the sixth day, when the whole sac was irrigated through the drainage tube. On the 26th day all discharge from the tube ceased, so it was removed on the 28th, and on the 30th the patient left the hospital. In the second case the child and placenta had both escaped into the peritoneum. The fundus of the uterus was connected with the cervix by a thin band of uterine tissue. The child was turned and extracted, the placenta removed, and the abdominal cavity washed out with a two per cent. solution of carbolic acid, after which a thick drainage tube was carried up as far as possible into the abdomen, and the external end fastened to the posterior commissure by a single stitch. A firm compress was applied to the abdomen, in order to press the fundus down into the pelvis, and an ice-bag was laid over the fundus. The temperature after the operation only once rose as high as 38.5° C. (101.3 F.), and as often as it exceeded 38° C. (100.4° F.) the abdomen was washed out through the tube, under gentle pressure, with at two per cent., solution of carbolic acid. For the first few days the patient got opium, in order to lessen the peristalsis. The tube was removed on the 17th day, the patient was up on the 19th day, and was discharged from hospital, feeling quite recovered, two days afterward. When he published his first case he thought that this treatment was not applicable when the child had escaped into the abdomen, and then he recommended laparotomy, but from the second of the cases now published he has learned that this is not the case, for in it both the child and the placenta had lain in the abdomen for fully six hours.

During the first two days he injects as seldom as possible, in order not to separate the adhesions which have formed; with the same object in view he administers opium. He looks on a temperature of 38° C. (100.4° F.) as an indication for irrigation with a lukewarm two per cent. solution of carbolic acid.

Operation with Thermo-Cautery in Malignant Disease of Labium.

The following case is given in the Glasgow *Medical Journal*, December, 1880:—

Mrs. M'G., aged 69, was admitted 16th August, with a large epithelioma of the right labium. She complained of pain in the right iliac region and of fetid discharge from the tumor.

24th August. To-day, while patient was under the influence of chloroform, Dr. Reid removed the whole of the right labium, by means of the thermo-cautery, going some distance beyond the diseased tissues. No knife or other cutting instrument was used, but the cautery kept at a dull red heat, and it was found to answer the purpose remarkably well. Several vessels required to be ligatured during the operation, but the hemorrhage was only slight. The parts were well syringed with carbolic acid, the lower part of the wound brought together with silver sutures, and carbolic oil dressings applied.

The catheter required to be used only during the first twenty-four hours after the operation. Little or no pain was complained of. On the second day the sutures gave way, and a granulating surface, as large as the palm of the hand, was left; as this healed it gradually contracted, till, on September 21st, when patient left, it was much less than half the original size, and, though still of considerable extent, it had a healthy appearance with a healing margin. No trace of cancerous tissue was observable.

Patient was again seen on 1st of October, when the surface was found to be almost entirely healed, only a minute point being still left. The cicatrix was remarkably small considering the size of the original wound. She expressed herself as free from pain and discomfort, and there was no discharge.

Remarks.—In this case the disease, reaching as it did some way up the vagina, would have been considered beyond the reach of operation with the knife. The patient did not suffer as the result of the operation, and is now free from pain, so that one would not regret having operated even although the disease should recur.

Curious Accumulation of Foreign Bodies in the Stomach.

The following case is reported by Charles L. Dayton, M.D., in the Buffalo *Medical and Surgical Journal*. It demonstrates that in gastric diseases there is great difficulty in forming a correct diagnosis, and also in reaching a reliable prognosis, the problem only yielding a satisfactory solution through a post-mortem examination.

Mr. S., aged 45, residing at Black Rock, for a period of six months had complained of gastric pain with nausea, and other symptoms of indigestion. He presented the appearance of one suffering with scirrhus of the stomach, or aggravated dyspepsia. Failing to secure relief after consulting several physicians, he consented to accompany me, with a view to consult Prof. Austin Flint, Sr., at that time residing in Buffalo. Prof. Flint examined the patient thoroughly, and expressed the opinion that he would ultimately recover. Two days afterward the patient suddenly died. At the autopsy, in the presence of Drs. L. P. Dayton, Tobie and Beaman, the stomach was removed. It contained a tumberful of prune pits; the pyloric orifice was so far occluded by the induration of the surrounding tissues that it admitted only the passage of a small catheter. About three inches from the pyloric orifice the stomach was perforated, probably through the influence of the prunes. His wife stated that he had not eaten prunes in five or six months, and could offer no explanation for his swallowing the pits.

The case is interesting on account of the presence of so large a quantity of foreign substances in the stomach, of the similarity of symptoms to those usually occurring in ulceration and scirrhus, and of the obscurity often attending gastric and intestinal disease, which is cleared up only through the post-mortem examination.

Statistics of Battey's Operation.

In the Chicago *Medical Journal and Examiner*, Nov. 1880, Dr. Jackson quotes from Dr. Engelmann a table showing the result of thirty-six cases in which the operation had been performed in this country and in Europe. Of this number there were 30.5 per cent. of deaths, and 69.5 per cent. of recoveries. Of those who recovered from the operation there were—

Cured....................	22.8	per cent.
Greatly improved......	11.4	"
Somewhat improved...	11.4	"
Not improved...........	17.2	"
Made worse..............	8.6	"

Dr. Jackson adds: Now, if we add to the number of those who died, 30.5 per cent. the number of those in whom there was no improvement, 17.2 per cent., and those made worse, 8.6 per cent., we have a total of 56.3 per cent. of failures against 43.7 per cent. of successes; for while in ovariotomy performed for the removal of cystic or other disease which is destroying the life of the patient we count it a success when we save that life, a successful case of Battey's operation implies not only the saving of the patient's life, but also the removal or mitigation of her suffering.

Yet, notwithstanding this rather unfavorable showing, I heartily approve of the operation, although I believe it should be confined to a very limited field.

Management of the Cord.

At the close of an article in the New York *Med. Journal* for December, Dr. Lusk writes:—

The outcome of the foregoing observations may fairly be stated as follows:—

1. The cord should not be tied until the child has breathed vigorously a few times. When there is no occasion for haste arising out of the condition of the mother, it is safer to wait until the pulsations of the cord have ceased altogether.

2. Late ligation is not dangerous to the child. From the excess of blood contained in the fœtal portion of the placenta, the child receives into its system only the amount requisite to supply

the needs created by the opening up of the pulmonary circulation.

3. Until further observations have been made, the practice of employing uterine expression previous to tying the cord is questionable.

4. In children born pale and anæmic, suffering at birth from syncope, late ligation furnishes an invaluable means of restoring the equilibrium of the fœtal circulation.

Simple Remedy in Fetid Sweating of the Feet.

Dr. Ortega writes, in the *Gaz. Medic. Algerie* that a workman was afflicted with a continued perspiration of the feet of so fetid an odor that he had become an object of repulsion to those compelled to be in the same room with him. The epidermis of the soles of the feet was found softened, as if macerated, with several ulcerations; but the odor was so disagreeable that careful examination could not then be made. The patient was ordered a simple solution of chloral of one per cent. strength, and was directed to envelope the feet with bandages wetted in it; after two days the fetid odor had disappeared, and after six days the ulcerations were much improved in appearance.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The "Physician's Diary," for 1881, published by William Wood & Co., is one of the latest publications of this character in the market. It contains the usual memoranda at the beginning, and is ruled and paged in the customary manner. Except that the cover has a large and heavy flap, which is somewhat in the way, it would appear well calculated for convenience of use.

——The Board of Health of the State of Alabama have printed a pamphlet (Circular No. 4), containing reports and drafts of bills for the consideration of the Legislature of that State.

These several documents relate, in their order, to the following several subjects, namely:—

1. The supervision of the public health and the collection of vital statistics in the several counties of Alabama.

2. The regulation of the practice of quarantine in Alabama.

3. The increase of accommodations for the insane in Alabama.

4. The protection of the traveling public against accidents resulting from color-blindness and other defects of vision.

5. The nature and treatment of inebriety and the legal management of inebriates.

This plan of presenting the subjects as well to the public at large as to the Legislature, is a judicious one.

——The subject of cancer of the rectum is fully treated in two reprints by Dr. Charles B. Kelsey, of New York city, describing the operation of excision, with its indications and the precautions required in its performance.

BOOK NOTICES.

Photographic Illustrations of Cutaneous Syphilis. By George Henry Fox, A.M., M.D. E. B. Treat, 757 Broadway, New York.

The admirable series of photographic illustrations of cutaneous diseases which Dr. Fox gave to the profession in 1879–80, are, no doubt, known to a large number of our readers. We have now before us the first three numbers of a similar series on cutaneous syphilis, prepared with like fidelity and by the same process.

Dr. Fox tells us that "the study of syphilis is but fairly begun"—an alarming statement in view of the enormous activity of the syphilographers for a century past. He says of his own work that it is the result of the labor of years, and its aim is to furnish a series of life-like representations which shall constitute a panorama of cutaneous syphilis. The colored photographs are accompanied by a text, which presents a practical exposition of the subject, with special reference to points of diagnosis and treatment.

Certainly, the plates in the number before us are exquisite in finish and tone. They are not over-colored and speak directly to the eye.

The work is to be completed in twelve numbers, to contain forty-eight plates in all, and is sold at $2.00 per number.

The Descriptive Atlas of Anatomy. A Representation of the Anatomy of the Human Body. In 92 Royal 4to plates, containing 550 figures. Philadelphia, J. B. Lippincott & Co. London, Smith, Elder & Co. 1880. Cloth.

The engravings in this handsome quarto are upon stone, mostly plain, partly in colors. Without being fine, they are clear and accurate. The names, partly in Latin and partly in English, are engraved upon the parts themselves, whenever this is practicable. This adds vastly to the facility of reference. The arrangement differs a little from that usually adopted, beginning with the bones and ligaments, and proceeding to the muscles, fasciæ, special organs, viscera, circulatory system and nervous system. There is a well-made index, but no table of contents—an omission that should be remedied. The name of the author is not given, but in macroscopical anatomy it matters little who the author is; his name would add little to the subject. The publishers state, however, that the plates have been carefully revised by competent hands. For a practical, convenient and not expensive anatomical atlas this work can be recommended.

A Practical Treatise on Surgical Diagnosis. By Ambrose L. Ranney, A.M., M.D., etc. Second Edition. New York, Wm. Wood & Co. 8vo. pp. 471.

In the present edition of this work, which has achieved a merited popularity, the author has corrected various errors of statement which appeared in the first edition, and has added a considerable quantity of new matter. He has also, in a measure, dropped the plan of presenting all symptoms in the form of differential tables, and has added new matter, largely as explanatory text.

As we described the plan of the book when referring to the first edition, we need not repeat it here. It will be sufficient to say that the author has bestowed considerable labor on this revision, and has materially added to the value of his treatise.

On the Construction, Organization and General Arrangements of Hospitals for the Insane. With Some Remarks on Insanity and its Treatment. By Thomas L. Kirkbride, M.D., LL.D., etc. Second edition, revised. Philadelphia, J. B. Lippincott & Co., 1880. 1 vol. Cloth. 8vo. pp. 320.

Probably no alienist in the world has enjoyed better advantages for the study of hospital accommodations for the insane than Dr. Kirkbride, and certainly there is none who has made better use of his opportunities. Hence the above work takes the rank of an acknowledged standard, and its perusal is indispensable to every one—physician, legislator, architect or philanthropist—in whose way it comes to form opinions on the subject.

The second edition has been revised, various sections added and new illustrations inserted. It is now the matured record of nearly half a century of observation, during the greater part of which period the author has held the responsible position of physician in chief and superintendent of the Pennsylvania Hospital for the Insane.

A Treatise on Diphtheria. By A. Jacoby, M.D. etc. New York, Wm. Wood & Co., 1880. pp. 252.

This monograph is the result of very extensive study of the disease—"thousands of cases," the author tells us in his preface. The author goes over the ground carefully, giving chapters to the history and etiology of the disease, its manner of infection, incubation and symptoms, its anatomical appearances, diagnosis and prognosis. It is especially full on the subject of treatment, presenting nearly all the real or alleged alleviatives, which have been suggested.

Dr. Jacobi believes diphtheria to be in most cases a constitutional affection, though he distinctly recognizes its purely local character in some cases. He describes it as very contagious, communicable not only by the patient, but by furniture, towels, dwellings, etc. The infectious substance which produces it he inclines to consider a chemical poison rather than a parasitic one. The presence of bacteria, etc., is rather a concomitant than a cause.

Although, as we have said, the book is quite full in its therapeutics, we cannot say that the treatment recommended by the author differs materially from that current among the more intelligent members of the profession; and as this is confessedly unable to deal with severe epidemics, we fear readers will be a little disappointed if they turn to its pages in search of any decided novelty in this respect.

His advice briefly is that every case should be treated individually, on "general principles." He puts alcohol first, as an adjuvant and a remedy. Locally, the main indication is disinfection. Steam is valuable in catarrhal cases; chloride of iron ranks first among antiseptic and astringent agents. Caustics are not highly spoken of; the membrane must not be removed unless nearly detached. Most or all of the specifics brought forward at various times are worthless.

Wood's Ophthalmic Test Types and Color Blindness Tests. Wm. Wood & Co., New York city.

An oblong pasteboard box, ten inches wide and two feet long, contains a series of worsted skeins used for testing the power of discriminating colors, a copy of Prof. Holmgren's "Confusion plate," to illustrate the mistakes of the color blind, a series of test types, very carefully printed, lenses and lens holder, etc. Snellen's types are those which have been followed.

Doubtless, the tests for color blindness will have especial interest in view of the attention which, in recent years, has been directed to this infirmity. The plan of testing it by colored worsteds has proved convenient and sufficiently accurate, and has already been made familiar to the profession by numerous articles. Messrs. Wood & Co. have done well to add to their test type series these more recent methods of examining for defects in the visual apparatus.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

A GLANCE AT LAST YEAR'S WORK.

In glancing at the original communications which it has been our privilege to lay before the readers of this journal during the last year, no one can fail to notice how fully they represent the many-sidedness of medical labor and thought.

In the present connection we can but advert cursorily to a limited number, rather to indicate the extent of matter presented than to recapitulate the whole number. In fact, we shall refer to much less than half of the whole.

Especially activity may be noticed among the gynecological workers. The several articles on hæmatoma of the vulva and vaginal thrombus, which were contributed early in the year by Drs. MONTGOMERY, STUART and GAILY, attracted the attention of the editors of Schmidt's *Jahrbuch*, and led to a translation of them and comparison of similar facts from other sources. The mechanical treatment of uterine displacements by Dr. LIMBERMAN (March 6) is an example of the intelligent use of modern means. Passing over several well reported cases of ovariotomy and pelvic tumors, we note the numerous articles on different branches of midwifery. The general doctrine of conservatism in obstetrics was well set forth by Dr. GEORGE HAMILTON (June 19); placenta prævia was discussed by Dr. OLIVER (Oct. 9); puerperal convulsions, by Dr. POPE (Feb. 14); the insanity of lactation, by Dr. BEATES (May 15); the method of delivery by version in the presence of contracted conjugates was defended by Dr. STONE (Feb. 7); a new operation or modification for use in lacerated cervix was described by Dr. HERRICK (Jan. 17). A rare and extraordinary case of recovery after rupture of the uterus was reported by Dr. HOYT (Feb. 14); while a very successful plan for treating the sickness of pregnancy was detailed by Dr. FORWOOD (July 10); and an interesting study of the relations of the menopause was contributed by Dr. ARNOLD (June 5).

The subject of anæsthetics was one which received a new impulse at the beginning of the year, owing to the introduction of bromide of ethyl. We have no hesitation in saying that the most complete articles which appeared anywhere on this agent were in this journal, especially those from the pens of Drs. TURNBULL and SOUWERS and the very able summary by Dr. WILSON (Aug. 7). Anæsthetics in labor found an enthusiastic supporter in Dr. BARR (March 13).

In the domain of medicine proper we might direct especial attention to the lectures of Dr. PEPPER on phthisis, on epilepsy and other diseases, which appeared in the spring and summer. They have excited wide attention. A series of articles on the diseases most frequent in the hot months were presented at the appropriate period; such as Dr. BIGELOW'S papers on the summer diarrhœa of adults (May 1); on insolation (June 19); on the hygiene of infants in summer (May 25); and Dr. ATKINSON'S appropriate lectures on the summer diseases of children (July 17). The remarks of Dr. BLACK on hepatico-cardiac sedatives are very characteristic of his peculiar therapeutics (May 15). The subject of transfusion is illustrated by a well-described case, by Dr. BOERMING (April 14), while the indications for this remedial procedure and the details of carrying it out are fully stated in an article by

Dr. **Strout** (Sept. 11). A great deal will be found, in both volumes of the year, on the nature and management of diphtheria, and we may mention especially the original communication of Dr. **Hill** (April 10), and the analysis of seventy-two cases, by Dr. **Strout** (Nov. 18). Quite noteworthy is the novel therapeutical measure introduced by Dr. **Cohen**, by the hyperdistention of the pulmonary alveoli (June 12). The special article on dysentery, by Dr. **Conner** (March 6), on continued malarial fever by Dr. **Grant** (March 20), and on chyluria, by Dr. **Eskridge** (April 17), should not be overlooked by those desiring information about these complaints. The important discovery of a new form of disease—catarrhal gland fever—by Dr. **Hugo Engel** (Dec. 18), will unquestionably attract wide attention.

In the domain of therapeutics, strictly so-called, a good deal has been published about the effects of new remedies. The paper of Dr. **Traill Green**, on the therapeutic value of the alkaline chlorates, will certainly not have escaped attention (Jan. 17), and Dr. B. **Reed's** defence of polypharmacy (Jan. 10) is a thoughtful statement of that side of the case.

State medicine has been frequently presented editorially, and a common branch of it, toxicology, is well represented among the communications. The case of injury from the abominable resort of desperate characters, vitriol throwing, reported by Dr. **Young**, is a striking one (March 13); while Dr. **Pepper's** lecture on lead poisoning contains several new suggestions (May 22).

We have space but to mention the several interesting studies on statistical and general medicine contributed by Dr. **Sozinskey**, on the statistics of scarlet fever (January 24), on why there is a period to life (September 4), etc.

Passing to the province of surgery, we must not omit to name the two excellent essays by Dr. **Vance**, the one on the painless cure of internal hemorrhoids (May 8), the other on obscure diseases of the rectum (Aug. 14). On the same branch are Dr. **Byrd's** able description of the method of the extirpation of the rectum without cutting the sphincter ani muscle (Nov. 11), and Dr. **Roberts** on early excision in cases of rectal cancer (Oct. 23). The description of Heaton's method for the radical cure of hernia, by Dr. **Warren**, remains as the most complete which has yet appeared (March 27). Dr. **Weir's** notes on gonorrhœa (April 24), and Dr. **Boyland's** companion piece on inflammations of the urethral mucous membrane (Sept. 18) will repay reading again. Dr. **Wight's** articles on fractures (Aug. 14, Sept. 25) are particularly instructive, and the same should be said of that of Dr. **Roberts**, on head injuries (Sept. 4).

The specialties of diseases of the eye and ear have received a full share of attention for a journal which defines its chief aim to be to supply the wants of the general practitioner. The audiphone and dentaphone were described, we believe, in the **Reporter**, in advance of any other medical journal; and the articles of Dr. **Charles Turnbull** early assigned to these instruments their true place. In ophthalmic surgery we merely name the contributions of Dr. **Keyser** (July 10).; of Dr. **Schell** (July 17); of Dr. **Landesberg** (May 1, Sept. 18); of Dr. **Oliver** (Sept. 4); of Dr. **Hill** (April 3), to show that both the immediate and the sympathetic affections of this important organ have not been neglected.

Here we close our review, not from lack of matter, but because all we set out to do was to indicate how various and how rich is the material in the columns of an active journal. Were the survey extended to the other departments, to the clinics, periscope, notes and correspondence, the results would probably cause surprise at the extent and variety of the information the two volumes contain; yet they show but a part of the medical conquests of the year; so vigorous and progressive is the science we cultivate.

For the year now commencing we have made arrangements to have a still wider scope of contributions. Gentlemen of distinction in several special branches have expressed their willingness to send us the results of their current studies; several active medical societies will be represented which have not hitherto appeared in our columns; translations of a series of clinical lectures from some of the most eminent Parisian professors have been engaged; and in a variety of ways the survey of the field of medical science will be widened.

NOTES AND COMMENTS

Melanotic Sarcoma—Cerebral Tumor of Same Nature—Aphasia.

M. Ozenne reports this interesting case in *Le Progrès Medical*, No. 41, 1880: A woman of twenty-seven was brought to La Pitié Hospital, in a comatose state. All the internal organs seemed normal; the temperature but slightly elevated; pupils dilated and insensible to the light.

After a few days the coma passed away, but it was found impossible to obtain any reasonable response to questions concerning her condition previous to the attack. A small tumor was found developed in the skin over the first metatarsal bone of the right foot; this tumor was mobile, without connection with the bone, but was the seat of a fungous, blackish ulceration, with indurated borders; proceeding from it up the leg small nodules or roundish masses were found, in the course of the lymphatics, as far as the groin. Several similar nodules were found over the breast. The examination of the eye and the orbit revealed no disease; the internal organs appeared normal; the sphincter muscles alone were paralyzed; micturition and defecation were involuntary; the pulse and temperature were normal, but there was complete aphasia. At the post-mortem, the heart was found to contain in its walls a number of small nodules resembling those in the skin of the breast, the endocardium being particularly affected; the other internal, thoracic and abdominal organs were normal. On the surface of the brain a number of similar small nodules were found; the cavity of the left ventricle was dilated by a tumor as large as an egg, soft, black, giving a dark liquid on pressure; in the cerebellum, also, a few nodules. These tumors, on histological examination, presented the characters of melanotic sarcoma.

When, as in this case, the generalization of the disease did not affect the eye or the orbit, the diagnosis of melanotic sarcoma may be affirmed, for the eye is not secondarily affected in this form of sarcoma (Cornil and Trasbot) while in the same form of carcinoma the eye and orbit are apt to be invaded. The brain is not generally attacked, unless there is primitive melanotic sarcoma of the eye or orbit, and this case was exceptional. The situation of the tumor in the ventricle, and the absence of paralysis, convulsions and contracture would seem to confirm the experimental researches of M. Cossy, who affirmed "that effusions into the ventricles, whether serous, or sanguinolent, or purulent, if not in great quantity, and particularly if slowly effused, were not accompanied by convulsive phenomena." The aphasia was explained by the compression exercised by the ventricular tumor on the convolution of Broca (third left frontal).

The Limited Effects of Sanitation.

A serious doubt was cast on the effects of sanitary work, by Dr. John Syer Bristowe, in a recent address as President of the Society of Medical Officers of Health. His words were:—

If we look to the remarkable influence which simple variations of temperature and peculiarities of season exert on the mortuary returns, in respect both of the numbers of deaths and the character of the fatal diseases, and compare therewith the comparatively small effect on the death-rate of even one of the most fatal of the zymotic diseases, or with the insignificant influence of deaths from enteric fever, diphtheria, pyæmia, puerperal fever, and other affections over which sanitary science is supposed to exert a specially valuable influence, we can scarcely avoid, I think, seeing that, on similar grounds, the deaths saved directly by the sanitary labors in which we are engaged must, under any circumstances, be so few annually as to produce no distinct and unmistakable effect on the mortuary rates. I trust, gentlemen, that it will be distinctly understood that I do not deny that valuable (and invaluable) lives are saved by our labors; still less that health is promoted and human happiness by so much increased in virtue of them. I simply venture to urge that these results are not yet—at any rate, to my mind—distinctly manifested in the death-rates; and that it behooves us not at present to boast of results which we cannot prove to have taken place, but to investigate and labor at the death-rates and death-returns in a teachable and hopeful spirit, with the object of discovering in them, if possible, the evidences which, I trust, they contain of the success of our labors in promoting longevity.

The Antiseptic Treatment of Empyema.

This valuable step in advance should be known to all physicians. Not long since, at a meeting of the Manchester, England, Medical Society, Dr. Ashby related three cases, two of the patients being shown at the meeting. The ages of the patients were two and a half, five and seven years, respectively; all three had a history of five to seven weeks' illness. The treatment consisted in opening the chest under the spray, after the fashion of Hilton's method of opening abscesses, that is, making a free incision through the skin of the ninth intercostal space, just in front of the angle of the rib, and pushing a pair of dressing forceps through the muscles into the pleural cavity, thus avoiding all chance of wounding the diaphragm. Then, about half an inch of the ninth rib was excised by a pair of bone forceps, and a short drainage tube inserted. The dressings were renewed daily for the first week, but by the end of the first month the discharge had become scanty, and dressing every third or fourth day was sufficient. In two of the cases the discharge had ceased and the wound healed by the end of two months; and in the third in two months and a half. One of the children weighed twenty-six pounds on June 27th, when operated upon, and thirty-one pounds ten ounces on August 27th, when the wound had healed. In October, three months after the operation, all three were well; there was no reopening of the wounds.

Vesical Spasms in Young Children.

We learn from the *Journal de Medécine et Chir. Prat.*, that MM. D'Espine and Picot devote an interesting chapter to this affection, in the second edition of their "Manuel des Maladies de l'Enfance." They consider that this form of spasm is of more frequent occurrence than is generally supposed. It is sometimes seen in the new-born child, and is due, in them, to the accumulation in the bladder of urates of ammonia, which are of frequent formation in the kidney at this period of life. But any malady, intestinal catarrhs or lung troubles, or other disease accompanied by high fever and consequent concentration of the urine, may induce this spasm, as also the presence in the bladder of a calculus, etc.

In somewhat older children, not properly protected with drawers, this trouble is apt to recur at intervals. In very young children, the sudden suppression of the urine, accompanied by agitation, should lead to a suspicion of vesical spasm. In older children, frequent desire to urinate will be expressed, but such pain will be induced in attempting to pass water that the child will dread the attempt, and all trouble will cease on the spontaneous or instrumental evacuation of the urine.

In very young children, sweetened emollient drinks may be given, to aid in the elimination of the urates. For older children, warm cataplasms should be placed over the lower part of the abdomen, the child placed in a warm bath and encouraged to urinate therein, an ointment containing belladona applied, and where the spasms recur, flannel drawers should be worn. Bokai recommends, also, suppositories and enemata containing small doses of opium.

Blistering in Anuria.

M. Lombard reports, in *Le Concours Médical*, No. 42, 1880, a case supervening on the abuse of drastic purges and diuretics for three months, in a case of heart disease, accompanied by œdema of the limbs, etc.

At first the urine was voided with much pain and contained blood; then, after two days, complete anuria, with much pain in the glans. Belladonna frictions over lumbar regions, narcotics internally and in enemata, were tried, but without benefit, neither lessening the pain, nor giving any relief, and after three days, when there was less pain, a blister was placed on the lumbar region; the next day a small quantity of urine was voided without pain, and the following day a much larger amount was secreted, and the amount voided continued to increase, and without pain in the passage. The author considered the anuria to have been induced by an attack of acute nephritis, brought on by the use of irritating remedies.

Tabes Dorsalis Cured by Nerve Stretching.

Dr. Langenbeck reports, in the *Berlin. Wochenschrift*, a case of tabes dorsalis, in which nerve-stretching, conducted under antiseptic precautions, resulted in a complete cure. The left sciatic was first operated upon; the motor and sensory paralysis following disappeared in a few days. Twelve days subsequently the right sciatic and both crural nerves were stretched, and with the same results. The feebleness which marked the first efforts at locomotion soon passed off, and the ataxic symptoms disappeared.

Lactic Acid in Vesical Catarrh.

Dr. Deecke, in *L'Union Méd. du Canada*, considers, after extensive experiment, that of the acids lactic acid gives the best results in this affection. He gives from fifteen to twenty grains, ter in die. After forty grains have been taken its presence can be detected in the urine. He asserts that it checks ammoniacal decomposition in the urine, that it dissolves the excess of saline constituents and destroys the microscopic fungi often developed in such urine.

SPECIAL REPORTS.

REPORT ON THERAPEUTICAL AGENTS.

Editorial Introduction.

It is proposed to lay before the readers of this journal, from time to time, reports on the various branches and specialties of medical science, drawn up by writers who devote particular attention to the subject on which they write. These reports will contain, not merely abstracts of recent developments in the field to which they are confined, but also an estimate of the value of discoveries and novelties, by the compilers. It is not sufficient to describe alleged improvements in the art of medicine; sharp criticism of the basis of such claims is imperatively demanded; and it is this which the editor of this journal wishes to introduce into the series of reports of which this is the first. Others of the series will follow, from time to time, as materials present themselves.

It will greatly aid the accuracy and worth of these reports if readers would send us a statement of their *failures* with new instruments and new remedies. Their names will not be published, but the facts will be recorded for the benefit of the profession. There are so many journals published for the purpose of reporting good results only, and so many physicians careful to write only their lucky hits, that this journal announces itself as particularly desirous of hearing the other side, the failures and the pieces of bad luck. We may confidentially mention that we suspect they are not in the large minority. We repeat that neither names nor locality will be stated in the use of these communications, but both are required, so as to authenticate the statements made.

REPORT I.—ON THERAPEUTICAL AGENTS.

Pilocarpin.

This, as is well known, is an alkaloid obtained from the leaves of jaborandi. It has already been referred to in the REPORTER as exhibited in *uræmia* and *albuminuria* (July 3d, 1880). Dr. L. VON HOFFER, of Austria, has seen marked improvement in *diabetes* from hypodermic injection of one-third of a grain of the alkaloid.

Prof. PICK, of Prague, has given one-sixth of a grain of the muriate, once or twice a day, an hour after eating, and found it of some benefit in *prurigo*, *pruritus* and *chronic urticaria*; of little or none in *eczema* and *psoriasis*. A singular fact he noticed was its remarkable *effect on the hair*. It hastens recovery in alopecia areata, and acts even more favorably on seborrhœa; indeed, in most cases he says that continued use of pilocarpin exerted an important influence on the oiliness of the hair and on its growth. The skin becomes softer, more pliant and satiny; comedos and papules of lichen pilaris can be more easily pressed out or got rid of, the scurfiness of the scalp becomes less or disappears, the hair is less brittle, the new growth of lanugo hairs changes more rapidly into dense, properly pigmented ones. Under employment of the drug for months the general condition of the patient was not impaired; indeed, the appetite improved, and he was better nourished (*Vierteljahrschift für Dermatologie*, I. 1880).

The drug also exerts a stimulating influence on the retina. Dr. MECKLENBURG (*Berlin. Klin. Woch.*, No. 44, 1080) gives this case:—

A strong and healthy male prisoner, twenty-four years old, who had never previously suffered with his eyes, suddenly became night blind; as soon as dusk set in he could see nothing. It was a case of hemarolopia. The pupils were greatly enlarged, but nothing else abnormal about the eyes.

After the usual means had been tried, Dr. M. injected subcutaneously—

℞.	Pilocarpin muriat.,	0.1
	Aquæ destil.,	5.0

The improvement was immediate, and after the third injection the patient was well.

In Berlin it has also been tried in *syphilis*, when it has reached its constitutional stage, principally by Dr. Lewin, of La Charité Hospital. The following extract from the London *Medical Press and Circular* gives its advantages and disadvantages thus—

In the course of three years and a half he has treated thirty-two patients. Seventy-eight per cent. of the patients were cured. Of seven cases two were of serous form, and had resisted energetic mercurial treatment; the cure was incomplete, and it was necessary to have recourse to injections of corrosive sublimate to complete it. In five other cases the treatment had to be suspended on account of intercurrent complications (endocarditis, hæmoptysis, collapse).

The mean duration of the treatment was eighty-four days. The dose injected each time was usually fifteen milligrams. The cure would be shorter if patients would have daily injections; but as soon as amendment of the symptoms begins they require less and less frequent applications of the remedy.

Pilocarpin seems to prevent relapses with greater surety than mercury or vegetable depuratives. But in respect to facility of application, certainty of result and rapidity of cure, this medication is inferior to injections of corrosive sublimate, and often leaves behind it extreme sensibility to the influences of temperature, which obliges patients, after the cure, to keep their room for some time, for fear of arthritic and rheumatic troubles.

In *diphtheria* it was editorially recommended in the REPORTER (vol. xliii, pp. 524, 540), on the strength of the assertions of Dr. Guttman, of Berlin. His prescriptions were, however, not quoted. They are as follows, he combining pepsin with the alkaloid, in order to combat the gastric catarrh present:—

℞.	Pilocarpin muriat.,	gm.	0.02—0.04	
	Pepsin,	gm.	0.6 —0.8	
	Acidi hydrochlor.,	gtt. ij		
	Aquæ dest.,	gm.	80.0	M.

SIG.—A teaspoonful hourly, for children.

For adults—

℞.	Pilocarpin muriat.,	gm.	0.03—0.05	
	Pepsin,	gm.	2.0	
	Acidi hydrochlor.,	gtt. iij		
	Aquæ dest.,	gm.	240.0	M.

SIG.—Hourly, a tablespoonful.

Dr. ROTHE, of Altenburg, says (*Med. Cent. Zeitung*, Nov. 6th) that four years ago he tried jaborandi in two cases, but both died, and he renounced the experiment. This throws some doubt on the value of GUTTMAN'S discovery.

The price of pilocarpin is high; it sells in the eastern cities at thirty-five cents per grain, which makes it almost prohibitive in many cases.

Homatropin and its Allies.

The chemists Kraut and Lossen found that atropin may be split up into *tropin* and *tropic acid*, and last year Ladenburg succeeded in reforming atropin from these two constituents. By treating the different salts of tropin with dilute hydrochloric acid, a class of alkaloids may be artificially produced, to which Ladenburg has given the generic name of *tropeïns*; homatropin is one of the alkaloids so obtained. Homatropin retards the heart's action; subcutaneously injected, in man, in doses of $\frac{1}{50}$ to $\frac{1}{30}$ of a grain, it slows the heart by 21 beats per minute, on an average. It antagonizes muscaria. It antagonizes pilocarpin also, arresting the sweating excited by that drug within ten minutes; atropin acts similarly, and more promptly.

The *Practitioner*, October, 1880, says:—

Dr. W. Murrell has used homatropin (hydrobromate), for the night sweats of phthisis, giving it hypodermically in doses of $\frac{1}{60}$ to $\frac{1}{10}$ of a grain; $\frac{1}{6}$ of a grain produced unpleasant effects, such as dizziness, a sickly sensation, and great disturbance of vision; the effective dose was about $\frac{1}{20}$ of a grain. Dr. Murrell has given fifty of these hypodermic injections of homatropin to sixteen patients, and concludes that, although the drug has undoubtedly the power of checking the hypersecretion, the results were not sufficiently satisfactory to justify the belief that it would rank high as a remedy for this distressing symptom. It is decidedly inferior to atropin, Dover's powder, picrotoxine, and other means at our disposal.

The price of homatropin in Philadelphia, at present, is $1.25 *per grain*—so high that it is out of reach as a remedy.

Gaultheria Procumbens.

This wintergreen is chiefly used in this country to impart an agreeable flavor. But Dr. Perier, of Hôpital St. Antoine, uses it as an antiseptic, as follows:—

℞.	Essentiæ gaultheriæ,	6 grams
	Tinct. quillayæ,	80 grams
	Aquæ,	1 litre.

This forms an excellent fluid for injecting into the bladder, for washing wounds, and for some simple dressings. He uses it especially in the treatment of purulent cystitis. It is a powerful antiseptic, of a penetrating but not disagreeable odor and non-irritant. Though its price is high, this does not form a bar to its use, as it is given in very small doses. The essence of wintergreen is procured from the *gaultheria procumbens*, a North American shrub. Chemically, the essence is called salicylate of methylene, or methylsalicylic ether; it is only slightly soluble in water.

CORRESPONDENCE.

Aspergillus Nigricans.

ED. MED. AND SURG. REPORTER:—

On our return from Europe, and during the voyage on the Atlantic, my wife complained of an uneasiness and a sensation of fullness in her right ear, more especially when exposed to a cool draft of air (such as a hurricane-deck promenade). However, I took no notice of it, as her suffering was of such transitory character. But later, after spending several days in New York, and on leaving for our home in the South (Texas), and ere we had sped half the distance to our native land, over the beautiful hills and fertile valleys of New York, and along the line of the "Erie Road," the severity of the pain increased to that intensity that it remained unmitigated for twenty-four hours, although under the influence of an anodyne. I naturally inferred that it was a case of acute myringitis, reaching suppuration, as after relief came the discharge was the most prominent symptom, attended with impairment in hearing, vertigo, pain in the ears, and *tinnitus aurium*.

On my arrival home, on the 28th of September, 1880, I made a specula examination, which revealed on first inspection, without ablution, a deplorable condition (the membrane being partly obscured by pus); but after syringing the ear out well with tepid saline water, I saw at once that I was dealing with *aspergillus*, which was firmly intact; but repeating the warm saline injections, and now with gentle persuasion by the aid of a delicate pair of forceps, I was enabled to remove it entire, and in a perfect cast of the external ear, leaving a beautiful expose of the tympanum and external ear, which presented itself as follows: the tympanum being perforated at its anterior and inferior quadrant—the whole surface of the external ear presented a glazed red appearance—and on reëxamination, soon after the removal of the aspergillus, was seen deposited a whitish exudation, or pseudo-membrane, which was reproduced, in twenty-four hours, to its former size. I again removed it, and now taking the precaution to use the instillation a little stronger, which was composed of zinc, carbolic acid, glycerine and alcohol, in the interim using the injection of the "sulphate wash," also occasionally using insufflation of iodoform, which is reduced to "palpable powder" by the action of alcohol. The Eustachian tube opened sluggishly, and was kept open by the aid of a Politzer air bag. I had no difficulty in the repeated removal of this obstinate growth, but to no purpose; just as sure as I removed it, just so certain was it to return.

I will state here, however, that after its second removal its reproduction was slighter, until a mere abortion was observed (a very thin coat of membrane showing the impression of the perforated drum, the thickness of tissue paper). In the meantime I had sent the specimen to Dr. Knapp, of New York, for microscopical examination, and he replies:—

New York, November 8th.—Dear Doctor, Your specimen is aspergillus in its *finest form*, and has given us great pleasure. You will cure it quickly by using—

℞. Argent. nit., gr.v
Glycerinæ,
Alcoholis, āā ʒj.

by instillation immediately after removing the pseudo-membrane. Yours truly, H. Knapp.

Another very interesting feature in this case was that I removed two small bodies lying just underneath the skin, and being ulcerated through, situated near the "external meatus auditorius;" these were about the size of duck shot, and resembled in character very much the aspergillus, presenting a darkish appearance, as though sprinkled over by charcoal dust. I believe this affection is almost as rare as cysticercus in the eye. Dr. Moyer reports a case in 1844; Pocine, one in 1851; Schwartze, one in 1865; Roosa, two in 1870; Green, three in 1871; and Robert Wrenden, St. Petersburg, eight, making in all fourteen up to 1872. Since then we have reports from Drs. Knapp, Bush, Burwill, Spencer, and others of our own country. E. W. Rush, M.D.

Paris, Texas, Nov. 18th, 1880.

A Tough Case.

Ed. Med. and Surg. Reporter:—

During the summer of 1878, while visiting a patient in the family of Mr. W., I was requested to prescribe for a daughter of W., and receiving a hint that it was some catamenial trouble, I called the mother of the young lady aside and gathered from her the following history:—

Miss M. W., age twenty-two years, American, tall, thin, and quite pallid; antecedents fair. At the usual period of puberty the menstrual nisus began to develop, but no flow followed; the mother became anxious for her daughter's welfare and called in the family physician, who used, as I am informed, almost all known remedies adapted to such pathological conditions as presented at the time, without any apparent benefit. In the meantime Miss W. arrived at the age of seventeen years, when, without any unusual premonitory symptoms there was a *slight show*, which lasted for an hour or two, and then disappeared, to return at irregular intervals up to the above date. Present condition very anæmic; cold extremities; pain in the lumbar region, always increased by lifting; smothering sensations accompanied by palpitation when lying down; the above conditions are always worse for a time after each menstrual nisus, whether or not there is any flow. When there is any *show* the discharge is in small clots, which pass from the uterus unaccompanied by pain or any particular discomfort.

I diagnosed (and an examination verified my opinion) prolapsus uteri as the prime factor in causing the major part of ill feelings. This condition I proposed to effectually relieve, which I did with one of Staufer's invaluable uterine supporters. The scanty menstruation I believed depended upon the impoverished condition of the blood, and I assured the anxious parents as I had relieved the prolapsus so nicely, I could accomplish a cure in the other trouble, and that my measures would consist of: 1st, Sanitation; 2d, Alimentation; 3d, Medication. My directions were followed to a letter, but after two years strenuous effort in sanitation, alimentation, and medication—and of the latter I used iron in almost all forms, singly and in combination with nux vom., arsenic, aloes, myrrh, etc., etc., *ad infinitum*—all have failed, and my patient is no better, as far as the menstrual trouble is concerned, than she was two years ago.

But now comes to me a very peculiar phenomena in this case: my patient, with the mother, have but recently informed me of the *fact* that at no time will the menstrual flow come on, or stay on, if the feet and hands happen to get warm; or if a perspiration comes on the flow will immediately cease, and will come on again when the extremities and body go back to their normal condition.

I want light on this, to me, very interesting case. All suggestions in the way of treatment, or otherwise, thankfully received from my medical brethren. W. W. Fierce, M.D.

Wilksville, Ohio, Nov. 20th, 1880.

Dermic Dressing in Variola.

Ed. Med. and Surg. Reporter:—

Pulverized talc, or steatite, is a most elegant dressing for moist skin affections of both infants and adults. For ten years it has, in my hands, proved a useful medicament and choice vehicle, topically employed. During the last three months some thirty cases of smallpox have come under the writer's observation, in which steatite has answered a most desirable object. Sweet oil and glycerine, mixed in equal parts, is applied for two or three days to the heated skin and forming pustules. As soon as the pustules are matured, or turn yellow, the steatite is applied over the face, neck and hands, mixed in water, in the form of paste or whitewash; repeated as often as it falls off or is rubbed off.

It is an energetic absorbent, a deodorizer, overcoming that evil smell peculiar to variola. It controls the "itchy burning" of the surface. It prevents the second formation of crust over the pustules, and thereby renders the pits in the skin less distinct. To the touch it is soft as velvet and as adherent as bronze. For the above named needs it seems to be the Geodine of earths.

A. S. Hudson, M.D.

Stockton, Cal., Dec. 7th, 1880.

NEWS AND MISCELLANY.

Notes from the University of Pennsylvania.

We are informed by Dr. Pepper, chairman of the Finance Committee of the University Hospital, that Mr. Henry C. Gibson has offered to erect a new wing for incurables, in connection with the University Hospital, at a cost of about $50,000.

The plans are being drawn by Mr. Hewitt, the well known architect, and will be submitted to the examination of a committee of experts in hospital construction, so as to insure the highest degree of perfection in all details. This munificent gift assures the immediate completion of this department, the need of which has been so urgently felt. It will have accommodations for about one hundred beds, and will thus afford an incalculable amount of relief to poor sufferers from chronic diseases, who cannot afford suitable hospital treatment elsewhere.

The proceedings of the charity ball, to be given in behalf of this new department of the University Hospital, will now be devoted to its endowment fund. Further contributions toward the endowment fund are, however, greatly needed, since it will require the interest on an investment of $500,000 to support the entire number of free beds (100) that will be contained in the new building. This extension was needed because the present accommodations of the University Hospital do not admit of the thorough classification of the cases, which will be practicable as soon as the new wing is occupied. It is designed that it shall be ready for patients by October 1st, 1881. It is to be earnestly hoped that the example thus set by Mr. Gibson, of giving during his lifetime a large sum of money to accomplish a definite and greatly needed object, will soon be followed by others. All taxes entailed upon charitable purposes are thus avoided, the exact accomplishment of the donor's wish and intention are secured, and great enterprises are strengthened at most critical moments in the most conclusive manner.

We note with pleasure, in this connection, the recent munificent gift of Mr. Temple to the Academy of Fine Arts, and of Mr. J. W. Williamson to various institutions, and of Mr. John Welsh in founding the professorship in the University, which bears his honored name; but there is still ample opportunity, and most urgent need for similar large gifts, especially to this latter institution, the University of Pennsylvania, to supply the advantages which are imperatively necessary for its proper expansion and full prosperity.

A library building of spacious proportions, to contain the large collection of the University, is greatly needed, but even more important is the need for the endowment of professorships and scholarships, which would encourage science and learning and relieve the financial needs of this great educational institution.

The Increase of the Pellagra in Italy.

Our Consul at Milan reports to the National Board of Health *Bulletin* that, under the direction of the Italian Society of Hygiene, aided by the government, a careful investigation was made, in 1879, into the causes of the steady and alarming increase of *pellagra*, a disease afflicting the laboring classes. The disease attacks the skin, brain and muscles, destroying the powers of the body and transmitting its germs to the offspring. The report of the committee of investigation as to the extent and causes of the disease is now published.

There are over 20,000 cases in Lombardy. In some districts from ten to fifteen per cent. of the population are afflicted.

The effects of the disease are shown in the military levies of the years 1878 and 1879, when in the province of Lombardy twenty per cent. were rejected for physical incapacity, while in the provinces where *pellagra* does not exist there were but ten per cent. rejected.

In the *pellagra* districts the laborers live on Indian corn or maize, using no meat and few vegetables. The maize is crudely prepared in the form known as *polenta*, being rarely well cooked or salted. This restricted diet is the result of poverty, and is the generally assigned cause of the disease; their houses are also poor.

To lessen the evils, the following measures are proposed: The amelioration of the condition of the laborers; the improvement of their habitations; diffusion of hygienic precepts; a variety of food; use of wine; prohibition of marriage among the afflicted; the letting by landed proprietors of garden plots to laborers; the propagation of the rabbit, as affording cheap, fresh food; the purification of drinking water; and an increase of wages.

While the above recommendations are good, they do not aim at the root of the evil, which is *over-population*. Measures for the encouragement of emigration from the crowded districts can alone relieve their agricultural population.

Scarlet Fever in Western Pennsylvania.

The Pittsburg *Evening Telegram*, December 24th, says: This will be a sad and mournful Christmas for the little town of Houtzdale, Clearfield Co., in this State. That fearful scourge, scarlet fever, is rapidly thinning and desolating every household in the place. Eighteen children died yesterday from this terrible disease, and this morning many new cases are reported. It is but a few days since the first case was made known, and already thirty deaths have resulted from the fatal fever. Physicians have been summoned from all the neighboring towns, as the few doctors here were all overworked and could not possibly attend to all the demands made upon them. There is scarcely a family in the town that is not plunged into deepest grief over the untimely taking away of their beloved little pets—scarcely a hearthstone in the place that has not been desolated.

Attack of Trichinosis.

What we so recently urged in this journal about the unsuspected presence of trichinosis among us is corroborated by the following fact:—

In Franklin township, Erie Co., Pa., six members of a family of seven have died within a few weeks, as supposed, from typhoid fever. Last week another family of four was reported as in a dying condition, with similar symptoms. Dr. Germer, the Health Officer of Erie, having heard that these families had butchered before seizure, went out to investigate, and upon examining the pork eaten by the families, the microscope revealed swarms of trichinæ, leaving no doubt that death resulted from trichinosis. A county commission is called for.

Items.

—Dr. Ryle, the new Bishop of Liverpool, must be a man of infinite tact. Being called on recently to address an assembly of medical men, he remarked : "I am not ashamed to say I have a son a doctor." The audience, it is said, hardly seemed to appreciate the compliment.

—The medical students at the University of Pennsylvania not long since came into collision with the academics. From all accounts it would have been merely a friendly tussle had not the police rushed in and put a more serious aspect on the fray. Several were wounded on both sides.

—One of the curiosities reported by the present census is an Alabama giant, only twelve years of age, who weighs 380 pounds and is six feet in height, while both his parents are of medium size. Fulton county, Georgia, furnishes, in the person of Miss Lavinia Cobb, a lady who has seen her five score years and ten. Missouri has a veteran who was born in 1776.

—Fourteen Chinese lepers were shipped from San Francisco back to their native country last month. Each one was provided with a small sum of money for his immediate necessities on reaching Hong Kong. Chinese Consul Bee has telegraphed to the Chinese authorities, and they will be taken direct from the steamer to the Leper Hospital, at Canton. It is believed all the lepers in the city are included in this shipment. The lepers presented a hideous appearance, and their countrymen on board the steamer refused to go near them.

Obituary Notices.

—Dr. Edward H. Dixon died last month, aged about seventy-two years. He was editor of the *Scalpel*, a well-known semi-medical journal, previous to the war of the rebellion.

—Dr. William Herbst, of Reading, Pa., died in that city on Thursday, December 16th, aged seventy-six, of an affection of the lungs. He was one of the first students of the Jefferson Medical College, of Philadelphia, at a time when the class contained only eighteen members.

QUERIES AND REPLIES.

MR. EDITOR:—Can you give me the formula for "London Paste," as referred to by Mackenzie in his work on diseases of throat?

Iowa. O. S. K.

Ans.—Full directions for making and applying London paste will be found in Napheys' *Surgical Therapeutics*, p. 292. They are minute and too long to quote here.

MR. EDITOR:—Do you think the tricycle can be utilized by the busy practitioner in this country, and what is the probable cost?

Tennessee. T. E. B.

Ans.—They cost about $20—$30. They can only be used with advantage on well made, hard roads, of moderate grade, hence they would not suit many American physicians.

Dr. S. P. of Mich.—Vanilla was used by the ancient Aztecs as a condiment, before the arrival of the Spaniards.

Viator.—The reputation of the Bermuda Islands as a health resort is probably over-estimated. We have never seen permanent benefit in consumptive cases from a winter spent there.

Dr. S. K. A. of Ind—We can procure and send you the books. Remit retail price and they will be mailed you postpaid.

MARRIAGES.

DEACON—COLLINS.—At Friends' Meeting House, Frankford, this city, on the 12th Month 2d, 1880, Benjamin H. Deacon, M.D., and Sarah A. Collins, daughter of Robert R. Levick.

MOELLER—NEIDLINGER.—On Wednesday, Dec. 15, 1880, at the residence of the bride's sister, by Bishop A. A. Reinke, of the First Moravian Church, Henry Moeller, M.D., and Josephine H. Neidlinger, all of this city.

DEATHS.

CLEMENTS.—In New York City, on the 13th inst., Nelson Clements, Jr., M.D., in the 25th year of his age, son of Nelson and Emily Clements.

DE TEJADA.—In New York City, on Sunday, December 12th, at two o'clock P.M., at his late residence, No. 54 West 35th street, Antonio G. De Tejada, M.D.

FRANKLIN.—At Diona, Coles Co., Ills., on December 19th, 1880, of phthisis, Leah Franklin, wife of Dr. John W. Franklin, and daughter of A. Dowden, of Diona, Ill., aged twenty-eight years, ten months and twenty-four days.

GALLAHER.—At Bristol, Pennsylvania, December 10th, William D. Gallaher, M.D., in the 78th year of his age, formerly of Philadelphia.

POPE.—Of cirrhosis of the liver, in Columbus, Arkansas, December 11th, A. D. Pope, M.D., in the 67th year of his age. Graduate of Transylvania College in 1835.

SANDFORD.—On Sunday morning, December 12, 1880, of diphtheria, Dr. Wilbur F. Sandford, of Greenpoint, Long Island, in the 86th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1245] PHILADELPHIA, JANUARY 8, 1881. [Vol. XLIV.—No. 2.

ORIGINAL DEPARTMENT.

LECTURE.

ENDOCARDITIS.

BY ALONZO CLARK, M.D., LL.D.,

President and Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons, New York.

(*Concluded from page* 7.)

Relating to endocarditis, the matter of vegetation, commonly so called in this country, is of interest. I told you that endocarditis is sometimes attended by little granulations growing out of the endocardium, firm at the base and soft at the top, not so large as a pin's head; and that these, though of very dimunitive size, are capable of being the nodus around which the fibrine of the blood will coagulate—that is not a good word—will be gathered, and become of visible form, and that we usually call vegetations. The German writers regard it as an accretion, and we are all correct in regard to its nature, that it is substantially the fibrine separated from the blood in the same way as it is separated when a thread is run through an artery or vein. Any cause that produces roughness, as an ulcer or any irregularity, is liable to be surrounded by this accretion of fibrine. Here you observe is an ulceration of the valve, and it has acted as granules in endocarditis may. Here, again, you have an accretion, probably from mere roughness, without the granules; mere roughness from inflammatory exudation. I told you, the other day, that while we rather rarely see a membranous exudation in endocarditis upon the body of the heart, on its inner surface that can be easily accounted for, under the supposition that the exudation has thickened and fallen off by the continual washing of that surface by the current of blood that passes through. In this specimen you see some deposit of fibrine on the three aortic curtains. And here is that rather interesting—I don't know but I ought to say ornamental—formation of granules, forming a semicircle on the free portions of the valves. This, however, illustrates atheroma, which subject I wish to reach before the end of the hour, and I will retain it for the present.

One of the dangers, I told you, of endocarditis is the occurrence of these deposits and the washing of them away into the general circulation, and, finally, the lodgment of a mass of this kind in an artery, through which it cannot pass on account of its smallness. Endocarditis of itself is almost never fatal. It accompanies pericarditis in a great majority of the cases of pericarditis, and for the most part, when so associated, depends upon the same cause. Yet endocarditis can occur even in the acute form, and frequently it does occur in the chronic form, without any rheumatism preceding it, without any of the diseases that are apt to be associated with pericarditis, as Bright's disease, scarlet fever, the purulent inflammation of the body, septicæmia. I have sometimes, by exclusion, been able to say that a certain person has endocarditis. The only mode of arriving at such an opinion is by finding a certain amount of febrile action, a little elevation of temperature, a little increased frequency of the breathing, and a short, irritable, quickened beat of the heart. That short, irritable beat will produce in the ear the same sound that I referred to in describing pericarditis; when it was first noticed it was regarded as diagnostic, but it has no such value. It is just that metallic ring which you get by applying the palm of the hand to the ear to exclude the air and then striking on the back of it. It is the irritable beat of the heart against the inner wall of the chest that produces it. And then, you should be able to exclude everything that would be likely to produce a febrile movement, and perhaps you may, in half the cases, find that the diagnosis of endocarditis is verified by after indications. During the progress of endocarditis there are frequently no indications of its presence except pericarditis. You assume, usually, at once, when you diagnose acute pericarditis, that there is endocarditis, but of itself it does not give distinctive signs except in a few cases. When, for example, you have, say rheumatism or Bright's disease, and have listened to the heart on a certain day and found nothing unnatural, you find the illness is increased a little, the heart beating more frequently, the respiration short and frequent, you listen again and you get an endocardial murmur. It is probably soft. It may be at the aortic opening; it may be at the mitral. Supposing it to be in the interval of the heart's action, during the period of repose, it is produced by one of two things: An œdematous valve, or these little granulations I have been describing to you forming upon it, on the surface that the blood has to pass over. In a few instances you may have that aid to diagnosis, but in the majority you do not. Then, again, there may be an œdematous swelling of the aortic valve; the two folds that constitute the valve are swelled out and partly fill the passage through which the blood should flow. A soft murmur is sometimes produced in that case, but as it is only sometimes it cannot be relied on as a diagnostic mark, except when you have listened a few days before and found no murmur, and now, with indications that there may be endocarditis, you do find one, then it is significant; but, in practice, neither the rational nor the physical signs of endocarditis are sufficiently marked to enable anybody to make a certain diagnosis without one of these facts that I have just now referred to. In general, endocarditis comes during its acute period without producing any symptom, only that short irritable beat of the heart and the increase in the frequency of the respiration. The rational diagnosis is entirely vague. Then the physical diagnosis is very uncertain. But the after diagnosis—you may lock the door after the horse is stolen—the after diagnosis is sure, or next to sure. The deposit in these valves, if it is anything more than œdema, is pretty sure to produce changes in the structure of the valve. In the first place, they must be thickened, for there is new matter deposited in their structure; in the second place, this new matter undergoes a sort of organization. It behaves like a false membrane, and shortens, and the valve is shortened, so that when it attempts to fill the opening that it is appointed to fill it cannot. There is a hole left in the middle. Then, as I told you, the valve sometimes grows hard and stiff, like leather, and can do very little in preventing the return of blood, and a good deal in preventing the outflow of blood, being obstructive. Well, when these changes occur, even in a moderate degree, you will get a murmur. It will very likely be of a harsh kind. It is not certain to be that at first. It will grow to be a harsh murmur, in all probability, in a few months. The period of time, however, when you can recognize these murmurs will be from three weeks to three months after the disease has passed, after the time when your diagnosis would be of any practical value. But the thing stands so. You have to take it as it is. You can pretty safely say, after two or three months, this patient has had endocarditis. But as it is so frequently associated with pericarditis, and pericarditis is pretty easy of recognition, and as, further, the treatment of the one condition is the same as the treatment of the other when they are associated, this lack of power of diagnosis is not so disastrous. It is only important when the disease occurs alone; and that it does occur alone we have pretty good evidence in the great number of persons that we see with valvular disease who have never had rheumatism, never had Bright's disease, never had any of the affections that are so apt to precede pericarditis and endocarditis. They have enjoyed, as they believe, good health, and cannot point back to any time when they have had symptoms that would lead us to think they had heart disease; yet the valves have become thickened, and are defective, just as they are in the acute form of the disease. There is then, undoubtedly, a chronic endocarditis, that only shows itself by the physical changes that are produced, or rather by the changes that are produced in the sounds of the heart. The relation of these changes to the structure of the heart itself will be for consideration hereafter. You observe, then, you have not a very certain diagnosis. Only when you have listened and heard no endocardial murmur, and then, a few days after, with symptoms of illness, do find one; that is about your only guide. And then you have to be certain that it is endocardial and not exocardial. The statement I made the other day, with reference to the breathing, will aid you in making the diagnosis.

With regard to the treatment, if it occur in connection with rheumatism, as it often does, the treatment for rheumatism is the best treatment for endocarditis, as it is for pericarditis. If you can recognize the disease as occurring alone, then I would advise the abstraction of a little blood; unload the vessels; relieve the valves of a part of their work—not, however, more than eight or ten ounces. You will be tempted to apply counter irritation over the pericardial region. Well, that is orthodox, but it is useless. There is no way of affecting, by counter irritation, the circulation in the endocardium. It is entirely dependent upon the coronary arteries of the heart, and these are given off at a point that you cannot reach to influence the amount of blood circulating in them by any outside application. But if it will satisfy you better, if your conscience tells you the patient ought to have a blister, put on one—it will prevent your listening so satisfactorily; at the same time settle it with your conscience. It will do no harm, and I don't believe it will do any good. In quieting the heart's irritation a moderate dose of opium is of value. The more quietly the heart can do its work, the fewer the embarrassments, the less the mischief that will follow. The strain upon the valves, whenever they are brought into exercise, is considerable—that against the mitral when the heart is contracted; that against the aortic valves after the heart is contracted, while the artery is contracted. So that if the heart does its work in the quietest possible way the mischief to these valves will be the least that you can expect. Then you have really only two things that are of much consequence, and those two are the abstraction of blood and quieting the heart with opium or some other anæsthetic.

There is another form of endocarditis which has been lately described, or within a few years at any rate, that you will not be able to recognize at all. Still, it is well enough that you should know, and important that you should know such a disease does exist. It has been called ulcerative endocarditis. It seems to be a sort of diphtheritic inflammation. A diphtheritic inflammation of a mucous membrane, of the trachea, for example, or of the fauces, differs from a common croup or other membranous inflammatory action in the fact that the deposition that is the result of the inflammatory action is to a certain extent incorporated with the membrane; so to speak, infiltrated into it. A croupous membrane can form and can exfoliate and leave the membrane entirely. A diphtheritic membrane can exfoliate, but it is not likely to leave the membrane perfectly sound and normal. Sometimes it does, but it is the tendency of diphtheritic inflammation to deposit the products of inflammatory action in the tissue. Well, that seems to occur in the endocardium, and it may occur in any part of the endocardium, not alone in the valve. It does not occur so frequently in the valves as on the body of the endocardium. I should be disposed to regard it as a sort of diphtheritic inflammation. The new deposit looks like a membranous patch. It is in patches. It does not extend over the whole surface; and when you examine it post-mortem you will think you can wipe it off with your scalpel, or with a rag, but when you attempt to do it it holds fast, and if you with your scalpel attempt to remove it you remove the membrane with it. This proves to be ulcerative in its results. It is not ulcerative in the beginning. It is simply a deposit of diphtheritic membrane on and in the endocardium. But it has not the power to perpetuate its life, if it has any, and in a little while it will begin to break down—to break down into fine granular matter, and perhaps some oily products and as it does this it destroys the membrane in which it is deposited. The endocardium, then, is susceptible of destruction in limited portions of its extent, in this way. As the inflammatory exudation breaks up and disappears, it carries with it a portion of the endocardium. If that occurs upon the valves, as it sometimes does, it is very likely to weaken that half of the valve, that layer or fold of the valve, so much that aneurism may take place in this valve. That is, the remaining membrane, the membrane that forms the other half of the valve, will not bear the strain that is brought upon it by the regular course of the circulation, and it pouches; it makes a bag, or, in other words, an aneurism, and it has been known to rupture under these circumstances. Then, again, the ulcerative process may not be confined to the endocardium if it occurs upon the body of the heart. It may penetrate a little distance into the muscular layers and weaken them, and hence also aneurism of the heart has occurred, or rupture of the heart. This, as I have told you, is a form of inflammation, or a product of inflammation that you cannot recognize during life. It produces no physical signs. It produces no peculiar rational signs. It may be found hereafter that it is confined to those who have some diphtheria in other parts of the body. And at this point I may as well say to you that when diphtheria made its appearance in New York for the first time as an affection of the throat and air passages, I was interested to know what sort of thing it was, and I early procured specimens of the membrane for microscopical examination. I found that it was made up of granules in great degree; granules that were held together by a pretty firm matrix, and that the matrix was transparent; that on the outside of the membrane, that is on the side exposed to the air, there were the common microscopic vegetations, two or three forms of them. And that in this respect the diphtheritic membranes differed from the true croupous membranes, being constituted, in very considerable part, of granules, and in part, also, of extraneous vegetations. At a later day it was claimed that these granules were a particular vegetation of themselves, and they have received a name, micrococci—I do not know that it was a *cock-eye* that saw them!—Micrococcus means a little berry. These bodies are rounded, and in these membranes are packed together pretty closely. As you read the journals and new books you see a good deal of micrococcus. It seems to have found its way into parts of the body that have been supposed before to be sealed to any outside thing. Well, they tell us that ulcerative endocarditis is a consequence of the deposit of micrococci. They are little bodies, not more than the one twenty-five thousandth of an inch in diameter. They are very minute, therefore, and it is claimed that this deposition in the endocardium is made up in very considerable degree of these little microscopic bodies. That would only bring it into closer affinity with diphtheria if it prove to be true. And even if it is true I do not believe that the micrococci are micrococci at all. I think it is a particular form of deposit of lymph in granular shape, and certainly there is no proof that they are vegetations. It is a mere statement of opinion by somebody, and that opinion has, like a wave, spread pretty far. I am willing to admit that the subject is under judgment, is under arbitration, and it may prove that these bodies are little vegetations, and that they are proliferated by scission, as it is called; that is, divided, and each one taking the shape of the parent—a pretty rapid way of multiplying. If you have one in the beginning, and it divides and makes of itself two, and the two divide and make of themselves four, and the four divide and make of themselves eight, and this division goes on pretty rapidly, you will soon get high numbers. You understand me! I do not deny the possibility of this being a vegetation, but the probability of its being a vegetation is very doubtful in my mind. Still, that sort of thing does occur in the endocardium; a something that has a granular form is deposited, and afterward leads to ulceration.

It is necessary to refer to other causes of valvular diseases. The most common is the deposit of that substance that looks like mucine, that I have described to you. Then its organization and contraction, producing what I have already denominated the shortening, thickening and stiffening of the valve. Those same results can be obtained when other agents are at work. One of the things that operates most actively after inflammation is atheroma. Atheroma originally meant an abscess, but it has come to mean, in these later years, a particular deposit that is confined almost entirely to the heart and arteries, much more common in the arteries than in the heart itself, but in the valves not infrequently met with. This atheroma you can form an idea of by the specimens which I can exhibit to you. Here, for example, is the beginning of the aorta, and you observe it is pretty large, and it looks, to a certain extent, warty. It looks as if it had been flattened, and on one particular point there is a little deposit, and a transformation of a deposit into calcareous matter. Well, that is atheroma. When you first find it in the dead body it is almost always of a yellow color, or a faint yellow color. Here it is white. It has been bleached by alcohol, in which the specimen has been kept. If you handle the specimen you will find that at different parts it is of uneven thickness. There are little warty, flattened eminences upon the whole circumference of it, and here at the edge you can get an idea of its thickness. Here is another artery that is, to a certain extent, warty, exhibiting the same thing, lacking the yellow color which belongs to it when it is first seen. You observe it runs up the artery a considerable distance, that is the aorta. You observe, too, that it has narrowed the openings of the three arteries that are given off from the aorta. Here is an interesting specimen of an atheromatous deposit in a valve and not in the artery, or if any, very little. The valve has undergone one of the changes that I will describe to you directly, and it has ulcerated a hole through the valve. Not only that, but it seems to have been deposited on the substance of the heart, probably not in the substance, and an opening has been made at the same time from one ventricle to the other. A broom straw has been passed through the whole, from one ventricle to the other, and you will observe what an ulcerated and damaged condition this valve is in. Here are a number of other specimens which you will examine.

Now, then, the first question that comes is, what is this? This atheromatous matter? Well, it is an effusion on the outside of the inner lining of the artery; the intima, as it is the fashion to call it now. It lies outside of the lining membrane of the artery, that is measuring from the centre of the artery and calling it out in every direction. It is to a certain extent infiltrated into the fibrous tissue of the artery, but it is much more commonly found just between the lining membrane of the artery and the fibrinous layer, called media in these later days. Between the intima and the media, then, is to be found this deposit. And it is constituted sometimes of a material very much resembling that that I have described to you as thickening the valves in endocarditis, a sort of mucous matter, and that is thick set with cells that do not grow, do not develop themselves according to the rules of cell growth in other parts of the body, but become attached to each other on almost any point where they may touch, and thus form a kind of tissue. Then that is pretty fully infiltrated with little globules of oil, and occasionally a few fibres are formed by the coalescence of these cells, but they possess very little power of permanent life. And the result of this is a pretty early change in their constitution. The cells disintegrate and oily globules seem to take their place. The fibres gradually disappear, being broken down into granules, and soon the means of organization have passed. It is very soon, that is in a few months, or a year or two at most. The result of the breaking down of the structure is a softening, and you can sometimes find these little deposits of soft material, looking exactly like pus, except a little yellow. Put it under your microscope and you will find that there is no pus globule in it, not one. The result of this is, sometimes, to leave an ulcer on the artery, or, as in the specimen you are examining, in the valves, and more frequently at the base of the valves than at any other part of them. A weakening of the structure is therefore produced, without softening. This atheromatous matter has no strength, and it has no elasticity. It cannot replace in function, as it replaces in position, the fibrous tissue of the artery. The wall grows weak by the deposit of this matter in it, therefore. and you may start, with regard to aneurism, with this assertion, that aneurisms in the human body do not occur except by violence or by the weakening of the coats of the artery through an atheromatous deposit.

An aneurism in any of the large trunks of the circulatory system will not occur without atheroma; it must be weakened before it will yield, and weakening is always effected by an atheroma of the artery. You may search for twenty years among aneurisms, and you will not find a single one that has occurred in a sound artery. Even those minute ones that have been lately described in the brain circulation, have for their base atheromatous weakening of the arteries of the brain. Well, this is a pretty grave matter, then, for it is the parent of aneurism; it also produces the weakening that precedes what is called dissecting aneurism. The artery may break partly in two, the inner layers may be broken, and the blood may find its way between the layers of the artery for a very considerable distance. This, however, I believe only occurs in the large arteries, the thoracic and the abdominal. I do not know but it occurs in the iliac sometimes. That also, I say, has its origin in the weakening of the arterial coats by this atheromatous deposit. Well, this is one of the courses that an atheroma pursues when it is once deposited in the vessels. Another is interesting perhaps, not to say important, in its bearing. The atheromatous matter is broken down very much in the same way as I have described to you, but more gradually, and the fat seems to be taken up by the circulatory vessels, and deposited in the place of the atheromatous matter is bony structure, bony scales. Such a specimen as that I will try to show you the next time we come together, in which the whole artery has been converted into scales, a multiplication of scales, some of which have a real bony structure—have the lacunæ and the canaliculi; and some of which are mere calcareous accretions, without anything which distinguishes bone. These render the artery inelastic, and so interfere with the circulation. As I have already told you, the heart sends the blood into the artery and dilates it, and the artery, by its natural contractile power, propagates or continues the action produced by the heart, carrying the blood forward in the circulation. But in an artery that has been deformed in this way the elasticity is gone. Hence, in such cases it is not uncommon that hypertrophy occurs. There is another evil that may come of these bony scales; they are sharp at the edge; they are thin. I say sharp; they have almost a cutting edge; and the gradual action of the artery, or so much as is left of its capability, may cut through the inner lining and let one of the sharp edges stand out like the edge of a nail, or the end of a nail rather, and on this may form the accretions of fibrine, the coagulations of fibrine, or vegetations, and these, in their turn may wash off and make emboli. In a few instances, when the process is softening, and it has occurred between the valves, the soft matter may remain between the valves some time. I had a specimen, I do not know but I have it now, but I have not seen it for two or three years, in which the mitral valve was the seat of atheromatous deposit, which softened and made a material looking like pus, and remained for some time; I do not know how long. It was found after death. It at first merely separated the two folds of the mitral valve, and formed a kind of abscess. The quantity of softened material it contained was perhaps half a teaspoonful; it had not, as in the specimen you are examining, destroyed the lining membrane, or at least the folds of the valve.

There is one other point to be referred to in this connection. You hear a good deal, or something, at any rate, of bony deposits in the heart, and particularly in the valves. They almost always result from a changed atheroma. The atheromatous matter is deposited in the valves, and there is, perhaps, some thickening, too, from inflammation, produced by the irritation of this substance, and at length absorption of the material takes place and calcareous matter is deposited instead. I shall be able to show you, probably, two or three hearts, perhaps some in which you can feel the bony roughness in the valves. Occasionally this bony deposit occurs in the heart itself.

I was consulted in regard to a physician who was pretty well advanced in life. It was supposed that he had heart disease. His heart was beating irregularly. sometimes palpitating, sometimes beating very feebly, and he was subject to fainting spells. On examining his heart I found no enlargement of it; I found nothing to indicate valvular disease, and I said, from the manner in which it behaved, there must be some disease of it, but I cannot tell what. In a month or two this gentleman died, and a post-mortem examination was made, and a mass of calcareous matter was found in the body of the heart, beginning at the base and extending downward an inch or more, and, to a certain extent, thickening the particular part of the base of the heart in which it was deposited. It had crippled the heart in its muscular contractions and the heart resented it as well as it could, but it could not tell the story to the outsider. It was plain that the heart was not working properly, but why, nobody could guess, because there are other forms of diseases that behave in the same way, particularly the fatty degeneration, Quain's degeneration of the heart. You can frequently see that there is something wrong with the heart, but you cannot tell what it is. This atheromatous matter is not usually deposited in the muscular fibres of the heart, and whether it was the result of a previous deposit of this material in the heart, or whether it was a bony deposit or a calcareous deposit that was in connection with atheroma, I cannot tell. The importance of atheroma, then, will impress itself upon your minds mainly with reference to the deposit in the valves of the heart and the formation of calcareous or bony concretions in the valves, or, perhaps, in the substance of the organ. There is no way of distinguishing, before death, these several forms of diseased valves. You cannot tell, as you hear a certain murmur, whether it is produced by inflammation of the pericardium or by an atheromatous deposit or atheromatous deposits that have passed into calcareous or osseous formation. To determine this you will have to wait until after death, and as almost all, and probably all, these vegetations of the valves are remediless, are not curable, it is of no very practical importance.

A remark or two more in regard to endocarditis, before we go to diseases of the valves, to consider them in detail. Endocarditis, like pericarditis, is very apt to act, to a certain degree, upon the heart itself. An œdematous effusion may take place in the fibres of the heart, exactly as you see an œdematous effusion occurring in the leg when the knee is the seat of inflammation, or in the arm when the muscles of the shoulder are involved in inflammatory disease, as rheumatism. For example, in February of last year I woke one morning with a pain and stiffness in the left shoulder. I found that I could not get my coat on without assistance. The shirt was big enough to go almost anywhere, but the coat was made to fit a little more closely, and I could not get into it, so I got assistance to put on my coat and then went about my business. But the arm grew worse and worse, and I recognized, after a few hours, that I had rheumatism in the deltoid muscle, and directly my arm and hand began to swell and my hand looked very fat. As soon as I saw it swelling I took off my rings, for fear they would be fastened upon the finger and could not be gotten off. The swelling continued until, after a pretty free use of the bicarbonate of soda, the inflammation was subdued. Then the swelling all went away. So in the heart, the parts neighboring to those that are the seat of inflammation may become the seat of œdematous effusion, and thus weaken the heart—the same thing that I stated to you when speaking of endocarditis. Pericarditis and endocarditis commonly occur together, and, of course, there will be all the more of this œdema of the heart.

COMMUNICATIONS.

FIXED DRESSINGS AND THE METHODS OF APPLYING THEM.

BY GEO. F. SOUWERS, M.D.,
Of Philadelphia.

While fixed dressings have, for the past few years, occupied the attention of the profession to a greater or less extent, there yet seem to be a number of physicians who are not thoroughly conversant with the manner of application of the different forms of this most useful adjunct to surgery, and it is to this class, represented largely by those practicing at a distance from the great medical centres, that I believe a paper of this nature would be of value.

While under the old regime of fracture dressings, of the lower extremities more especially, patients were compelled to maintain a recumbent position for four, six, eight or ten weeks, often exercising upon the system, especially in old persons, a very deleterious influence, under the new dispensation they may frequently be allowed to go about on crutches at the end of nine or ten days, or, at furthest, two weeks; the limb being encased in a light, clean, supporting case or splint, that can readily be removed and replaced at pleasure. In this box, for such it practically is, formed by a fixed dressing, the limb rests securely, and beyond any displacing power of the patient short of cutting or crushing, and, at the same time, an equable pressure is maintained. These dressings have been brought into prominence, not so much by their use in fractures as by their applicability in the various forms of Pott's disease of the spine. Though there are many different kinds of material employed in the making of these dressings, the principle involved is the same in all, to wit: a dressing that shall be easy of application, that shall harden rapidly and yet not easily chip or loosen, and that shall afford a firm, equable support to the injured limb.

The first thing to be considered in the making of these dressings is the bandage, and the degree of tension exerted in its application; for ordinary use the simple roller bandage, about two and a half to three inches in width, is employed; if a muslin or linen bandage cannot be obtained, there are a vast number of materials that serve the purpose equally well; strips from an old felt hat may even be employed in an emergency, toweling of the ordinary common crash, or newspapers even, may be employed, the idea involved being to use anything that will absorb and maintain within its meshes or pores the solution employed for the application of the plaster-of-Paris dressing; however, it is better to use a coarse crinoline or mosquito netting, experience having shown this to make the best and most convenient bandage; the employment of these materials is not, however, an absolute necessity.

In the application of all fixed dressings care must be taken that they be not applied too tightly to the limb; there must be an allowance made for shrinkage in the moist bandages, this shrinkage being considerably more than would at first seem possible; in fact, in some forms of dressing, as in the silicate, for instance, the roller should be applied quite loosely, even bagging a very little. As to the time of application of these dressings, so long as any swelling is present, the fragments of the bone not in correct apposition, or, at least, in as correct apposition as they are likely to be, or if there is a spasmodic, irritable condition of the muscles, there should be no resort to their employment; in from a week to ten days, however, as a general rule, their application may be safely proceeded with, this being the rule commonly followed at the Pennsylvania Hospital, in the service of Dr. R. J. Levis, to whom I am indebted for a number of suggestions in the preparation of this paper. Further, care should be taken to see that nature is making an effort at reunion of the fragments, before applying a fixed dressing. As to which are the best and most reliable dressings every surgeon has his own opinion, though as between some there can be but very little choice; true, the matter of expense enters largely into the consideration of which bandage shall be employed, but as in a great many other things, it frequently occurs that the more expensive article is in the end cheaper than that of low cost. At different seasons of the year, too, different bandages present different degrees of availability; thus, that which in the winter time makes a very elegant and cleanly dressing, may be a very unpleasant if not an uncleanly thing to use in summer; thus, while adhesive strips make a nice winter dressing they are somewhat objectionable as a summer application.

In selecting a muslin to be employed in the manufacture of a dressing it is not desirable to secure one of a very fine and close texture, a rather open mesh being generally more desirable; thus crinoline, mull, crash toweling, and goods of a similar texture make perhaps the most satisfactory bandages; further, an unbleached is preferable to a bleached muslin; it does not appear to be as stiff, and consequently can be more readily wrapped or moulded into position. An unglazed paper, or bookbinder's muslin, if obtainable, forms a very nice material for these dressings. It is not a bad plan to follow, to wash or soak, and then dry the material, before using it as a bandage, the reasons for which are evident without being discussed.

The simplest forms of fixed dressings may be made from articles which are always to be found in the kitchen: thus, for an emergency application, that is to last but for a short time, a paste of flour and water may be employed, as follows: A roller or crinoline bandage having been passed around the limb, the mixture of flour and water is rubbed into the meshes of the cloth; over this, while still wet, another layer of bandage is placed, and into this also the mixture is rubbed; one layer after another is thus superimposed, until the necessary strength and thickness (the amount of which each must judge for himself, according to the case in hand, though four layers are generally sufficient) are obtained, a plain unbleached roller bandage is placed over all, and the dressing is complete. A nicer and more reliable way of making this bandage, and one which dries most rapidly, is to add to the flour and water the white of one or more eggs, and enough gum arabic to give the mass a sticky sensation when pressed between the fingers; prepared in this manner the bandage presents a more elegant, cleanly, and shining appearance. Instead of the gum arabic, glue may be employed, or, in fact, a dressing of glue applied to an ordinary bandage will make a very simple and at the same time very efficient and strong dressing.

Next, perhaps, in order of simplicity, is what may be styled the newspaper dressing; this consists simply in the use of newspapers, where bandages cannot readily be obtained; whichever application or dressing is to be employed is rubbed into the paper in the same manner as into the roller bandages. When possible, tissue or some similar paper makes a lighter, less bulky, and more readily applied substitute for newspapers.

There is a form of dressing which, while simple, is very efficient, and I am tempted to add unusually economical, in that it uses up what would otherwise go to waste. I refer to the felt dressing; an old felt hat cut into strips about two inches to three inches in breadth, and these allowed to soak for some minutes in *boiling* hot water, can be thus made to do duty after having served its day as a head covering. These strips, when thoroughly saturated, should be squeezed as dry as possible, and then moulded to the limb or part to be splinted; having been moulded into position a roller is passed over it, and the injured parts rest in a light, strong, and not readily displaced box. Binder's board thus treated makes also a most desirable dressing; both of these materials are particularly adapted to injuries about the lower jaw, as they accommodate themselves admirably to the angles and curves of the bone; of course the same remarks will apply to any species of felt cloth or paper.

The pasteboard dressing may be modified and strengthened by rubbing boiled starch into it, the consistence of the starch being about that used by wash-women. A nicer and more reliable way (suggested by a friend) of applying the starch and pasteboard dressing is as follows:—The limb is surrounded by a layer of cotton batting, the protuberances, etc., being protected by rings of cotton; ordinary binder's board, $\frac{1}{16}$ to $\frac{1}{8}$ of an inch in thickness, cut as nearly as possible to fit the limb, and soaked first in boiling hot water, and then in starch, is then applied; over all, a bandage soaked in thick starch is placed, and over this a plain roller; under the use of hot sand bags this bandage dries in about twenty-four hours. Seutin, of Brussels, I believe, first called attention to the starch bandage, about 1834, and he sets it down as a rule, that about thirty to forty hours are consumed in drying, so that the two extremes may be said to be twenty-four and forty hours. This bandage may be readily cut open to examine the injured parts; if placed on while any swelling is present it should be removed when sufficient time has elapsed for a full subsidence of swelling, and a strip cut off of the front of the dressing; it is a better rule, however, never, if possible, to have occasion to cut a fixed dressing on account of subsidence of swelling; this process should have taken place before the application of a permanent dressing, as otherwise very serious trouble might arise, due to the exertion of an undue amount of pressure, etc.

Paraffine, or even tallow candles, may, in an emergency, serve a good purpose; being melted they are poured over the limb, which is surrounded by a roller, the grease being rubbed into the meshes; as it hardens it makes a strong case in which the limb rests easily. Melted wax may also be employed in this manner. In our Southern States, especially in cool weather, and in sections where more elegant preparations are not easily obtainable, ordinary tar is employed in the manufacture of fixed dressings; though, of course, this can hardly be said to make a very nice form of dressing, still, it is an exemplification of the fact that necessity is the mother of invention. Almost any gummy or starchy substance may be made to do duty in these dressings; thus tragacanth, in the form of a thick paste, is very frequently employed, this being, like starch, gum arabic, etc., simply rubbed into the meshes of the bandage. Ordinary shellac may be frequently and advantageously employed; this is boiled and the bandages dipped into the solution, and then applied; it makes a very clean and nice dressing; in fact, I see no reason why an ordinary strong shellac varnish, applied in the same manner as the silicate dressing, should not be employed, the alcohol being rapidly volatilized. Splints of gutta-percha may be formed by plunging this substance into boiling hot water, in which it very rapidly softens, and then moulding it to conform to the limb, a bandage being also passed around it.

In cold weather superimposed layers of adhesive strips make a very nice, and at the same time inexpensive and an easily removable dressing. The strips should overlap each other for one-half their width. This form of dressing is peculiarly applicable in fractures of the ribs, where it serves to limit the amount of chest expansion. In summer, however, the strips do not maintain their positions well, and they are not so cleanly as many other forms of dressings. In the application of this dressing care should always be taken that the parts are well shaved before the application of the strips, as if this precaution is neglected there is apt to be considerable trouble and pain to the patient, experienced in their removal.

I come now to consider the more expensive and the more difficult form of application of these dressings. In the order of merit and ease of application, silicate of sodium, or soluble glass, as it is sometimes termed, takes precedence; this preparation is obtainable at all drug stores, and makes a very available form of dressing, as it can, in a manner which I shall describe, be readily removed from the patient, for the purposes of examination. The best method of applying this dressing is to envelop the part in a crinoline bandage about two and a half to three inches in width, the solution of the sodium silicate being applied between every layer of the bandage by means either of a brush or the hands; over all a coating of the solution is painted or rubbed; this form of dressing takes about four hours to harden, and it may at any time be removed by slitting it up in front by means of a pair of shears or heavy scissors. If desirable to replace the bandage it is simply sprung back over the limb and bandaged into position. In the application of this, and, in fact, all permanent dressings, care must be taken that too much pressure is not exerted on salient points, this being avoided by guarding them by means of a layer of cotton, or a piece of soft lint folded.

There is another form of permanent dressing, known as the "zinc and glue dressing;" this makes a very strong, white and rapidly hardening dressing. It is made in the proportion of one part of zinc oxide to either four or six parts of glue, say one-sixth of a pound of oxide of zinc to one pound of glue, with sufficient water to make a thick solution; care must be taken not to have the dressing brittle, but by using these proportions there is not much danger of this accident. This solution is applied, while still warm, by means of a brush, and may, if desired, be finished off with a roller, but this is hardly advisable or necessary, as the elegance of the dressing does not make it in any way objectionable to the sight. When a brush is not conveniently to be had, the hands may be employed to rub in this dressing; and at this point a little hint that may be of value occurs to me; it is always advisable, in applying these fixed dressings, where the hands are employed in rubbing, to oil the hands, as they can thus be more readily and thoroughly cleansed, the material not adhering so closely to them.

The next form of dressing to be considered is that which is perhaps more known and more often applied than any other. I refer to the one which Dr. Sayre, of New York, has made so much use of in treating Pott's Disease of the Spine—the plaster-of-Paris. While this form of bandage presents many advantages, yet there are some objections to it; it is more or less liable to chip and leave in the track of the patient a series of plaster fragments, this being more especially the case when the dressing has been put on with a lavish hand; further, if a number of bandages are prepared at once they are apt to be useless when wanted, unless they have been kept in a dry place. The method of making and applying this bandage is as follows: Into the meshes of a coarse crinoline, or crash, dry plaster is rubbed; or another method, which consists in the employment of an apparatus specially constructed with a view to the preparation of these plaster rollers (if they may be so called), may be used. This apparatus consists of a box filled with dry plaster, through which the crinoline, in strips of from two to four inches in width, and six yards in length, is drawn and wound on a small iron bar, which is turned by means of a crank-handle; the bandages prepared by rubbing the plaster into the meshes of the cloth are, however, fully equal to those made on the machine. The crinoline thus prepared should be made into an ordinary roller, and if not intended for immediate use should be enclosed in a tin, or other air and water-tight box, and placed in a cool, dry place. A little salt added to the plaster makes it set more rapidly. When needed for use all that it is necessary to do is to dip the roller into cold water, for about three or four minutes, or until air bubbles cease to rise, the plaster thus absorbing enough water to make it set nicely. The part to which the bandage is to be applied should be cleansed by means of tepid water, and lightly but thoroughly dried; this precaution should, in fact, be exercised before the application of any permanent dressing, no matter of what kind. Before commencing the application of the bandage the limb should be surrounded by a layer of lint stitched into place, and having attached to it (in the case of dressings of the lower limbs) tapes along the upper aspect. These tapes may also be employed in many of the other dressings, and be a very convenient arrangement for the purpose of suspending the limb when necessary, and allowing it to swing. If lint be not readily obtainable, a piece of blanket will answer equally as well; some prefer passing the suspending bands around the limb; if this is done, leather bands about half an inch wide are far preferable to muslin or linen, as the leather does not work into strings that exercise more or less of a cutting influence.* The crinoline roller is then applied in the manner of any ordinary bandage, plaster of the consistence of a thick paste being rubbed between each layer of the bandage. A sufficient amount of roller having been wound around the limb, the dressing is finished by rubbing wet plaster over all till a perfectly symmetrical appearance is presented; if necessary, a little dry plaster may be dusted over the final coat of the dressing; this dressing hardens very rapidly, say in about thirty minutes. Three or four bandages of the lengths given above are generally sufficient to afford the requisite support. If it is desirable to remove the dressing at any time, it can readily be done by slitting it up in front by means of a shears, and the same bandage can again be placed on the limb and confined in position by a roller. In from two to four hours the bandage is ready to be thus cut open when desired. If too hard or thick to cut, by soaking the plaster in *hot water* for fifteen minutes the object may be easily accomplished. It may at times be desirable to employ what might be styled a partial splint of this material, and this may be done as follows (this form being used when it is desirable to observe frequently an ulcerated or lacerated part): A piece of blanket long enough to reach above and below the parts to be examined, and fifteen inches in width, should be dipped into a plaster solution of about the consistence of cream; this is then folded so as to be two to three inches in width and applied along the part not to be observed, being confined in position by circular turns of the bandage above and below.* Where subject to discharges from wounds and to water, etc., oiled silk forms a very nice protection to the bandage. This dressing has gained a high reputation, from its extended and successful employment in the various diseases of the vertebræ, from the fact that it supplies the necessary amount of support which the vertebræ in Pott's Disease are unable to afford.

In applying the plaster dressing to the trunk, a number of modifications are necessary, or can be made: thus, the crests of the iliac should be provided for by fenestræ in the bandage, these being cut with a knife after the dressing has hardened, say in about three hours; in like manner, any other prominences may be provided for; fenestræ, if necessary, may also be made for the mammæ in the female. Many surgeons, for the sake of ventilation, and to decrease the weight of the apparatus, perforate this plaster box, as it is, at different points, the openings varying from the size of a cent to that of a nickel, or two-cent piece; where an unusual amount of support or force is necessary, strips of whalebone or flat steel springs may be introduced between the different layers of the bandage as it is applied to the body. When employed for the treatment of spinal affections, it is necessary to suspend the patient before commencing the application of the bandage; to attain this object, an apparatus consisting of a tripod, from which hang chin and armpit supports, is generally employed. A board placed between two projecting bookcases, or a hook driven into the ceiling, afford, however, equally good points from which the patient may be suspended. A thin gauze, skin-fitting undershirt should be placed on the patient before applying the bandage. This dressing has, of late, been somewhat modified by a gentleman of Chicago, whose name has escaped me. It is a well-known fact that sole leather, when thoroughly soaked, can be moulded into almost any shape, and that when drying it retains the shape of any object over which it has been stretched; on account of this property it of itself makes a very good permanent dressing. As suggested by this gentleman, the leather is best adapted to the accomplishment of the desired object in the following manner: The plaster-of-Paris dressing is applied as already described; just before becoming thoroughly hardened the plaster jacket is cut open in front and removed from the patient; an accurate mould of the body is thus obtained; into this mould plaster is poured and allowed to set, over this final cast wet sole leather is stretched and permitted to dry. A leather jacket that accurately fits the angles and curves of the body is thus obtained; for ease of removal this jacket is slit open in front and eyeleted, thus permitting of lacing, fenestræ being cut as in the ordinary plaster dressing. This jacket, if necessary, may be strengthened by flat steel springs running perpendicularly; from it a rod may run up posteriorly, which, being curved at the top, will permit of the addition of a suspensory apparatus for the head, thus taking the weight of the head off of the spinal column, and tending to transfer it to the hips. A jacket thus made will stand almost any amount of ill-usage; it can easily be removed at night, or when desirable to perform ablutions, etc., and weighs but very little comparatively, a plain, leather jacket for a child nine or ten years of age weighing but about eighteen ounces. In those cases where it is desirable to place the lower limb in a fixed dressing, in order that a cure of a diseased joint may be effected by means of anchylosis, at the same time that it is desirable to keep up extension, and yet permit the patient, for the sake of his health, to be about, the following plan, which has already been suggested to the profession, can be pursued: The permanent dressing, no matter of what nature, having been applied to the diseased limb, is allowed to harden; a shoe having a cork sole, or an iron platform attached to the sole, being placed on the sound foot, the injured limb is thus permitted to swing free, making thus its own extension; by the aid of crutches the patient can then take the necessary amount of exercise to build up and maintain the stamina of the constitution. There is another apparatus, known as Barnes' wire splint, which, while the patient is in the recumbent position, may also be made to serve the purpose of a fixed dressing. In closing this paper I would beg to state that I do not consider that I have given all the forms of permanent dressings that have ever been, or are now employed, but I think the above list is one which will serve the purpose of summarizing the more commonly employed dressings used in surgery; and while none of the dressings here tabulated are decidedly new, yet there is a satisfaction in knowing that old things sometimes bear resurrection and rearrangement.

---

* Hamilton on Fractures, etc.

* Hamilton.

4481 *Main street, Germantown.*

FRACTURE OF THE OS FEMORIS.

BY E. MICHENER, M.D.,
Of Sylvania, Pa.

Having had an experience of more than sixty years in the treatment of fractures, I am willing to note, very briefly, some of its results. My remarks will relate to the fracture of the os femoris. While I am aware that comminuted and compound fractures, and those occurring at the extremities of the bone, are exceptional cases, and may sometimes require an exceptional treatment, I shall leave them to the skill and ingenuity of the surgeon to make such modification as circumstances may demand.

Whatever may be the methods and the results in hospital practice, success in the treatment of fracture of the femur, in a country practice, appears to be the exception rather than the rule. This too general failure has become an *opprobium medicorum.* The result is, too generally, a shortened limb.

The inquiry then comes up, Why this shortening? And the ready answer is, From the difficulty of keeping up the necessary extension during the treatment. Some, perhaps many, claim that there must of necessity be a shortening in all cases of this fracture. I have, indeed, recently known of a city surgeon turning over volumes of surgery, to stop the murmurings of a limping patient by proving this necessary shortening. I do most emphatically assert that in ordinary fracture of the shaft of the femur there need be no direct extension made; and, further, that there can be no shortening if the bone has been properly coaptated and held in position. There has, indeed, been much spoken and written about oblique fractures of the shaft of long bones allowing the fragments to slide readily past each other. This, I opine, is a very rare occurrence. If we should break a hundred pipe stems, at least ninety-nine of them would be transverse and the remaining one doubtful. So, I apprehend, it is with the os femoris. It is difficult to conceive of a force that could produce an oblique fracture; and my experience is confirmatory. I have never met with an oblique fracture of a long bone, except one—a tibia; it was fractured by a heavy, crushing force.

In every fracture of the femur that I have seen, and they have been many, the bone, when coaptated, was itself sufficient to preserve the length of the member, without having recourse to direct extension. It is, indeed, too probable that many fractures of this bone have been pronounced oblique for no other reason than the failure of the operator to place the fragments in juxtaposition. It may safely be laid down as a rule, which has few exceptions, that so long as the bone fails to preserve the length of the limb, that failure is sufficient evidence that the bone has not yet been set. I wish very forcibly to impress this rule upon the attention of the reader.

There has been much dexterity employed; much mechanical ingenuity expended, in devising dressings for this fracture, without a corresponding result, owing, perhaps, to a misconception of what was really needed. In these cases the three great indications, the three imperative duties of the surgeon, are—

1. Most carefully to adjust the fragments.
2. To prevent their flexure or rotation.
3. To provide every possible comfort for the patient.

In some twenty-nine out of thirty cases, perhaps in a double or triple ratio, this is all that the surgeon need or can do. Such has been my experience.

1. *The Adjustment of the Bone.*—Very often the fragments will be displaced by the fracturing force, or other conditions of the injury. When the patient is laid supine, if the limb is either shortened or the foot rotated, there must be displacement. An assistant should make extension, very gentle at first, and slowly increasing it, so as to obviate, as far as possible, the pain to the patient and the resistance of the muscles; both of which are greatly increased by a hasty procedure. It may require five or ten minutes, or a half hour, but the muscles will eventually relax and permit the fragments to drop into place, sometimes with an audible click. While the extension is still kept up, or even increased, the surgeon should carefully manipulate the limb, until fully satisfied of the result. The extension should be slowly relaxed, as it was begun. If any displacement should remain, or the member be found shortened, the bone has not been properly replaced, and the same process must be repeated. As already intimated, the bone must be made to maintain the length of the limb. When there is very great muscular resistance, or suffering, an anæsthetic may be indicated. When the fracture is properly set, the muscles will hold the fragments closely together, if flexure and rotation are avoided.

2. *The Dressing of the Limb.*—This procedure can only be predicated on the method selected. But there are a few principles which may be introduced, and which, if they are not applicable to all methods, should serve to determine the method.

1. The injured member should be placed in a semi-flexed position. I have always used an angular splint (say 120° or 130°).

a. Because it places all the muscles which act directly upon the broken bone in a semi-relaxed condition, a state of repose the least tiresome, and the least liable to occasion spasms.

b. Because the position of the leg and foot, being pendent over the angle of the splint, effectually prevents any rotation of the lower fragment on its axis.

c. If from any cause a mild extension should be advisable, it is afforded by the angular splint, which, from its nature, becomes an *extensor.* The taper of the thigh inclines the dressings toward the knee, or rather, tends to draw the thigh out of them. The leg, resting upon the anterior plane of the splint, opposes this tendency; and to the same extent exerts a tractile force upon the lower fragment. Though not otherwise necessary, it may help to maintain a steady bearing of the limb. It is the only tensile force that I have ever used.

2. The dressings should be exclusively confined to the fractured limb. Its integrity should be made complete, by its own appliances; and yet be left free to respond to the necessary movements of the body. The movements of the body cannot be avoided, and it is well to allow the limb to move with it, in its entirety, as a whole, but never by sections. There seems to be unnecessary care taken to confine the whole man, greatly to his discomfort. I have generally allowed my patients to lie down, or sit up, in the bed, at their own pleasure, and have not found a bone displaced by their doing so. This brings us

3. *To consider the comfort of the sufferer.*—To the relief, so grateful to the patient, which even a slight change of position affords, may be added the ease with which the dressings can be readjusted, almost without waking a sleeping patient, and the facility with which he can be transferred to another bed. Children can often be soothed by placing them on the lap of a kind nurse.

I would again earnestly recommend:—

1. A more careful adjustment of the fracture than has too often been made, until it is found to fully maintain the length of the limb.

2. The propriety of securing the complete in-

tegrity of the whole limb, with freedom for it to respond to any necessary or accidental movement of the body.

3. The semi-flexure of the limb.

There may be various methods which would secure the specified conditions when judiciously employed. I can only refer to the method which I have used for a long series of years with good satisfaction to myself and to my patients.

Having, even while a medical student, lost confidence in the methods then in use, I very early accepted the views herein presented, and constructed an apparatus for fracture of the os femoris in accordance therewith. The only appliance that I have ever employed.

The Description.—The basis of the apparatus is a concave splint, cut across in the middle and united with hinges, and held at any desired angle by a binding screw. Both the ischiatic and the pedal extremities are made readily extensible for adaptation to different persons. At the foot there is a sliding standard, carrying a laced shoe, which can be raised and lowered at pleasure, both movements having binding screws. The edges of the splint have each a series of brass buttons, with leather straps to buckle over the limb.

The minor thigh splints are three in number; they are formed by glueing three strips of light wood on soft leather or canvas. The middle pieces have spuds on the upper side, to prevent their slipping endwise. A few folds of soft flannel, to pad the splint, and a bandage of strips, complete the essential dressings.

The Application.—Having adjusted the fracture and waited to know that there is not any retraction of the limb, then regulate the length of the upper section of the splint by the sound limb; apply the pad, and lay on the bandage strips. The limb may then be laid carefully on it (either straight or angular), the bandage and minor splints applied, and the straps securely buckled over them. If the splint was left straight, it may now be gently flexed to an angle of about 120°. The foot adjustment is easily completed. A similar bandage below the knee is some safeguard against spasmodic contractions of the muscles.

The patient is now tired, and a lunch is waiting in the dining room; let him rest. But, before going home, carefully inspect every part of the dressing, and if necessary re-adjust it, and give the needful directions to both patient and nurse.

The reader may call all this egotism. Perhaps it may be. But the surgery of fractures, especially of the os femoris, is so largely empirical, so often unsuccessful, that experience seems to be the only safe basis for prescriptive rules. I will only add, that I had my axes all nicely ground before I entered my eighty-seventh year.

HOSPITAL REPORTS.

CLINICAL CASES—JEFFERSON MEDICAL COLLEGE HOSPITAL.

WITH REMARKS BY J. M. DA COSTA, M.D.,

Professor of Medicine and of Clinical Medicine.

REPORTED BY CHARLES R. CRANDALL, M.D., DECEMBER 6th, 1880.

Goitre.

The name of this patient is Mary E., and her age is nineteen years. She supports herself by carpet-weaving. For the last two years, such is her statement, she has had a growth in her throat. At times it is quite large, and then it seems to lessen in size, hence undergoing various changes. She is also a great sufferer from dyspeptic symptoms, and has nausea, vomiting and constipation—in one word, she has the symptoms of marked atonic dyspepsia. Associated with all of this, there has been some loss of flesh. When we look at her we are struck with her marked anæmic appearance. There is a general pallor, and also pale conjunctivæ, bloodless lips and a coated, flabby tongue. When we examine the swelling in her throat, of which she complains, we notice that there is a decided enlargement of the neck. This enlargement is evidently connected with the thyroid gland, and is somewhat tender to the touch.

Now, as there is often some form of heart affection connected with these enlargements, I will examine that organ. I find the motion rather rapid, the first sound distinct and the second sound more distinct than normal; but there are no murmurs. Placing my stethoscope over the enlarged thyroid there are well-marked transmitted cardiac sounds, but no murmurs.

She also calls my attention to some small swellings back of her ears. I find, upon examination, that there is some enlargement of the cervical glands. There is no history of malaria or any constitutional disease. I learn, upon inquiry of her mother, that the girl has a great deal of irregularity at certain periods.

I shall diagnose and treat the case to be one of goitre, and there are three possibilities as regards its nature and origin:—

1. It may be goitre due simply to enlargement of the thyroid gland.
2. It may be an exophthalmic goitre, connected with functional disorder of the heart.
3. It may be goitre owing to a general tendency to glandular enlargements, and depending, primarily, upon the great derangement of the digestive functions.

In discussing these possibilities, the practical point is for us to make our diagnosis between the first and second of the possibilities. I shall decide against this being a case of exophthalmic goitre, for the following reasons: Such a case, to have gone two years, would have shown much more disturbance of heart and of vision than we have here. In exophthalmic goitre it is the heart that is primarily affected, and the disorder is followed by an enlargement of the thyroid. Furthermore, had this been a case of exophthalmic goitre there would have been great changes in the appearance of the eyeballs; they would have been enlarged and bulging, whereas, here, they are unchanged.

Another clinical point which I have been noticing for the last few years is that when I place my stethoscope over an exophthalmic goitre, I hear most marked murmurs both in systole and diastole. Indeed, I often hear, besides these, a sort of roaring, and I have come to rely on these observations as a test. Not finding such symptoms here, I must exclude an exophthalmic goitre.

Now, in favor of this being a case of goitre due to general glandular enlargement, and associated with ill nutrition, we have the history of atonic dyspepsia, the profound anæmia and the undoubted evidence of enlargement of the glands of the neck.

In this case, if we want to obtain success, we must resort chiefly to constitutional treatment. The remedy I want to give is the syrup of the iodide of iron; it is here preëminently indicated; but unfortunately it is not generally well borne by the stomach It is an excellent alterative in such cases, and we had better try it, at least. I will prescribe, therefore, twenty drops of the syrup of the iodide of iron, twenty drops of glycerine, and water sufficient to make a drachm dose. She is to take this, well diluted, three times daily, after meals. She needs, besides, a generous amount of food, consisting of meat, milk, oysters and stale bread. I would not advise potatoes or bulky food, for the object is to enable her to have solid foods of a digestible and nutritious nature. Locally, we will, for the present, do nothing.

Sciatica.

The next patient is James McC., who complains of pains along the sciatic nerve. They commenced last September, and have lasted ever since. The pain begins at the left trochanter and extends down even as far as the toes. He has been treated a great deal for this trouble, but has not received much benefit. Internally, he has taken freely, he says, of the salicylates, and also quinine and iron. Externally, he has been blistered, but that has also failed to give him relief. There is no history of specific disease. Nor is there any history of rheumatism, unless the sciatica itself be regarded as of a rheumatic nature. The pain is worse at night. There are times when he is comparatively free, but there is no entire day in which he does not suffer more or less. Hence, there are lulls, but no distinct cessation of pain. Motion, as he walks, is not much impaired. The seat of pain is in the region of the left trochanter and the parts are tender to the touch. Running my hand along the course of the upper part of the nerve, he winces. He has lost some flesh, is pale and has poor digestion.

As we have had a number of cases of sciatica recently, I will not go into this case to any extent, but will direct your attention to the methods of treatment.

As a general thing, cases like this yield readily to blisters, conjoined with the use of hypodermics and the usual internal treatment. This case does not, and, therefore, we must resort to other means. Having had such good results from the use of chloroform of late, we will again employ it. It will be given by hypodermic injections near the tender spots, as in the previous cases. Internally, I shall give the ammoniated tincture of guaiac, with iodide of potassium. It is a very disagreeable remedy to take, but it is one often of great value in obstinate cases like this. I would advise ten grains of the iodide of potassium in two drachms of the ammoniated tincture of guaiac, after we have used the chloroform hypodermically for a few days.

Now, here is another case of sciatica. The man is forty-six years of age, and has been a sufferer for a long time. Here the pains begin at the right sciatic notch and extend down the outer side of the leg. He can walk well, but not without pain. As he exposes his leg, there is evidently some atrophy. The tenderness along the nerve is slight, and nothing like what it was in the other case. Here we shall also pursue the same treatment, as regards the chloroform. In these cases we use the spirits of chloroform, which is not as strong as pure chloroform. The strength is one part of chloroform to twelve of alcohol. The amount administered at each injection is about a syringeful. As a great deal of the success depends upon how the injections are made, I will have one given now in the presence of the class.

The injection of chloroform, a plan of treatment so ably advocated by Prof. Bartholow, must be made deeply, near the nerve and at the seat of the greatest pain. In this instance the painful spot is near the trochanter, and hence in the region of the gluteal muscles. Take the syringe and insert the needle deeply into the flesh. Inject slowly, then withdraw, and afterwards place the finger over the wound for a moment, to close it. Usually these injections cause a burning sensation for a few moments, but this man says it does not hurt him much, if any at all. We will repeat this injection daily for a few days and adopt no other remedy until a fair trial has been made.

Localised Chronic Peritonitis.

The next case is one of much interest, and the man comes from a distance for an opinion. His name is John H. M.; he is thirty-six years of age. Two years ago he noticed a lump, as he terms it, in his left umbilical region, which has gradually enlarged to its present size. He states that it was painful from the first, and I find that it is painful to the touch now. Pain has been a prominent symptom all the time. He says also that, at first, he thought the lump was loose, but of late it appears more fixed. Making further inquiry I learn that six weeks before this lump appeared he was thrown from a wagon and sustained some injuries. He says, further, that he has not lost flesh. At present his appetite is not good, he vomits occasionally, the bowels are loose, the tongue is slightly coated and red. The urine has been examined and the results are negative.

Now, let us proceed to investigate more closely. By palpating I find the tumor very tender to the touch; the tenderness is mostly in one spot and not in proportion to the size of the swelling. I perceive a certain amount of hardness at one spot, but it is also out of proportion to the general swelling. There is moderate dullness, but not as marked as would seem from the appearance of the parts. Fluctuation is perceived, but very distinct, low down in the abdomen: there is none at all in the upper part of the abdomen. Splenic and hepatic dullness are not increased. Auscultation with the stethoscope reveals the beating of the abdominal aorta, but without murmur or thrill, and without lateral pulsation. I direct the patient to turn over, and listening along his back, I find no murmurs.

There is swelling of his feet and legs, but not very marked. The patient says the swelling is worse at night. Having gone over the case, I will ask the class to make the diagnosis. In reply I hear suggested "omental cancer," "abdominal aneurism," "floating kidney," "local peritonitis," and "chronic peritonitis." It is evident that we have several views to choose from, and we will proceed to notice them in their turn. In an obscure case like this, it is necessary to think of all possibilities and then set aside one after another, by a system of exclusion. Let us set to work, then, and eliminate such views as are not justified by the symptoms revealed.

The first view mentioned was cancer of the omentum. This has in its favor such symptoms as tumor, pain, tenderness and history of injury. These points make the view one worthy of consideration, but I pronounce against it. My reasons for so doing are as follows: In the first place the man's nutrition is too good for one suffering from cancer. Had there been a cancer for two years he would have been much emaciated and there would have been evidence of cancerous cachexia. Again, if this were a case of cancer there would be a general dullness coinciding with the entire mass. But, as I repeatedly pointed out to you, there is not dullness corresponding with the general size of the swelling.

A second view is that of abdominal aneurism, and there are reasons in its favor. There is a tumor in the abdomen, pain, pulsation, good nutrition and a disturbance of the circulation, as shown by the œdema of the lower extremities. But, as against such a view, there is no thrill, and there is an absence of the marked pulsation which might be expected in a tumor of this size. Besides, the pains of an abdominal aneurism are usually felt in the back; they are sharp, fierce, and often shoot down the entire leg. Hence, owing to the absence of the proper physical signs, I must likewise decide against this opinion.

The suggestion of floating kidney also claims our attention for a moment. In favor of this view is the tumor, good nutrition and history. But, as opposed to such a view, the situation of the tumor is wrong; it is entirely too low down. A movable kidney would be away up, under, or just below the ribs. It would not be very painful, and there would not be the swelling as in this case. Therefore, we must dismiss this view.

Now we are brought to a consideration of the diagnosis of peritonitis, which is the correct one. This is a local peritonitis with some effusion, the result of an injury. The symptoms in favor of this are some fluctuation, great tenderness and a comparative absence of dullness, or, at least, of extended dullness. The fluctuation indicates some effusion into the peritoneal cavity, and also points to peritonitis. The œdema of the extremities is accounted for by pressure on the large veins returning blood from the lower extremities.

In point of treatment I would advise, locally, the iodide of lead and belladonna plaster, in equal quantities of each. If a plaster of this kind should prove too heavy, the ointment of lead and of belladonna may be used. Internally, I would suggest the iodide of mercury, with opium, say one-eighth of a grain of the former, and one sixth of a grain of the latter. The patient should be kept quiet in bed for a time. Under this alterant treatment we may hope to see rapid improvement. Subsequently, when the bowels are a little more under control, I will prescribe with a view of relieving the dropsical swelling and promoting absorption.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Insomnia.

The following suggestions are made by Dr. James More, in the *Practitioner*, Dec., 1880:—

During sleep the cutaneous capillaries are in a state of dilatation, so as to ensure that degree of cerebral anæmia which the physiologist tells us is a necessity to the presence of the "drowsy god." This flushing of the skin surface with blood, with its consequent cerebral anæmia, is fostered and provided for in the warm bed-clothes which the habit of ancestral civilized society has made almost an instinct, and stamped as a physiological necessity.

The physician, when called upon to prescribe for insomnia, meets with it in various aspects, but in a large number of instances it is due to direct or indirect hyperæmia of the brain.

He sees it in the disturbed circulation of the bilious or gouty old gentleman; in the anæmic girl or the plethoric matron; in the patient with cold feet, or in the one again with flushed face and throbbing temples. In each and all the fundamental condition of sleep—cerebral anæmia—is absent, and what is wanting is something that will unload the cerebral vessels of their surplus blood. The surplus may be due either to arterial hyperæmia, or to venous engorgement, and the skillful physician will follow the indication.

Dilate the cutaneous capillaries, and we withdraw the surplus blood from the surcharged brain to the skin. A glass of hot grog at bedtime, a foot-bath of hot water, with or without mustard, a bottle of hot water to the feet, may be all that is necessary to dilate and flush the peripheral arterioles. Such, in many cases, act as true, safe and scientific hypnotics.

Failing in this direction, we take to those remedies which the therapeutist tells us dilate the cutaneous capillaries; and foremost, and safest, and most reliable among these we name bromide of potassium. This, with a little tension help from digitalis, forms an almost certain sleeping draught in most of the above conditions. A draught as follows might be given:—

℞.	Bromid. potass.,	gr. xxv
	Tinct. digitalis,	gtt. xv.

This failing, the addition of even so small a dose as one drachm of syrup of chloral hydrate will "make all the difference between success and failure." Of course, in many cases a slight anodyne effect is wanted to complete any special draught, and the addition of a few drops of chlorodyne or Battley's sedative, besides doing this, seems to accentuate or intensify the action of the vaso-dilators.

This was forcibly illustrated in the case of a patient I saw not long ago, where almost absolute sleeplessness had existed for some weeks, the result of mental excitement and worry. He had been taking as much as six drachms of syrup of chloral nightly, without effect, and viewing it clearly as a case of cerebral hyperæmia, I prescribed the following combination, which acted at once and with marked and decided effect:—

℞.	Bromid. potass.,	gr. xx
	Tinct. digitalis,	gtt. xv
	Syrup. chloral hyd.,	ʒj
	Liq. opii sed.,	gtt. v.

We do not mean to aver that such a combination acted solely on the hydraulic principle, or had no decided neurosal effect on the brain cells, but what we hold is that its power in dilating the cutaneous arterioles, and thus providing for cerebral anæmia, is its chief *modus operandi.*

Anæsthesia by Compressed Nitrous Oxide.

We read in the medical *Press and Circular*, November 3: Dr. Blanchard has just published, in the form of a *brochure*, a complete description of the anæsthetic of Paul Bert (protoxide of azote under pressure), with an analytical *exposé* of all the operations in which it was used, up to the present. We find that seventy operations were performed under its influence, of which thirty-one were by M. Paul Bert, sixteen by M. Sabbé, two by Marion Sims, etc. In this number were comprised ablations of tumors, amputations, resection of nerves, reduction of luxations, fistules, and anal fissures, lithotomies, resections, ablation of fibroid tumors of the uterus, etc. As to the advantages of this method of M. Paul Bert, the first that Dr. Blanchard signalizes is the rapidity with which the anæsthesia is produced, and the complete absence of all excitement. Secondly, that once insensibility is produced, the man is so completely under its influence, that were it not for the breathing, which remains perfectly regular, he would seem as dead. This state can last half an hour or an hour without changing. During this time the blood preserves its red color and loses none of its oxygen; the heart beats with its usual regularity, and the temperature does not increase. Thirdly, that at the third or fourth respiration of pure air the patient returns immediately to sensibility and to *bein être.* The period, more or less long, of torpor, numbness and nausea, after the use of chloroform or ether, are not observed. However, it happens frequently that the patient returns to consciousness some time before insensibility has completely disappeared, but this, instead of being a drawback, is considered by M. Blanchard as an advantage, especially in operations on those parts of the face covered by the inhaling mask. It was thus M. Péau had been able to extirpate an epithelioma of the lip after the apparatus was taken off. Such are the advantages. As to the inconveniences attending this method, only one is considered of any importance, the difficulty of procuring a room *à l'air comprimé* outside of Paris or large towns It is thus evident that in country practice or on the battle field this anæsthetic could not be employed.

Case of Hemorrhagic Diathesis.

The following good example of this is given by Prof. George Buchanan, in the Glasgow *Medical Journal*, November, 1880:—

The patient, a young man, aged twenty-four presents a strikingly anæmic appearance, and is so debilitated by protracted hemorrhage that he is quite confined to bed, becoming giddy if he sits up even for a short time. Four years ago he was admitted to the hospital on account of continued hemorrhage following the extraction of a tooth. The actual cautery was used on that occasion, and after a short residence he was dismissed apparently quite well. A few days later, however, a return of the hemorrhage occurred. Plugging with lint and perchloride of iron was resorted to, and it finally ceased. The account of the present occurrence is that, on the 29th of August last he had one of the upper left molars extracted by a dentist, to whom no mention was made of the previous troublesome hemorrhage; blood continuing to flow, a plug of lint and matico was applied, but with no very good effect. The plugs were renewed at intervals for a week, but failed thoroughly to control the hemorrhage. The patient then consulted Dr. Donald M'Phail, who, on September 5th cauterized the bleeding surface and plugged the cavity. This procedure appeared at the time successful, but on the same night oozing took place through the plug, and two days later the hemorrhage became more active, and continued intermittently for a week, when it stopped spontaneously After two days it again commenced; a gutta percha plug was now applied. and with good effect, but the gum by this time had become so tender that the patient could not endure the necessary pressure, and he was therefore advised to enter the hospital, which he accordingly did on the 18th of September. On the 21st chloroform was administered, and Professor Buchanan removed the adjacent tooth and some dead bone in the neighborhood of the bleeding. The antrum of Highmore, which contained a considerable quantity of fetid pus, was then opened, a thick pyogenic membrane scraped out, the actual cautery applied, and the antrum stuffed with lint. In spite, however, of this very thorough treatment, the bleeding returned on the 26th, but was easily controlled by re-stuffing the antrum. On the 30th it again recurred. At this date subcutaneous injection of ergotine was begun, four grains being administered three times daily, as a rule, for about ten days, and afterwards less frequently. This appears to have had a good effect, as up to the date of writing (14th of October) there has been no return of the hemorrhage. During this period the plug was allowed to remain in the antrum, but ultimately it softened, and came away in shreds.

Recent Views of Evolution.

In a recent address by Prof. Cleland, Professor of Anatomy in the University of Glasgow, he observed that while the experiments of Pasteur and Lister conclusively proved that there was no such thing as spontaneous generation in the present. the difference in character between development and the laws of matter made spontaneous generation an inadequate hypothesis to account for the first appearance of life in the past. After dealing at some length with the various arguments that had been adduced in reference to this theory, Professor Cleland said it was a legitimate position to take up, that all the evolutions of nature were definite, but that the series of such evolutions were indefinite in number and kind: that individual evolutions, like other individuals, were finite, but formed members of a larger total. So, in the evolutions of organization we saw vortic units, the textural elements, receiving and rejecting currents of material, while they maintained during a finite lifetime their individuality, and these united into larger individuals subject to the same law. In the evolution of vegetation, which everywhere exhibited definite individuals, or organs, structurally united in indefinite series, the highest groups were composed of compound individuals in whose structure the most complex, and in every way highest, evolution occurred in connection with the highest vegetable function, the perpetuity of the series of finite individuals; and, the flower once perfected, evolution had ceased, though variation continued. The largest feature in the evolution of both plants and animals consisted in that which was simple passing into the manifold, and the manifold being compacted together in a higher unity. And however imperfectly zoologists might yet agree as to the evolutions in detail in different parts of the animal kingdom, it was plain that in the human form an organism had at last appeared constituting an abode of intelligence such as existed in no other, and that in man alone intelligence reached the capability of ascending beyond the wants of the physical organism in the contemplation of abstract truth. That organism had not improved with the progress of discovery in modern science, but was, at least, as complete in the heroes of antiquity as in those of recent times. It was surely, then, an assumption to suppose that evolution as distinguished from variation in animal form must go on unchecked till astronomic change shall have ended the capability of this world to support life. It was far more probable that the evolutions of the future were to be sought in realms with which the zoologist acknowledged he had nothing to do, and take origin out of the special psychical characters of man. For his own part, he maintained that the universe presents an endless unrolling of definite evolutions. and that the evolutions of organization were completed, though its variations continued, while other evolutions were at work, and more would appear.

Ear Disease Following Scarlet Fever.

The London *Medical Times and Gazette*, Oct. 30, gives the treatment of Dr. Merian, of Basle. He holds that the best preventive of aural mischief in scarlet fever is the arrest of the primary diphtheritic process in the pharynx. He therefore cauterizes all patches that can be discovered, at first twice, and afterwards once a day, with a ten per cent. alcoholic solution of salicylic acid. A piece of cotton-wool of the required size is wound round the end of a small knitting-needle, on which a double screw is cut, and the wool, soaked in the liquid, is gently pressed on the part. Some pain is caused, but it does not last long. Nausea is best combated by ice, and the taste of the spirit can be concealed by adding one or two per cent. of oil of wintergreen to it. For the back of the soft palate, and for the pharynx, curved instruments are, of course, required.

The second preventive measure is the use of the nasal douche once a day, where the patient is intelligent enough to bear it. Following Tröltsch (*Archiv für Ohrenheilk.*, Bd. IX, S. 191), Dr. Merian provides a printed form of directions for its proper manipulation. The apparatus consists of an Esmarch's irrigator, with a tube two feet long, furnished with a glass nose-piece. A litre of warm water, in which seven and a half grams of common salt have been dissolved, is the liquid employed at first. Without the salt the water irritates the nares. Later on, one or two tablespoonfuls of salicylated spirit are added to each litre. It is very important that the douche be slowly administered, the patient breathing quietly with open mouth, and not speaking or swallowing. The irrigator must not be raised more than one foot above the level of the head, else water may easily enter the Eustachian tube and penetrate the ear, giving rise not only to pain, but possibly to tedious inflammation. Besides the douche he recommends gargling every two or three hours with a dessertspoonful of salicylated spirit in a small glass of water, and the application of an ice-bag to the front of the neck from one mastoid process to the other. Pieces of ice are also allowed to dissolve in the mouth, but the patient is told to spit out the water formed from it. Very small children are excited to sneeze, and so temporarily clear their nares, by a snuff of pure salicylic acid, which for infants may be diluted with equal parts of starch powder. Before leaving the subject of prophylaxis, Dr.

Merian mentions that it has seemed to him that consecutive ear affections have been most often met with in cases of scarlet fever treated by cold baths or the cold "pack," both of which tend to cause congestion of the head.

In treating the acute stage of the otitis itself he uses ice externally, protecting the very sensitive lobe of the ear from the cold by flannel or a piece of wadding. The pain is relieved by iodine paint, or by iodoform ointment (iodoform, ol. fœniculi, āā 1.0 gram, vaseline 8.0), covered with gutta-percha tissue, and over it the ice-bag. Very severe pain yields to equal parts tinct. opii and water, ten to twenty drops being poured into the meatus. The intermittent pains occurring toward evening or by night, and which are very depressing to the patient, require quinine (0.20 to 0.50 gram) internally.

As soon as the acute stage is over, air should be blown into the tympanic cavity with a Politzer's bag, to restore the equilibrium of the internal air with the external atmosphere, and allow the membrane, which has yielded to external pressure, to recover its position. If, however, in spite of these measures, the fever continues, the mastoid process is tender, and dull pain is felt over the whole head, paracentesis of the tympanum is indicated. The opening made should not be too small, and there is generally rapid relief after the operation. The escape of secretion from the middle ear should be aided by Politzer's bag. Syringing should be avoided the first day, and wadding, frequently changed, alone used to soak up the discharge. The patient is ordered to lie on the side of the affected ear; and if, as often happens, great improvement follows the puncture, iodine and ice alone suffice for the cure. If, however, the discharge is copious and with difficulty checked, the ear is syringed with a five per cent. solution of sodic sulphate, which Dr. Merian has long preferred to all others for this purpose. The wadding he uses is boracic. The very destructive diphtheritic forms of otitis media require the membranes, which often fill the whole osseous meatus and obscure the tympanum, to be scraped away energetically with a curette or removed by a "Wilde's snare," and the parts to be dabbed with salicylated spirit, or dusted with pure salicylic acid; the ear must also be syringed several times daily with diluted salicylated spirit (one to two dessertspoonfuls to 100.0 grams water). These proceedings are rather painful, but generally wonderfully efficacious. Profuse suppuration in these latter cases, without fever, is best treated by thorough syringing twice a day, either with diluted salicylated spirit, carbolic acid (acid. carbol., sp. vini, āā. one dessertspoonful to 100.0 grams water), or boracic acid (one to two dessertspoonfuls to water Oss). By the adoption of these measures at the outset, Dr. Merian is convinced that the number of cases of chronic ear disease after scarlet fever will be much reduced, as well as the danger to hearing and to life which is its too frequent consequence.

—Readers should look over the Advertisements. They will be sure to find something of interest among them. In corresponding with advertisers, this journal should be mentioned.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

OUR EXCHANGES.

——*St. Nicholas*, for December, the Christmas number, came a little late, but is so beautiful and such a delight to the "young folks," that we were well repaid for its delay.

There is nothing to compare with this charming magazine for children, in the country.

The Sunday School Times is one of our best valued and most regular exchanges. It is unsurpassed, as a valuable aid to the Sunday School teacher, and for home study of the Bible lessons of the year.

The January number of *Scribner's* contains an account of the aims and methods of the new Horological and Thermometrical Bureau recently established by the Winchester Observatory of Yale College, from careful personal inspection on the spot. This is the first bureau of the kind established in this country, and cannot fail to raise the standard of excellence in both clocks, watches, and thermometers. The curious machinery used to correct watches to the tenth of a second, together with some singular facts in the behavior and habits of thermometers, make the article of more than usual interest to the reader. The same number also contains some account of Mr. John La Farge's and Mr. Louis C. Tiffany's recent work in stained glass.

The January number of *Lippincott's Magazine*, which opens a new series at a reduced price, presents itself in an artistically designed cover, that at once attracts and pleases the eye. This favorable impression is more than confirmed by an examination of the contents, which are generally light and of a thoroughly popular character, while marked by literary excellence of a high order. The illustrations, too, are carefully executed. The new arrangement of the editorial matter cannot fail to prove attractive, and altogether the number is full of promise.

——In an address before the American Academy of Medicine, Dr. F. D. Lente gives some stirring words in favor of the higher education of medical men. Published by Bermingham & Co. New York.

——Dr. H. Wardner's Essay on "State Medicine," before the Tri-States Medical Society, has been reprinted, and may be had of the author, Anna, Illinois.

BOOK NOTICES.

—

Proceedings of the Alumnæ Association of the Woman's Medical College of Pennsylvania. 56 pp.

This unpretending volume cannot fail to be read with interest. It is one of the first which owes its origin to the female physicians of this country as a body—so far as we know, actually the first.

The Proceedings are principally made up of reports of cases in gynecology. There is, however, an address on dysmenorrhœa, by Dr. Anita E. Tyng. She attacks the theory that it is usually the result of constricted cervix; believes that it is most frequently caused by spasmodic and painful contractions of the muscular fibres of the uterus. She adds, we think very justly—

> "This theory serves as a warning against the so-called forcing medicines. I have observed that the most robust women have, comparatively, a small quantity; delicate ones menstruate more abundantly. I, therefore, deprecate all medicines for increasing the quantity of the menstrual fluid, except where some nervous or congested condition demands that relief. It seems to me that the theories of spasmodic muscular contraction I have quoted account for this want of relation between quantity of fluid and size of the os. Statistics are wanted as to the nervous and other bodily conditions of the patient in cases of dysmenorrhœa; this is apt to be left out of the reports of cases. There is too great a tendency to treat the uterus only and forget to treat general symptoms. I have had success in several cases by general treatment only, leaving the uterus untouched."

Several cases of ovariotomy are given, and Dr. Romania B. Pratt sends a very instructive medical report on Utah Territory. Of the diseases of that Territory she writes:—

> "As I scan the table of death, the monthly mortuary of Salt Lake City, for 1879, I observe the deadly footprints of the epidemic of dipththeria. The total number of deaths from this disease in 1879 was 156, the greater number under ten years of age. I find the next greatest fatality in acute lung diseases; pneumonia 50, bronchitis 5. It is said that this region of country is peculiarly favorable to the recovery of patients suffering from phthisis pulmonalis, if destruction of lung tissue is not too far advanced. The report gives ten deaths from this disease. I will mention the fact—interesting on account of its negativeness—the record of one death from syphilis. I have not met with a case yet in my practice."

Cases of ovariotomy, tonsillitis, perineoraphy, pelvic hæmatocele, ventral hernia, etc., are recorded.

The attention of the Association was called to a new leather splint, the invention of Dr. Cynthia Smith, which had been submitted to the managers of the Woman's Hospital, with an application for the prize offered by that body for original inventions of surgical appliances. It was examined by the members present, and pronounced an original and useful invention.

A Practical Treatise on Diseases of Women By T. Gaillard Thomas, M.D., etc. 5th edition. Philadelphia, H. C. Lea's Son & Co., 1880. Half Russia. Price $6.50.

It is superfluous to enter into any detailed examination of this well known and standard production. The present edition appears after a thorough and careful revision on the part of the author. He tells us in the preface that he has devoted two years of labor to the endeavor to render it all that it should be, in view of the rapid advances made in this active department of science. The marks of this labor are evident in almost every chapter of the book; and it may be said to be as good a presentation of gynecology—as complete and as exhaustive, considering its limits—as any which is to be found in any language. Of course, it has not the fullness of Billroth's great enterprise, but as a text-book it is superior to it.

We must not omit to mention the beautiful style in which it is bound—in half Russia. The publishers inform us that in order that the taste for fine binding may be encouraged, the prices have been fixed at so small an advance over the cost of sheep as to place it within the means of all to possess a library that shall have attractions as well for the eye as for the mind of the reading practitioner. That safety in carriage may be insured, each volume, wrapped in soft paper, is enclosed in its individual box.

A Manual of Medical Jurisprudence. By Alfred Swaine Taylor, M.D., F.R.S., etc. Eighth American Edition. By John J. Reese. Philadelphia, H. C. Lea's Son & Co., 1880. Half Russia. Price $6.50.

The long and successful life of this manual speaks abundantly for its merit, as well written, oft revised and ably edited. The author is now deceased, and among his latest labors was the preparation of this edition for the American profession. His additions, together with the notes and commentaries contributed by Dr. Reese, bring the work quite up to the most recent progress in this particular branch. Although written originally for the horizon of England, most of the matters discussed belong to science and to common law, and are quite as well adapted for instruction in the United States as in Great Britain. There are also notes by Judge Penrose, which further render the work American in tone.

This is one of the volumes which the publishers put out in half Russia binding. It is very neat, and cannot but prove durable and popular. The cost is so little that it is well worth the difference.

THE
Medical and Surgical Reporter,
A WEEKLY JOURNAL,
Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

WHY BE A DOCTOR ?

There are about a thousand young men in Philadelphia, this winter, preparing themselves to practice medicine. There are as many more in New York city, and again as many more in other cities within the limits of the United States.

Statistics and daily observation indicate that the physicians in this country are increasing in proportion to the population ; in many cities they already number one to every five hundred inhabitants.

What is it that leads so many young men to adopt the profession of medicine? It will be a fruitful inquiry if we can analyze their motives.

It is not an easy profession and it is not a lucrative one ; it is rather expensive to learn, and involves moderately hard study. The average income must necessarily be small, when, as above stated, the hundred families (allowing five persons to a family) are all the *clientèle* that the average doctor can expect.

As an avocation it is a very respectable but not a very profitable one. One of the New York newspapers remarked, at the last meeting of the American Medical Association, that such a large body of intelligent men, *representing so little capital*, could not be found in any other business or profession. Plenty of doctors do not average, year by year, in solid money, from their practice, more than two thousand or twenty-five hundred dollars a year, and consider themselves lucky with that ; plenty fall far short of that.

Archbishop Whately pointed out, with reference to the Church of England, that its attractiveness was not the ordinary salaries, which were too low to repay men of ability, but the chances for a bishopric with ten thousand pounds a year. The great prizes are what tempt those who invest in a lottery. So it is with our profession. There are a few men in it whose practices are worth $25,000 to $50,000 a year ; a *very* few who can beat that. Hope whispers her flattering tale in the ear of the ardent youth, and he has not yet learned enough of the vanity of human expectations to doubt her siren voice. He thinks he, too, may attain this first place.

Another reason is, our profession *requires no capital*, or very little. The graduate, furnished with his sheepskin, is at once prepared to do all that opportunity offers to his hand. He has completed his investment in obtaining his education. This is unquestionably a powerful inducement with many, and one which leads them toward the professions rather than toward mercantile pursuits.

Some are led to medicine because it appears an *easy* way of making money. The doctor calls, chats a few minutes, scribbles a few lines on a bit of paper, drives away, and sends in a bill for two or three dollars. This seems so marvelously easy to the imagination of the hard-working classes that the temptation is strong to save enough to put one of the boys at a medical college. How illusive the appearance is we need not say to the readers of this publication.

The above are the less noble motives which prompt to enter our profession, but probably the more common ones.

There are young men influenced by something better. A few are impelled by the desire to lead a useful life, directed toward the alleviation of the physical suffering of their fellows; a few are born physicians, and occupied themselves as boys with such matters, liking to help in sickness, and to read medical books.

There is also the scientific spirit, which is now widespread, the desire to investigate the order of nature, which finds its satisfaction more in the medical than in most other recognized businesses. Prof. J. Burdon-Sanderson, the distinguished physiologist, touched happily on this instinct in one of his recent addresses:—

> "Although medicine," he said, "as an art has grown by the slow accumulation of experience, it has, since it arrived at maturity, given birth to a science the purpose of which is to investigate the origin and nature of disease. This science we call the science of medicine, or pathology. The problems which it offers possess interest enough to make them attractive to all truth-seekers—an interest which is increased rather than diminished by the fact that the amount of knowledge which as yet exists as to the way in which the human body is acted on by its surroundings so as to produce disease is very scanty. We may confidently hope that before another twenty years have passed there will be a great increase of this knowledge, for, at the present moment, the systematic investigation of the nature and causes of disease is being carried on with unprecedented activity, and we have the satisfaction of seeing even the darkest corners of the subject one after another made accessible to the 'dry light' of science. The cause which has determined this tendency to progress is not far to seek. Pathology is being carried forward by virtue of its association with other branches of physical science. To our predecessors of a generation or two ago, the notion that the suffering human body is subject to the same laws as those which regulate non-living matter, and that all our ailments are themselves the products of agencies which come within the cognizance of the chemist and physicist, seemed inadmissible and almost revolting. Now we have learned that, in so far as we understand the processes of life, whether healthy or diseased at all, we get at this understanding by comparing them with better-known processes which present themselves to our observation in the world outside of us. It is on this principle that all researches as to the origin and nature of disease must, if they are to lead to permanent results, be founded."

Would that the spirit which imbues these lines were more generally diffused. As it is, there are exceedingly few physicians who, after they enter practice, continue their profession as anything more than a means to gain money and social reputation. Had they commenced its study from more elevated motives, they would make these considerations secondary to others; and were such motives more common with students, the relations between practitioners would be more harmonious than is generally now the case.

THE BACILLUS AS THE SOURCE OF ANTHRAX.

It was supposed to be a great discovery when microscopists announced the presence of the *bacillus* in the blood of animals with anthracoid diseases. The organism was received as the undoubted cause of the malady. But further researches throw serious doubts on this view. H. Buchner, and later, Prof. A. P. Fokker, of Göttingen, have shown conclusively, not only that there are varieties of malignant anthracoid disease in which the bacillus is not found in the fluids of the body, but they have proven that there is absolutely no difference at all—at least, none that can be detected by observers—between the so-called *bacillus anthracis* and the innocent *bacillus subtilis* found in any infusion of hay (*Centralblatt f. Med. Wiss.*, Oct. 30).

In fact, this and other facts which have been laid before the profession go more and more to show that neither bacilli, nor bacteria, nor micrococci, nor any other of these low organisms whose presence can generally be detected in the pathological secretions and in the fluids of the body when diseased, have any direct etiological relation to the diseases present. They are there, as are maggots in putrefying flesh, not as cause, but as result of the death or degradation of vital action.

There is a perceptible tendency visible within the last year, to go back to a chemical hypothesis to explain the etiology of epidemics. Spores and germs are not so popular as they were. Even the specific organisms of particular diseases are not on hand always when they ought to be, to support the theory of their *raisôn d'être*. Last spring Dr. R. Albrecht announced, in the St. Petersburg *Med. Wochenschrift*, that after long search in two cases of relapsing fever he could only find three examples of spirochæta obermeieri in the blood. After the preparation had been left for six hours the number of these bacteria had increased, several being visible under the microscope in each field, and all moving actively. During the remissions the blood was examined daily, no organisms being at first visible; after the preparation had been left for some days in a moist chamber, however, they suddenly showed themselves at a somewhat later period than would correspond to the patient's exacerbations, and they appeared to develop somewhat more slowly in the preparation than in the living blood. Dr. Albrecht noticed that the spirochæta did not disappear after the death of the patient, for he found them in large numbers in the corpse, though they were motionless.

It is worth noting, that Dr. Jacobi, in his recent monograph on diphtheria, substantially renounces the theory of infectious germs, and takes his position among the believers in a chemical contagium.

NOTES AND COMMENTS.

The Relation of Sexual to Cerebral Activity.

Some sound remarks on this point occur in an article of Dr. Skene's, in the *Annals of the Anatomical and Surgical Society of Brooklyn.* He says: The effect of imperfect sexual organs upon the brain and nervous system is perhaps greater than upon the nutritive system. The sexual appetence exerts a marked influence upon the development of the brain and nervous system, and also upon their functions, by exciting the exercise of the intellectual faculties and the emotions in a variety of ways. Many of the manifestations of the mind are but responses to extrinsic impressions and physical wants. During early life—the "receptive age," as Dugald Stewart called it—the brain is called into action by surrounding objects and whatever there is outside of itself that can affect it; therefore mental development depends largely upon the impressions made upon it. By withholding the influence of the sexual organs, a modified mental condition is the sure consequence, and that modification is toward a lower organization. The facts obtained by clinical observation support this doctrine. Among the insane I have found a number of young patients in whom the sexual organs were imperfect and inactive, and the brain was correspondingly defective. They were normal as children, but they remained childish. The arrest of brain development apparently took place at puberty, and deranged function in the form of insanity followed soon after.

Explosive Pharmaceutical Combinations.

The *Bulletin de Therapeutique*, Oct. 1880, gives several combinations in pharmacy which are liable to explode, and as patients complain so often that they are liable to be "busted" by doctors' bills, we quote these dangerous compounds lest they more literally be "busted" by doctors' pills.

1. Hypophosphite of lime, chlorate of potash, and lactate of iron, when mixed in the dry state, explode violently.
2. A solution of four parts of chromic acid in eight of glycerine also explode.
3. Chlorate of potash, mixed with a dentifrice, in the form of a dry powder, and used with a dry brush, will give rise to explosions even in the mouth.
4. Pills composed of permanganate of potash and extract of yarrow, or of the same salt with reduced iron, or of sulphureted antimony and chlorate of soda, are apt to deflagrate during or after preparation.

It follows from these facts that glycerine, and, in general, all such reducing agents, should never be combined with oxidizing agents, such as chromic acid, the chlorates, permanganates, and certain organic acids.

Quinine for Hypodermic Use.

It is stated in the *Practitioner*, Nov., 1880, that for hypodermic use Prof. Köbner considers that the hydrochlorate of quinine is best suited, not only on account of its greater solubility, but because it contains a larger proportion of the base than does sulphate of quinine, while the solubility of the preparation is greater in pure glycerine than in water. Thus, Prof. Köbner has obtained as good results in cases of intermittent neuralgia and other affections for which quinine is usually prescribed, from the injection of 0.12–0.15 gram. of quin. muriat, as are ordinarily obtained from the administration by the mouth of much larger doses (0.6–1.25), while the patients did not complain of any constitutional or gastric symptoms. The author gives the following as his formula for four injections:—

℞. Quiniæ. hydrochlor., 0.5–1.0
Glycerinæ.,
Aq. destill., āā 2.0.
Disp: sine acido.

Who First Investigated Neurasthenia.

As he who deserves it should carry the palm, according to the Latin proverb, we give the benefit of our circulation to the following statement of the editor of the *Alienist and Neurologist*, in his October issue :—

To an American superintendent and physician of a hospital for the insane is due the credit of having first, in this country, clearly pointed out and differentiated neurasthenia from other diseases. The name of that physician is Dr. E. H. Van Deusen, of Kalamazoo, Michigan. In a supplement to the biennial report of the Michigan Asylum for the Insane, for 1867–8, under the caption of "Observations on a Form of Nervous Exhaustion (Neurasthenia) Culminating in Insanity," he wrote as follows : "Our observations have led us to think that there is a disorder of the nervous system, the essential character of which is well expressed by the term given above, and so uniform in development and progress that it may, with propriety, be regarded as a distinct form of disease." In this instance, as in many others, the medical superintendents of the hospitals for the insane, in this country, have anticipated the profession outside of them in important contributions to clinical medicine.

Hot Water for Sweaty Feet.

In an article in the Ohio *Med. Recorder*, Dec., 1880, Dr. Pooley says :—

Dr. Gay, of Columbus, informs me that when he was at the Hot Springs, in Arkansas, he saw there what was called the "corn hole," being one of the hot wells for which the region is celebrated, in which numerous persons were in the habit of soaking their feet for many hours every day, until their corns were thoroughly macerated, and could easily be pulled out by the roots. He was told that it also cured sweaty feet, which he found, on inquiry, to be the fact, and since his return home he has cured this affection in many instances, by simply directing the feet to be soaked, for hours every day, in water as hot as can be borne.

The Metric System in Machine Shops.

In the November number of the *Journal of the Franklin Institute* is a strong article by Mr. Coleman Sellers, showing why the metric system should *not* be introduced into American machine shops. His arguments are conclusive, and we recommend them to the perusal of the metric fanatics. They apply in a great degree to dispensing pharmacy, as well as to the manufacture of machines. His comments on the conflict of meteorological systems are acute, and sufficiently indicate the difficulties which stand in the way of any harmonious action.

There is no doubt but that the more closely the metric system is scanned and tested by practical men, the less does its introduction recommend itself. Shall it not be dropped altogether ?

Wickersheimer's Fluid.

As we have been requested, several times, to repeat the formula of this preserving fluid, we do so here, the more readily, as the original formula has been gradually somewhat altered, so as to facilitate its manufacture, and to make it better applicable for various purposes. Messrs. Poetz and Flohr, of Berlin, prepare two kinds, one intended for injections, the other for macerating and immersing bodies, etc. Their composition is as follows :—

		For Injecting.	For Immersing.
℞.	Arsenious acid.	16 grams.	12 grams.
	Sodium chloride,	80 "	60 "
	Potassium sulphate,	200 "	150 "
	" nitrate,	25 "	18 "
	" carbonate,	20 "	15 "
	Water,	10 litres.	10 litres.
	Glycerin,	4 "	4 "
	Wood-naphtha,	¾ "	¾ "

Means of Treating Inflamed Hemorrhoids.

The treatment used by M. Chéron, *Revue Medico-Chirurgic.*, to combat congested and engorged states of the uterus, is based on the exosmotic properties of glycerine, and consists in the use of vaginal suppositories of this substance, rendered solid by the addition of a small quantity of white glycerine. M. MacAuliffe, in the *Journal de Med. et Chir. Pratiques*, having often obtained good results from this method of treatment, had the idea to use the same application in inflamed hemorrhoids. He prescribed suppositories containing :—

℞.	Glycerin,	3 parts
	Gelatine,	1 part
	Ext. bellad. vel opii,	gr. ss.

The gelatine is melted in the glycerine, and suppositories are obtained of sufficient consistence for introduction into the anus. The result of this medication surpassed his expectations ; a notable amelioration was observed after the first application, and three generally sufficed to dissipate the inflammation.

The suppository should be as deeply introduced as possible ; in about an hour after the patient experiences a desire to evacuate the bowels, and the first stool is liquid; this results from the affinity of glycerine for water, and this exosmotic action being exercised through the mucous membrane covering the hemorrhoidal tumors, produces their depletion.

Revulsive Applications in Tuberculosis.

Prof. Peter, in *l'Union Médicale*, makes the following recommendations:—

If the patient is still robust, cups or even leeches may be applied on the thorax, over the points where there exist signs of pulmonary congestion. If the patient is already enfeebled, it will be better to have recourse to dry cupping, sinapisms, and to flying blisters. Applications of croton oil, of thapsia, of plasters containing tartar emetic and Burgundy pitch, should be absolutely rejected, as they leave indelible marks. If the lesions are more advanced, an issue may be established by means of Vienna paste in the second or third intercostal space, about an inch from the sternum. If the patient should object to a permanent issue in one place, a second might be established just before the cicatrization of the first, and thus a revulsive effect be continuously obtained. Finally, the surface of the thorax, under the clavicles, may be lightly touched in twenty or more points, with the actual cautery, every five days.

The Elastic Ligature in Surgery.

Dr. Charles Simon has studied (*These de Paris*, No. 562, 1879), under the direction of Prof. Duplay, the elastic ligature and the advantages to be obtained from its use in surgical therapeutics. He considers its mode of action in anal fistula and in phimosis; he shows that by ligation with elastic substances the ablation of tumors of the tongue may be brought about, this method having been in practice by MM. Delens and Duplay. In inversion of the uterus also, this means may be brought into requisition, as also in spina bifida and mammary tumors. The conclusions arrived at by the author of the thesis, are: 1. The elastic ligature exposes less than any other process to the ordinary complications of operations (erysipelas, abscess, hemorrhage). 2. The elastic ligature is especially indicated in anal fistula, tumors of the tongue, uterine inversion, and for ligation of the umbilical cord, when enlarged and gelatinous (Budin). 3. The other uses to which the elastic ligature has been put cannot, as yet, be definitely judged.

The Spontaneous Cure of Phthisis.

Prof. Bennett, of Edinburgh, used to teach that a large percentage of phthisical cases recovered with ordinary care; Prof. Flint has advocated a similar view; Prof. DaCosta, we believe, thinks only two or three per cent. thus recover. Dr. Heitter, of Vienna, in the *Medizinische Jahrbücher*, 1880, recently gave the results of his investigation on this head into 16,562 post-mortem examinations. Of these, excluding cases where only adhesions or cicatricial retractions were found, there were 780 where centres of obsolete tubercle were found in the lungs, death having resulted, not from tubercle, but from some other disease. Of these 780 cases, 503 were males, 277 females, the numbers being tolerably equally divided between the ages of twenty and seventy-five, two cases having reached respectively 101 and 103 years! The individuals belonged almost exclusively to the working classes. The lung affection appeared mostly as black pigmented cicatricial tissue enclosed by gray-yellowish nodules, or cavities of size between a hazel-nut and a hen's egg, with more or less fluid contents. In 651 cases the disease was double, and in almost all it was confined to the apex. A spontaneous cure, he believes, takes place far more commonly in chronic than in acute tuberculosis; and so long as the tuberculosis has not extended beyond the upper lobe, a complete recovery is possible. If it has extended beyond the upper lobe, while cessation of the process for a longer or shorter time may take place, complete recovery is impossible.

Can Syphilis be Spread by Vaccination with Human Virus?

This subject has been vigorously discussed in various medical societies lately. For example, at the last session of the Rhode Island State Medical Society, last month, Dr. T. W. Perry read a paper on syphilis, with numerous clinical illustrations from his own practice. The discussion following this paper led to another subject, viz., the possibility of communicating contagious diseases by vaccination. The speakers were unanimous in the opinion that vaccine virus produces nothing but a vaccine pustule, and transmits no infectious disease. Care must be taken, however, to obtain pure lymph, on the eighth day, and to avoid its contamination with blood or cutaneous secretions. In point of fact, such care is never exercised, and it is next to impossible that it should be; hence the freedom from danger of syphilitic contamination is theoretical only.

The Treatment of Orchitis and Epididymitis.

The London *Medical Record* states that Prof. Wertheim recommends, in cases of moderate severity, besides rest in the horizontal position and support of the scrotum on a pillow placed between the thighs, the application of freshly spread mercurial plaster, which is to be changed every night and morning. If the swelling be very great, and the scrotum shining, and if great pain be present, ice-cold poultices are indicated. In case of abscess, the author makes a single incision, and does not use drainage-tubes, but syringes out the cavity twice a day with carbolic or other suitable lotion. When suppuration is too profuse, a lotion of sulphate of copper is to be used. The emplastrum hydrargyri may be applied at the same time, an opening being made in the plaster to correspond with that of the abscess.

Hint for the Use of the Actual Cautery.

Dr. John M. White, of Alabama, forwards us the following note, which will be of considerable value:—

In using the actual cautery, anoint the tissues around the place to be cauterized with liquid storax, and it will prevent them from being burned. In cauterizing the os always anoint the vagina with liquid storax and the vagina will not be burned.

CORRESPONDENCE.

Congenital Hydrocephalocele or Craniomeningocele.

Ed. Med. and Surg. Reporter:—

December 3d, 1880, during the first heavy rain of the season, I was sent for to visit a babe eight miles northwest of this city. The messenger, not having seen the child, could only say that it had a large tumor on the back of its head. I arrived at the house during the early part of the afternoon, and learned from the midwife, who appeared to be an intelligent woman, that she had delivered Mrs. K., aged twenty-eight years, of her seventh child, about seven P.M., of the previous day. It having been a foot presentation she noticed nothing unusual until the head was expelled, which was not more than two hours from the time the mother felt her first pain, but "the waters having broke the evening before" she was on hand, expecting the confinement. The babe, a boy, weighed about eight pounds and was well developed, excepting the head. In size the latter was in proportion to the body, but the forehead began to retreat immediately above the eyebrows; the fontanelles were less than usual, but the bones were not united. Passing over to the occipital region I found a tumor resembling that of a bifid spine. At first I regarded it as an enormous craniomeningocele (Gross), but upon closer inspection I found that the upper portion of the sack contained a solid or semi-solid substance, and that it protruded from a fissure in the centre of the occipital bone, forming an irregular circle about one and a quarter inches in diameter, which changed my diagnosis to that of hydrocephalocele. By careful manipulation I was able to return the solid contents, with a portion of the liquid, into the cavity of the skull, which in reality reduced the tumor to a craniomeningocele. Up to this time the child had been in a stupid or semi-comatose condition, only crying when disturbed, and swallowing when milk or water was put into its mouth. These, with its labored breathing, were the only evidences of life. But now the eyes opened and the milk was taken with a relish. The lower portion of the tumor being deficient in true skin, a portion of the liquid had escaped through a rupture in the sack, during its passage through the maternal pelvis, and disintegration of tissue having set in at this point, I determined upon an immediate removal of the pendulous portion of the scalp and membranes. Placing the child upon a table suitably prepared, and otherwise being ready, my only assistant, the midwife, raised the tumor (in the condition before described) and I ligated it close to the head, then severed it about three-quarters of an inch from the ligature.

Knowing the almost certain fatal results of ligating the envelopes of the brain, I carefully and closely sutured the scalp and removed the ligature. No serum escaping I applied a light compress and instituted carbolized water dressing.

The sack was essentially composed of the scalp and the membranes of the brain, and contained three ounces of bloody serum. The tumor, as removed, weighed ten ounces, and in circumference, measured eleven by eleven inches.

When I left the house, two hours later, the child appeared to be in as good a condition as could be expected, but it survived the operation less than two days, dying, as I am told, in a convulsion.

Remarks.—The literature upon the subject of hydrocephalocele is very meagre, and Dr. Gross, the author of the term craniomeningocele, says but little about it in his work on surgery. As I found the case it was a hydrocephalocele, the tumor being composed of the scalp, the membranes of the brain, cephalo-spinal fluid and a portion of the brain; but after returning the latter within the skull, the remaining tumor became a craniomeningocele, and as such, I believe it to be the largest on record. The blood mixed with the serum in the sac came from the severed vessels of the scalp.

The final result corresponds with all the cases recorded; but believing the tumor, while in utero, to have been one of craniomeningocele, I think had it been so detected, the accouchement conducted accordingly, and operation followed as above described, that a more favorable ending might have ensued.

In the removal of the ligature, I am aware that there was danger of hemorrhage from the meningeal vessels, but not more so than in Jobert de Lamballe's favorable case in trephining and opening the meninges in exploring the brain.

Santa Barbara, Cal. A. B. Stuart, M.D.

Medical Confessions.

Ed. Med. and Surg. Reporter.

In the Reporter of December 11th, No. 24, we find an article entitled "An Excusable Mistake."

I feel much indebted to the author for his frankness of spirit—yes, a generous spirit; an open-hearted frankness—and the idea very naturally causes some of us to review some of our own mistakes, and say, "He that is without sin among you, let him first cast a stone."

In the more verdant days of my practice I, no doubt, would have said, why did not the doctor do thus, or otherwise, and know the difference between hemorrhage from a tooth and hæmoptysis? This would be but an expression of selfish human nature, which is far more ready to censure than to approve. But at this period I can say I do not know exactly what I should do, until placed in that particular position; as the spectator of a game may see points which the player does not, on account of his mind being loaded with other consequences. How we all love our successes and hate our failures! Hate them, even to the extent of trying to rid our minds of them, as being too unpleasant to think of. Yet, is he not wise and great who can look upon adversity and prosperity with equal candor and firmness? Are not some of the mistakes we make our very secrets of success?

Answering this in my own case, I can give a positive yes. Though my medical life has not been made up of mistakes, they have been sufficiently numerous to be plainly seen. As I entered practice, armed with graduation, I soon found that much of the good teaching of my professors had been very wrongly comprehended by me. After administering to a child a carefully proportioned dose of aconite, and finding that it was only by timely interference and the use of the proper antidotes that the child was saved from the effects of an overdose; after seeing like effects from doses of different drugs, given with the greatest mathematical accuracy; after seeing that I have used the obstetric forceps in cases where time and lard should, by all means, have been the remedies; and after meeting the disappointments in the administration of remedies, and finding the failure due to my own laziness and lack of care; I can truly say that these professional errors are among the greatest secrets of my success to-day.

Greatest? Yes, certainly, greatest! The adage "easy come, easy go," is not always true. A mistake in practice may come easy but it cannot go easy. It leaves a lasting picture and impression upon the mind. It will be a guiding star in times of darkness. Let who will censure us for relating to each other our professional mistakes. Open confessions are good for the soul, and certainly they will result in good to the general practitioner and likewise to his patients. Let us hear from others. J. F.

[We applaud the above as the expression of what all honest practitioners feel. The man who says that he never makes mistakes is a man not to be trusted. He either aims at deceiving others, or his gross ignorance deceives himself. What the writer says about the instructive character of mistakes is also most true. The thoughtful man learns more from them than from his successes. The latter may be only lucky hits; but of the former there is, alas! but one interpretation. Why may not the general profession, also, learn more from its failures than successes? So it could, were such properly reported. As we said last week, this journal maks a special bid for *unsuccessful* cases, for *failures*, for *errors*, for blunders, if you will. While every respect will be paid to the confidential characters of such statements, they will be utilized for the good of all.—Ed. Reporter.]

Sclerema—Result of Autopsy, Microscopic Examination, Etc.

Ed. Med. and Surg. Reporter:—

Sensational newsmongers gave the credulous public a surfeit of matter pertaining to this case during life, but it is our privilege to call the attention of the medical profession to actual facts gleaned from the friends of the deceased, and conclusions based upon the results of the autopsy.

The child was a son of Mr. and Mrs. Jacob H. Kinsely, of New Philadelphia, O. The child at birth was healthy and of normal size. The first appearance of disease was observed at two years of age, when the child had an attack of porrigo favosa, which readily yielded to appropriate treatment. A short time subsequent to this the scleremic condition first became apparent, commencing in the palms of the hands and soles of the feet, and extended from thence over the entire body. The palms of the hands, to the touch, resembled sole leather, and by the ignorant were supposed to be petrifying or turning to stone, and he soon was known under the soubriquet of "The Petrified Living Child."

When disease had extended over the entire body, there was general induration of the entire surface, it being very cold and of a glassy appearance. The knee, elbow, and second phalangeal joints became perfectly anchylosed, with contraction of limbs. The occipito frontalis muscle became fixed to the skull, and the orbicularis palpebrarum became immovable—compelling the child to sleep with its eyes open. The child took nourishment ordinarily well, its digestion seemingly good, and suffered but little apparent pain.

On Monday, Dec. 6, 1880, the child contracted a cold; on Friday grew worse, when a physician was called, and it died the Saturday following, at 5 o'clock, P.M., aged 8 years, 1 month and 2 days. The remains were placed in a vault, and on Tuesday following an autopsy was conducted, under the supervision of the following medical persons: Drs. J. T. McCane, J. Hill, G. H. Peck, T. J. Richards, —— Tinker, and Mrs. Dr. Anna Richards, of New Philadelphia, O., and Dr. J. T. Goucher, of North Lawrence, O.

The conclusion of the post-mortem revealed congestion of the lungs as the immediate cause of death. Sclerema, or hardening of the skin and the loose connective subcutaneous tissue was general and extensive. Beneath the skin was found a dense layer of white-yellow fibrous tissue, 1½ inches in thickness, closely compact, and very dense in structure.

A microscopic examination of a portion of tissue removed from the left forearm by Professor J. N. Miner, of Medical Department of Wooster University, revealed the following:—

Hypertrophy of fatty tissue, subcutaneous fatty tissue. The layers of epithelium on the surface not above half as thick again as natural. The epithelium not the specific seat of disease. The fatty tissue consisting of closely packed cells, large and closely packed together in meshes of connective tissue, which seems to have crowded the papillæ out of existence.

The sclerema in this case was doubtless owing to a scrofulous diathesis existing in the child. The treatment was as varied as the number of medical men who were called to see the case. For the greater part, hot baths, friction, and electricity were the remedies relied upon.

J. T. GOUCHER, M.D.

North Lawrence, Ohio.

Unchangeable Character of Diabetic Urine.

ED. MED. AND SURG. REPORTER:—

In your MEDICAL AND SURGICAL REPORTER of Dec. 18, 1880, page 538, is a short article about diabetic urine remaining unchanged for several months.

During the latter part of last winter I had a case of diabetic urine which proved fatal. During his sickness I made many examinations of it for sugar; a day or two before his death I saved some in a 4 oz. vial, which I took to my office, and after giving it several tests for sugar, I set it away in an out of the way place out of doors, where it was exposed to the hot sun for some weeks. One day a person came to my office who suspected one of his family was afflicted with the disease, and the subject of the tests was freely explained. Thinking of this bottle and that perhaps I could show the test, I went and got it, and was very much surprised to find it so well preserved. There was no odor, but little sediment, and the test for sugar showed as well as the day it was procured.

In this case there had been no salicylic acid given, but he had been a very intemperate man for some years.

If the above is worthy of a place in your journal, you are welcome to it.

West Troy, N. Y. R. H. SABIN, M.D.

A Wonderful Surgeon.

ED. MED. AND SURG. REPORTER:—

The following paragraph caught my eye lately, in a medical journal.—

An East Indian Surgeon, Ram Sundar Gose, is said to have performed lithotomy five hundred times, inaugurated charitable dispensaries in wild and remote districts, organized four hospitals, besides vaccinating one hundred and sixty-three thousand in two years.

It does not appear clearly whether the words "in two years" apply to the whole of his work, or to the vaccination only; but taking the latter supposition, a little calculation will show that the gentleman must have averaged five hours a day, vaccinating a little over forty four patients an hour, to have accomplished this feat. The remoteness of his residence enables one to express a doubt as to the accuracy of the statement, without the risk of suggesting a "vaccination match." If true, it certainly seems as if Mr. Ram Sundar Gose might claim the lofty position of champion vaccinator of the world.

Philadelphia, Dec. 10th, 1880. P.

NEWS AND MISCELLANY.

The Premiums Continued.

The premiums which we offered to old subscribers who, along with their own renewals, will send us the subscription price of a new subscriber, will, at the request of several correspondents, be continued until February 28th. These premiums are specified on page 523 of last volume (Dec. 11th, 1880), and need not be repeated here.

We avail ourselves of this opportunity to thank our numerous friends who have exerted themselves in our behalf, and have sent us already such agreeable additions to our lists.

New Plan of Gauging Physicians.

Some time ago we referred to a scheme called "The Physicians' Protective Register Company," started in this city (REPORTER, Nov. 13th, p. 440). A writer in the *Daily Times*, December 31st., sends a letter to that journal, which we quote in full, for the benefit of the profession in this and other cities where such schemes are set on foot:—

"Your article in to day's *Times*, on 'Medical Wheat and Cockle,' as presented by the 'Physicians' Protective Register Company,' is apt to mislead the public as to the truth in the case. From my official position in the Philadelphia County Medical Society, I know that the matter is neither indorsed nor countenanced by the Society nor its prominent members. In common with many members of the County Society, who are also members of the State and American Medical Associations, I was neither called on nor did I answer the notice referred to, simply because the whole affair is an advertising scheme in the interest of its publishers. From a canvasser I learned that those gentlemen who declined to pay the three-dollar fee would have their names omitted, and upon suggesting that trouble might arise under such circumstances, he remarked that the "name" might go in, but the column of "place of graduation" and "date" would in such instances be left blank, thus directly classing educated gentlemen of long standing with quacks and imposters. Furthermore, the public care little about the matter, having confidence in their family physician, and respectable members of the profession take no interest in advertising dodges of any kind."

Removal of a Ring.

A correspondent in Middletown, New York, sends us the following:—

"I had a call about 4 o'clock one morning, from a stranger, who informed me that he had been traveling about all night after help, which he had thus far failed to obtain. He showed me a thick gold finger-ring on his penis. I was startled into an expression of curious surprise, which he did not satisfy, but requested me to remove it. On examination I found the ring was close to the pubis, and the organ outside excessively elongated and enlarged. The ring embraced the root like a string around the neck of a bag. I sent for a jeweler, and after ten minutes' work he sawed through the circlet, and we drew it apart with two pairs of tooth forceps. The patient quietly paid his bill, pocketed the ring, and took a dignified departure. I have heard of him since in good health."

Case of Hæmophilia.

The Chicago papers are interested in a case of hæmophilia. An account in the *Daily News* runs:—

"Willie Crawford, aged seventeen years, son of Willie Crawford, captain of a tugboat, has for seven years been sweating blood at times, and lately had severe attacks, which alarmed his parents. His infirmity comes on him usually after taking cold. Great black patches appear on his body, from which blood drops the size of a pin head exude. Blood flows from his mouth, nose, eyes, stomach, and even from the bladder and kidneys. No pain accompanies these discharges, but they make his blood thick and weaken him. Sudden fright or excitement will temporarily check the flow. He is mentally bright, and his father, mother, brother and sisters are strong and healthy."

Such cases are not extremely rare in the history of medicine.

Medical Matters in Spain.

A foreign exchange tells us that in each quarter of Madrid there is, by law established, a house where four to six beds are always held in readiness to receive any persons suffering from accidents or sudden illness, and whom it would be difficult to transport either to the hospital or to their homes. At each of these depots there are two or three doctors, according to the importance of the district, two nurses, a clerk, and two stretcher-bearers. Both day and night a medical man remains on duty at this post, and he has with him the necessary surgical instruments, bandages, medicaments, etc. This institution is in vogue in all the large towns of Spain. The medical attendants receive fair remuneration, and are appointed by public competition. These appointments supply practice to young doctors, and enable them to tide over the earlier and more difficult period of their careers. For a village of forty poor families and one hundred and thirty cottages and houses, the local authorities pay the medical man a yearly salary of $115, and the well-to do inhabitants contribute $385.

The Pennsylvania State Lunatic Asylum.

Many of his professional brethren will regret to learn that Dr. John Curwen has been removed from the position of Superintendent of the State Insane Asylum, at Harrisburg. The principal cause was his alleged and unwarranted assumption of authority, and his extravagance in the management of affairs. Dr. Curwen has held the position of Superintendent of the Harrisburg Hospital for the Insane nearly thirty years, and is widely known throughout the State, this being the oldest institution of the kind in Pennsylvania. His third term of ten years would expire early in January. His successor, Dr. J. C. Gerhart, has been first assistant of the hospital for eleven years, and is eminently qualified for the position by education and experience. He studied medicine with Dr. Atlee, of Lancaster, and has made the subject of insane hospitals a special study in this country and in Europe.

Personal.

—Dr. C. F. Ehrenfield, State Librarian, is lying seriously ill with pleurisy, at Harrisburg.

—Dr. A. A. McDonald has been elected physician-in-chief of the Department of the Insane of the Philadelphia Almshouse.

—Dr. J. A. Thacker, of Cincinnati, who is devoted to microscopy, received a pleasant Christmas gift, in the shape of an announcement of his election to the Royal Microscopical Society, of London. This honor was the more grateful that it was unsought and unexpected.

OBITUARY NOTICE.

—Dr. David P. Smith, professor in the Yale Medical School, and one of the best known physicians and surgeons in the Connecticut valley, died in Springfield, December 26th, in his fiftieth year.

QUERIES AND REPLIES.

Reprints and Short Monographs.

Dr. Oliver and others ask how they can obtain the reprints and short monographs noticed under "Notes on Current Literature." We reply that, as a rule, we give the authors' addresses, and that they should be written to personally for them. We, ourselves, usually receive but a single copy, which is filed.

Dr. L. G. A., of Ky.—You should address the Surgeon General U. S. A., Washington, D. C., to obtain the information you wish.

Dr. L. K, of Va.—The expression "sideration of the heart" has been used by some French writers to denote an abnormal cardiac action, which is the opposite of palpitation; in other words, a sudden stopping of the beat for a few seconds.

Scrutator desires any facts which seem to point to the development of cancer from constitutional or hereditary syphilis. If sent to the editor of this journal, they will be either published or forwarded.

MARRIAGE.

PETTINGILL—ALLISON.—On Wednesday evening, Dec. 22d, at the residence of the bride's parents, by the Rev. F. E. Bessey, Ed. L. Pettingill, M.D., and Ida Leonor, youngest daughter of Wm. H. Allison. All of Hancock, N. Y.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1246] PHILADELPHIA, JANUARY 15, 1881. [VOL. XLIV.—No. 3.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PNEUMONIA.

BY HIRAM CORSON, M.D.,

Of Conshohocken, Pa.

During the last several years nearly all the prominent men of Philadelphia who have died have been carried away in a few days, from a state of health, by pneumonia. Such were the press reports in the cases of General Meade, Judge Cadwallader, Bayard Taylor and many, many others of the eminent men; and it has astonished me that while pneumonia has been so fatal in the city, as all must confess that it has been, we should not, in any report of any medical society, have an account of the progress and treatment of a single one of the cases, or an article on the approved treatment of the disease.

I have repeatedly inquired in relation to the treatment pursued by physicians in Philadelphia, but have failed to discover more than this: "That they never bleed, for fear of so weakening the patient that he will not be able to stand the exhaustion of the last stage;" and on inquiring what is the last stage? I am told, "The stage of purulent infiltration." Second, that the frequency of the pulse is reduced by verat. viride, the heat of the body by large doses of quinine, and the strength of the patient maintained by the early, continuous, and I may say, copious use of beef tea, milk punch, brandy or whisky, and whatever else of the most nourishing food can be used; all these things done in the hope that the patient will be able to bear up until all the stages have been gone through.

Now what are these stages? In other words, what is this disease? I have read very carefully, over and over again, what Ziemssen and his German co-laborers say about it, and I find that inflammations of the lung begin in the same way, run the same course, and have terminations alike, wherever they occur. The works on practice, during the last fifty years, all give the same account of its invasion, progress and termination. First stage, congestion, by some better termed inflammatory engorgement. It is quite easy to call it inflammatory engorgement, but what is the condition of the lung now? Juergensen says: "the lungs in that stage are of a dark-red color, heavy, firm, and retain the depression caused by the pressure of the finger; showing that they contain little or no air, but fluid. On section, the substance is found to be dense, the result of swelling of the tissue and infiltration with a bloody, serous fluid. Next comes the second stage, hepatization, marked by a very adhesive, viscous, reddish-brown, secreted fluid." This second stage is the one which is very generally present when the physician is first called, marked by the viscous, bloody and rust-colored expectoration. Juergensen continues: "The lung is now, internally and externally, of a dark, brownish-red color, solid, but easily torn; no longer crepitates. On being cut, usually exudes—only on pressure—a brownish-red, opaque, bloody, serous fluid. This condition, known as red hepatization, soon changes into the third stage proper, that of purulent infiltration. The cut surface is now of a straw-yellow color, and from it exudes, in large quantity, a very viscid, purulent fluid, of a faint odor." It is the exhaustion of this purulent stage that the persons who follow what they call the supporting plan, and who oppose taking blood from the arm, dread. They believe that the disease must go through its course—its three stages, and therefore they do nothing to arrest its progress, but are very busy feeding, and watching, and waiting; they pay many visits, are wonderfully strict with the nurse, see to it that she has the whole chest enveloped by poultices, and changed for fresh ones, every few hours; themselves attend to the making of the milk punch and whisky toddy, from the very best whisky, gotten at their favorite druggists'. They do nothing to prevent the congestion—which, of course, occupied but a small part of the lung for the first few hours—from being extended to other portions of it; or if they have not seen the case until the inflammatory engorgement has already occupied a great part or all of the lung, do nothing to arrest its passage into the third stage, which I will call the stage of suppuration; a stage from which they can rarely rescue their patient.

Now, all their treatment seems to me to be wrong—wrong in principle and wrong in practice. Their principle is that, the disease being one which, like smallpox, will run a prescribed course, always the same in point of time, differing only in degrees of mildness or severity, it is their duty not to attempt to arrest its course, but to keep up the strength, so as to bear the suppuration going on in the whole of one lung. We who follow the treatment used by physicians many years ago, to allay acute inflammation wherever situated, utterly scoff at the idea that we cannot arrest the course of pneumonia. We believe it one of the most curable of our diseases, and we say this from our own experience of it. Even Ziemssen says of croupous pneumonia, now so greatly dreaded by many: "When it occurs in a hitherto vigorous individual, not weakened by age, excess in eating or drinking, or other diseases, *it is the least fatal of acute affections.*" Every reader of your journal will admit that pneumonia has come to be a greatly dreaded disease—a very fatal one under the strength-preserving treatment, by quinine, whisky, aconite or veratria, milk punch, beef tea, hot poultices, etc.

I divide all practitioners who treat this disease into two classes: those already described, and those who practice by cupping, cool baths, or cold applied in other ways, to reduce heat, without caring, for the first few days, whether the patient takes food or not, the object of the treatment being to allay an inflammation of the lung, which, if unallayed, will be almost certain to destroy life. We of the latter class—but it is hardly fair to drag others into the support of my views, so I will not use *we* any more, and you will, therefore, allow me to say I believe that the earliest congestion of the lung goes on for a short time without evidence to the patient that anything is wrong with him, but in a few hours this irritation, which invited the flow of the blood to the part, and which has filled the capillaries of the lung tissue with an excess of blood, and which, by their engorgement, are obliterating the cavities of the air-cells, produces a chill on the surface of the body. Some physicians—not a few—there are, who regard the chill as the cause of the congestion. They say, "He took a chill, and it fell on his lung; produced a pneumonia." I have often known physicians, when called to a patient who had had a chill, say to him, on being asked what he thought the affection was, "well, it is hard to say yet; we will see after awhile where the chill will strike;" impressing the patient with the belief that the chill was an evil thing which was running all over his body, to see where most fatally to strike him. I do not believe there ever yet was a chill which was not preceded by some local disease already under way in the system.

I regard pneumonia as simply an inflammation of the lung tissue, and I don't worry myself to distinguish between catarrhal pneumonia and croupous pneumonia, for it makes no difference, so far as treatment is concerned, which it is; and because, too, that neither myself nor any one else can tell which it is during that time when treatment is so indispensable. Even Juergensen says, "It will be found very difficult, and perhaps impossible, to draw the distinction between a case of catarrhal and one of croupous pneumonia, if one does not see the case until consolidation is complete." When is consolidation complete? Why, in the first stage. He says of them then, in the first stage, "they are of a dark red color, heavy, firm, and contain little or no air."

We have thus shown how this disease progresses; now, what is it? The same author says: "Croupous pneumonia, anatomically considered, is an acute inflammation of the alveoli and bronchioles, in which a fibrinous exudation is poured out on the free surface of the mucous membrane and there coagulates." I am almost ashamed to have taken up so much of your space with a description of this disease, which, after all, is simply *an inflammation of the substance of the lung.* Talk of the alveoli and the bronchioles!! as if they were something separate from the lung. Why they are really, with the blood vessels and nerves, the whole tissue, formerly spoken of as the "parenchyma" of the lung.

Having now come face to face with an acute inflammatory affection of the lung, our business is to arrest it. If we see it and recognize it in the stage of congestion, when it is hourly spreading further and further through the lung, we can arrest it at once. It shall not pass into the stage of red hepatization. He has had a chill; has some pain, perhaps; coughs somewhat, and there are traces of blood, indeed, bloody serum and even blood and some traces of rusty sputa; the blood is rapidly distending the small blood vessels of the lung; the heart is beating rapidly; the man is hot, oppressed, restless, and with a sense of great weakness. What, now, shall we do? Will quinine, or aconite, or verat. viride, or whiskey punch, or hot poultices over the chest, or all of them together, arrest the flow of blood which, invited by the irritation of the lung, is rapidly filling up and distending, almost to bursting, the tens of thousands of capillaries? No! not one of those means will be of any avail: and yet intelligent men will stand by the bedside of an eminent man, and rely on those means, while their patient becomes more and more oppressed, choked and suffocated, by the lung being filled with blood, to the exclusion of every particle of air. But the physician is not idle, nor listless; he is anxious, and he has called another to his aid, and the two have called a third, and now the treatment is urged with greater force; the medicine and the food are both increased, while the theory of its being a constitutional disease—a blood disease—is canvassed, and all agree that his evident weakness is proof of the depressing nature of the poison with which the blood is filled; and now, that the poor man is gasping for breath, and his strength is failing for want of air in his lungs, the syringe, filled with "the most nourishing substances known to the profession," is brought into use, but all in vain. "It would have terminated well if we could have kept up his strength until the disease had run its course."

I do not like to write thus; but I have been agonized to see our best men, and men, and women and children of all classes, sacrificed to treatment that has nothing to sanction it, neither reason, nor experience, nor common sense, nor the well established action of any of the means on which they rely. They have had much talk about the change which half a century has wrought in the human system, deteriorating it, weakening it, so that the loss of a few ounces of blood during the progress of any disease would be hazardous to life; and yet not one of the trio, perhaps, had ever seen the effect of that measure in the treatment of a disease.

You are anxious, by this time, to know how I regard this disease and how I would treat a case. To me, it is simply an inflammation, and I would use rapidly, as early as possible, the means which, in a practice of half a century, I have found safe and most efficient in allaying inflammation. Well, here is my patient; he had a chill hours ago; he has some pain in his side, some cough, he feels very weak, his face is flushed, he is hot and thirsty, his pulse is over a hundred, the thermometer rises to 103°, he breathes scarcely at all through most of one lung; there is a little blood and viscous fluid, slightly rust colored, in the basin by the bedside; he knows how he got sick; he "was down in the iron ore shaft all yesterday, at work; came up in the evening to come home, and being in a perspiration, soon, in facing the wind, cooled off too suddenly." I propose to bleed him; he objects, on account of his great weakness. I tie up his arm, bleed him twenty ounces, or perhaps he feels faint by the loss of less than that; he expresses himself as being relieved somewhat of his oppression; he can lie more comfortably, he feels relieved of the fullness in the chest, but still he has a little pain in the side, or in the breast just above the nipple. I order him one-quarter gr. sulph. morph., direct that a towel wrung out of cold water, ice-water, if convenient, be applied over the affected part, to be changed frequently—or substituted by a bladder of ice and water. Then directing a mixture which contains some spirits of nitre, with about the 32d of a grain of sulph. morph. to a teaspoonful every two or three hours, I leave him, with an express direction not to worry him by any offer of food. Next day, or even the same day, perhaps, if I find that he is not entirely relieved of the pain, and is still expectorating viscid sputa, I bleed him again freely, and if need be, cup him, and after that he is generally safe. Some one will say—that may do very well for your strong iron-ore diggers, but it would prove fatal to our delicate patients. Perhaps so, but in my experience I have found that the weak and frail need to have the same means used to allay a toothache or a sciatica, a pleurisy or a rheumatism, as the robust. They bear the remedies to cure an ague as well, and need them as greatly, as the strongest. I have often bled the infant strangling with croup, with immediate relief; weak women with pleurisy or pneumonia, old men and aged, very aged women, to relieve affections of the brain, or avert a paralysis.

I believe there has not been any change in the human system in this climate which has made it more hazardous to take blood from the sick than it was forty years ago. But I must close, and ask of you to give me place for another number, in which I may illustrate more fully my views and practice.

(To be Continued.)

DIGESTIVE AGENTS IN INFLAMMATORY RHEUMATISM.

BY S. V. SWERINGEN, M.D.,
Of Fort Wayne, Ind.

It is not my purpose to attempt an exhaustive treatise upon the history, pathology, etiology and therapeutics of acute articular rheumatism. My aim is, rather, to induce the profession to make a trial of the remedy I propose to introduce, inasmuch as my own data are insufficient to warrant any positive conclusions as to the confidence it should merit in the treatment of this disease, and as a considerable period of time may elapse before another case of it will occur in my practice.

The therapeutics of rheumatic fever is, in my opinion, as unsatisfactory as its etiology and pathology; a fact which seems to justify the practitioner in resorting to experiment in its treatment. This was the light in which I considered the subject when called recently to treat a case of the disease under consideration.

Heretofore, in the management of this malady, I have pursued the plan of treatment generally recommended by our authorities: the administration of alkalies, salicylic acid, salines, quinine, tincture of iron, colchicum, lemon-juice, opium, salicin, the application of blisters, leeches, wrapping the joints in cotton, etc., etc.

The results in my hands, of this routine of treatment, have been so universally unsuccessful, that I finally directed my attention only to the relief of pain and the protection of the heart, and waited patiently for the expiration of the "six weeks" (or eight or ten, as the case may have been), for convalescence to become established.

In a typical case, however, which I am about to relate, after three days of treatment by the old plan, I decided to forsake it and employ some new agent which, to the best of my knowledge, had never been prescribed.

On the first of the present month (Dec., 1880), I was called to see George Humphrey, aged 15 years. I found him bathed in an acid perspiration, and screaming with pain, which migrated from ankle to ankle, knee to knee, wrist to wrist, elbow to elbow, and from his right hip to his right shoulder. Temperature 104° F., tongue covered with a peculiar pasty, creamy coat, pulse beating at the rate of 140, rather soft and compressible. Urine somewhat scant in quantity, highly colored and acid in its reaction. The slightest touch upon the radial artery caused him pain, and it was with great difficulty that he could be moved at all. In short, it was a characteristic case of the complaint in question, the cause of which he attributed to sleeping in a damp bed away from home.

I immediately directed the following treatment:—

℞.	Acid salicyl.,			
	Quin. sulph.,	āā	ʒ ss	
	Opii pulv.,		grs. vj	
	Morph. sulph.,		gr. j.	M.

Ft. capsulæ No. vj, div. et.

Sig.—One capsule every four hours.

℞.	Potass. acet.,		℥ iij	
	Sprts. æth. nit.,		f. ℥ j	
	Tr. aconit. rad.,		gtt. xv	
	Syr. ipecac.,		f. ʒ ij	
	Liq. am. citrat.,	q.s. ad	f. ℥ iv.	M.

Ft. sol., et.

Sig.—A tablespoonful two hours after each capsule.

℞.	Sodæ et potass. tart.,	℥ ij.

Sig.—Add to a glass of water and give one-third of the solution every two hours, until it operates freely on the bowels.

Pursuing this treatment for a period of seventy-two hours, and noticing no improvement in his condition, other than that which might be naturally expected from the effect of the opiates, which, only to a moderate degree, however, mitigated the pain, I began to cast about, mentally, for some other remedy.

It was necessary, of course, to frame some theory as a basis for the selection of the new agent, and jumping at the conclusion that the predisposing cause of the malady was some unknown error in digestion, either gastric or intestinal, or both, the idea that lactopeptine or ingluvin might be of some benefit, at once suggested itself. I decided to give both, and accordingly left the following prescriptions:—

℞.	Lactopeptine,			
	Ingluvin,	āā	ʒ ss	
	Opii pulv.,		grs. viij	
	Morph. sulph.,		gr. j.	M.

Ft. capsulæ No. vj, et.

Sig.—One capsule every four hours.

Not wishing to discard entirely the usual time-honored treatment, sanctioned by so many able authors, I alternated each dose of the foregoing prescription with a tablespoonful of the following :—

℞. Potass. iodid., ʒj
Potass. bicarb., ℥iij
Aquæ destil., f.℥iij
Tr. colch. sem., f.ʒij
Tr. gent. co., f.ʒiij
Syr. simp., q.s. ad f.℥iv. M.
Ft. sol., et.

Sig.—A tablespoonful two hours after each capsule.

Upon my next visit, which was made after the expiration of twenty-four hours, I was very much surprised, indeed, to notice such a well-marked general improvement in the condition of my patient. His parents were likewise happily astonished, for I had prepared them to expect a six weeks' siege of the attack. The pain, swelling and temperature had decidedly subsided, and he could now move a number of muscles with comparative ease.

Fearing that his apparent convalescence was a mere respite, but of short duration, and that the enemy would ere long make a fresh and more vigorous attack, I directed the prescriptions to be renewed and taken as before.

Upon my next visit, twenty-four hours subsequent, I discovered that my patient had arisen from his bed, dressed himself, and walked down stairs into the sitting room, where I found him feeling quite comfortable ; convalescence having rapidly progressed unchecked. Of course, all these efforts upon his part were not made without the assistance of his attendants. From this period up to the present his condition has been one of continued improvement, and he has now apparently regained his former health.

Now, if it were not for the fact that the latter prescription figured prominently and faithfully in the treatment of three cases which I had under care at one and the same time, in the spring of 1878 (and which pursued the "even tenor of their way" for six, eight, and nine weeks, quite unimpressed with my best efforts at medication), I should be inclined to attribute to it the success achieved in the case just related. I failed to detect any particular good that it accomplished in the cases referred to, and hence feel justified in the present case in giving the credit to the lactopeptine, or ingluvin, or both.

But this is simply an individual case in my own individual experience. It must stand the test of collective experience in collective cases, and for this purpose I present it to the profession.

197 *West Wayne Street, Dec.* 15, 1880.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

A CLINICAL LECTURE DELIVERED APRIL 21st, 1880, BY WILLIAM GOODELL, M.D.,

Professor of Clinical Gynæcology in the University of Pennsylvania.

REPORTED BY WM. H. MORRISON, M.D.

Laceration of the Cervix Uteri.

Gentlemen :—The first patient I shall show you is a woman who comes to be operated on for a stellate laceration of the cervix. By a stellate laceration, we mean one in which there has not been one clean tear, but in which there have been several tears. I have here the letter which she brings from her attending physician. He says that she has complained of uterine troubles since the birth of her first child, six years ago. Shortly after her confinement, diarrhœa set in and continued a year and a half, until she was seven months gone in her second pregnancy. Her last labor was the hardest of the three. After this the diarrhœa returned and has since been controlled with difficulty ; returning on any change in the weather and after any extra exertion. She came under the notice of this gentleman when her first child was seventeen days old. During a portion of the time she has been wearing, with some advantage, a ring pessary. Treatment, local and general, has removed all the troubles except those due to the laceration, for which she comes to-day to be operated on. Her physician suggests that, owing to the irritability of the bowels, it would be better to relieve them by the use of an enema instead of by laxatives by the mouth.

Now let me point out the significance of some of these facts. The first labor took place six years ago. The laceration probably occurred at that time. When the cervix is torn in this way, it turns back on itself, just as a piece of celery will curl when it is split. We thus have the mucous lining of the cervix exposed to friction. At every motion she makes, as in walking, the delicate epithelium, which is neither tessellated nor conoidal, but rather spheroidal, is rubbed off. Then, in intercourse with her husband, the male organ impinges upon this raw surface and causes more irritation.

Why was she benefited by the ring pessary? When there is laceration of the cervix, the womb does not undergo involution properly, and so is heavier than normal. The ring pessary, by dilating the vagina, kept the womb up and took the tension off the ligaments It also, by dilating the vagina, helped to prevent friction.

I shall now have the patient brought in. What is the treatment in the acute form? The difficulty, gentlemen, is in recognizing the acute form. Immediately after labor, the cervix is so soft and limpid, that it is often impossible for even a skilled finger to decide whether or not there is a laceration. Even when it is discovered, I doubt the propriety of passing sutures at this time. I do not believe that it is right to do so unless there is considerable hemorrhage. If there was much bleeding, I should introduce sutures to stop it; but under other circumstances I should prefer to trust to nature and cleanliness. I believe that in the majority of cases these lacerations will heal spontaneously, if the parts are kept clean. Injections of a two per cent. solution of carbolic acid should be made once or twice daily. It is asking too much of nature to heal a laceration which is all the time lying in a pool of stinking lochia.

This is the pessary that she has been wearing. It is a ring pessary, I think introduced by Dr. Peaslee and made by a firm by the name of Otto, in New York. It consists of strips of whalebone, covered with rubber.

Now, gentlemen, you can see what is very often mistaken for an ulceration, and in one sense it is an ulceration. This is a stellate laceration. There are four different points of laceration, making it a difficult case to operate on. This is what a great many physicians call an ulceration, and try to cure by the treatment for an ulceration. The treatment usually consists in the employment of the solid caustic. This causes cicatricial tissue, which contracting, involves and presses upon the delicate nerve filaments, so that the woman's last end is worse than the first.

The only thing to be done in this case is to restore this denuded mucous membrane to its normal position. For the sake of illustration, let me call your attention to an example of a similar condition. You have seen persons who, as the result of some accident, say a burn, have had the eyelid drawn downward, and there is produced an ectropion. The delicate conjunctiva being exposed to the action of the air, soon becomes irritated, inflamed, and the seat of a discharge. The same condition is present in laceration of the cervix. We have ectropion of the mucous membrane; that is the long and short of it.

Putting in the duck bill speculum and catching the cervix with a tenaculum, I next determine the position of the womb and of the os. It makes the operation much easier when we can draw the womb down, as we do here. The womb is in a state of dextro-lateral flexion. The first thing I shall do will be to unite two of these slits, by taking out a wedge-shaped piece. One difficulty we meet with is due to the friability of the tissue, making it difficult to hold on with the tenaculum.

This operation is one of the most successful in gynæcology. I prefer not to do this operation before the class, for two reasons. First, because the light in this room is so poor, and secondly, because this is an operation requiring slowness of execution, and the tendency here is to hurry too much, particularly as you cannot see much of the operation.

I am going to turn the cervix over to the left side, as I find it more convenient to do so. I remove a wedge-shaped piece of cicatricial tissue here, as it prevents the bringing of the two raw surfaces together. Dr. Emmet was the first to point out the significance of this procedure. I used to be very careful not to get the os too small, but lately I have not been so particular, for I know that if I make it too small, I can easily make it larger by sudden dilatation; but if it is too large I cannot make it smaller, except by a second operation.

These lacerations are exceedingly common sources of trouble. So common, that I operated last week once, and shall operate in the course of the next ten days, including this case, four times. I have been thinking lately a good deal as to the reason why this is so common. I think there are two reasons for it. These so-called improvements in midwifery are, I think, in many cases, disadvantages.

The first reason is, the tendency to rupture the bag of waters too early, and thus remove the soft wedge so useful in the dilatation of the os. After the labor has progressed to a certain extent, it is, no doubt, well to rupture the membranes, but the temptation with the busy practitioner is to rupture them too soon.

The second is the too frequent application of the forceps. They are employed entirely too commonly by men who should not do so; but here again we have the same temptation to hurry. I venture to say that in six cases of forceps application, four of them will be for the sake of the physician. I may be making too strong an assertion, but that is what I think, and I will stick to it.

I find in almost all cases of complete rupture of the peritoneum, that the trouble has been caused by the use of the forceps, and in nearly all of laceration of the cervix, I find that the forceps has been used. The forceps is a noble instrument, and the man who invented it deserves the gratitude of the community, yet at the same time, there is such a thing as an abuse of the instrument.

I have now denuded these surfaces and am ready to pass the wires. I see here a couple of points that need a little more trimming. The greater care you take, the more successful you will be. I have only had one complete failure with this operation. It was in a strong, healthy woman, who was operated on before you, and the only thing to which I could attribute the failure was the hurry on my part. I have had partial failures, but that was the only complete failure I have had.

I have passed a double thread through the needle and tied it; I will fasten the wire to the thread and thus carry it through. I pass the wire in this way for fear that it might tear the tissues if I carried it through in the eye of the needle. I want you to watch Dr. Baer as he cuts this wire. Ninety physicians out of a hundred, that is my favorite illustration, would cut with the point of the scissors; but you see the Dr. cuts with the heel. That is the proper way.

I do not want to intimidate you in regard to the use of the forceps. I say to you, to put them on whenever you feel that there is a necessity for them; whenever you think that the woman requires them. I have told a story here before, but as it bears upon this point I will repeat it. I had a friend, poor fellow, he is dead now, who had a large practice among the poor, but never succeeded in getting into practice among the affluent. Just to show you how noble he was; he had a patient, and probably the only one from whom he expected a fee of fifty dollars for attending her during her confinement. When the messenger came for him to attend this lady, he was at the bedside of a poor woman, from whom he would receive but a small fee. He sent word that he could not leave this woman. They sent a second time, saying that if he did not come immediately he would have to give the case up; but he stayed by the poor woman and lost his rich patient. Well, he used to apply the forceps quite frequently, and when we used to meet, he would tell me how many forceps cases he had had. One day as I was walking on one side of the street, he passed upon the other, and putting his hand to his mouth, called to me "forceps case last night." I asked him what was the reason. He answered "reed birds for supper." He afterwards explained to me, that he had invited some friends to take supper with him, and as he was in a hurry to get home, put the forceps on, to expedite matters.

Now, in the majority of cases, it is "reed birds for supper" that causes the physician to apply the forceps. This is wrong. When you get out into practice you will not have the coolness and experience to apply the forceps. I have seen physicians do things when they were excited over a case that they have been sorry for afterward. A French physician has written an essay on the "Delirium of Operators." A physician gets into a rough case, he loses his presence of mind and does that which he should not. For instance, the physician has been at the bedside of a patient for many hours; he is tired out. He puts the forceps on and commences to pull straight ahead, without giving the parts time to dilate. The damage done is not due to the forceps, nor to the pulling, but to the pulling too quickly, and then, when the head gets to the perineum, not waiting for it to bulge, but turning the head right out.

I have now turned the cervix to the left side, as I find it more convenient to do so, the cervix being small and the laceration stellate. I am now ready to tighten these wires; but here is another secret of success. I do not tighten them up right away, but as I am about to slip down the shot on each one, I open the wound with these spring forceps and inject some carbolized water. The main object in doing this is to remove any little clots of blood. The carbolic acid also destroys any germs which may be present, and thus prevents septicæmia.

What is the after treatment? I shall have her water drawn for four days, because if she gets up to pass it there is danger of the stitches tearing out; and if she passes it in a bed-pan, lying upon her back, there is danger of some of the urine running back into the vagina and getting into the wound. Sometimes I think I am too particular in regard to this point, but I have never yet had the courage to omit it. Six months ago they had a fire at Bellevue Hospital. My friend, Dr. Lusk, had that morning operated on a woman for laceration of the cervix. The fire broke out very suddenly, and the patients had to scramble for their lives. This woman went down three or four flights of stairs into the court yard. I believe it was snowing at the time. When the Doctor came to examine the stitches, he found every one in its place. As the womb is such a movable organ, I am disposed to think that perhaps it would be right to allow the patient to get up to pass her water, but I have never yet tried it. I told you, when I operated on the last case, that I should try this plan, but when I got up to the ward my courage failed me, and I directed her water to be drawn as usual. I am glad I did not try it in that case, for that was the one in which the operation failed, and if I had allowed her to get up I should have attributed the failure to that.

We will give her just enough opium to keep her bowels bound. That will be one grain of the aqueous extract of opium, by the rectum, every night. I always slip a suppository in immediately after the operation. There is very little pain following this operation. The woman usually suffers no more than at an ordinary monthly.

I now show you the result, and you see that this ulceration has entirely disappeared, and that the cervix is turned a little to one side.

I prefer the use of shot to twisting the wire, and I really think that there is some advantage in their use The shot act as little adjusters, and prevent any eversion of the lips of the wound. Dr. Emmet always twists the wire.

I shall remove the sticks on Thursday or Friday of next week. I used to remove them a week after the operation, but I now leave them eight or nine days.

The Diagnosis of Ovarian Tumors.

The next case, gentlemen, that I shall show you is ovarian tumor, but I, of course, do not intend to operate before you. I will tell you why. Many of you are engaged in dissecting, and some of you have just come from the fever wards of Blockley. You come laden with the germs of disease, such germs as will attack so vulnerable a membrane as the peritoneum.

The operation of ovariotomy is one that has taken great strides since the introduction of antiseptic surgery. I wish to-day to impress upon your minds some points in regard to the diagnosis of this disease. We are never positively certain that a cyst is ovarian, but ordinarily we should not make a mistake as to the presence of a cyst.

Let me read you the history of this case. She is a married lady, forty-eight years old. She has been married twenty-six years, and has had eleven children. The youngest is seven years old. Her catamenia ceased just about the time that she noticed the existence of a tumor, which was about Christmas, 1877. It rapidly increased in size until February 22d, 1878, when it was tapped. Just here let me say in regard to tapping, that it is a golden rule never to tap a woman until the interference with her breathing and circulation, from the pressure of the tumor, become so great that she is unable to bear it. This is a good rule, because when you once begin to tap you must keep on, and the intervals have to be shortened. This woman was tapped the second time three weeks after the first. She was tapped again in three weeks. Then every two weeks, and now she has to be tapped every week. She has been tapped, in all, thirty times. Last Friday she was tapped by Dr. Ashhurst, who then sent her to me. I have gone over her case carefully, and as she will have to be tapped again in a few days, I have decided to remove the tumor on Friday.

Let me now call attention to certain points by which you may distinguish fluid in the abdominal cavity from fluid in a cyst. Some of our best men have made mistakes in the diagnosis of these tumors. There is not an ovariotomist who has not made a mistake. Not long ago an eminent English physician had a case which he had diagnosed as an ovarian tumor, and had appointed the day for operation. On the appointed day he invited a friend of mine to see the woman. The audience had assembled to see the operation. My friend went with him and saw the woman before she was taken into the operating room, and the moment he saw her face he thought it impossible that she could have so serious a disease. He made a vaginal examination, and found that it was a case of pregnancy, with dropsy of the amnion, the os widely dilated, and the child about being born. My friend suggested to the gentleman that he should make an examination. This he did, but pushing his finger in rather rudely, he ruptured the membranes; there was a gush of fluid, and in a short time the child, which in these cases is small, followed. I asked what the operator said about it. My friend said he never alluded to it afterwards. I asked what explanation he made to the audience. He went in and remarked that "there was an east wind blowing to-day, and as the patient was not feeling very well, the operation would be postponed."

Two weeks ago I had a case at the Preston Retreat. The woman said that she was pregnant. I made a careful external examination, and felt certain that it was an ovarian cyst, but a vaginal examination showed it to be a case of dropsy of the amnion.

John Hunter, a most excellent surgeon, tapped a woman for ovarian dropsy; the woman was taken in labor, and the child was born with the mark of the trocar in its shoulder.

The late Washington Atlee, who had performed more operations for the removal of ovarian tumors than any one else in this country, was in the country performing an operation. While at this place a woman came sixty miles to consult him in regard to an enlargement of the abdomen. He diagnosed it as an ovarian tumor, and appointed the day for operation. The woman was taken with labor pains on her way home, and her child was born in the depot that night.

We must always exclude pregnancy. This woman has not seen her monthlies for two years, and she has been tapped thirty times, so we can here easily exclude pregnancy.

Is this fluid in the peritoneal cavity or in a cyst? If it were in the abdomen, free to move, we should expect it to gravitate to the back of the cavity and float the intestines up. We should then have dullness in the flanks, and resonance in front. If it were in a cyst we should look for resonance in each flank over the colon. I will percuss this and see what the effect will be. In the upper part of the abdomen there is resonance, but this is due to the fact that the sack is not distended. A little lower down we have complete flatness. I do not get good resonance in the left flank, but in the right the resonance is marked. There is a source of error here, gentlemen, for we may have with peritoneal dropsy, adhesions of the colon to the abdominal walls; or, again, the effusion may be so large, or the intestines be so bound down by adhesions, that they cannot reach the surface of the liquid, and thus we will have dullness in front. In dropsy of the peritoneum there is flattening of the abdomen, while in ovarian cyst there is a prominence in front. In dropsy of the peritoneum, when we turn the patient over, the fluid gravitates to the dependent part. Looking at the history of the woman, we find that her health had not been failing for some time before she noticed the swelling, as it would have done if this were an effusion into the abdomen, for the causes that give rise to peritoneal dropsy are slow in their action.

I want you to look at this woman's face. See what wear and tear these tumors make. Her face is thin and wasted, and she has dark rings around her eyes. This is due to blood loss, or rather to loss of albumen, through this liquid. Last Friday five gallons of fluid were removed. This must have contained a great deal of albumen. We also have discolorations of the skin, as in pregnancy. There has also been change of color in the hands, and the skin is harsh and dry.

The fact that she has lost her monthlies might lead us to think that both ovaries were diseased. If she were younger, say forty years old, I should think that this was the case; but she is forty-eight years old, and it is time for the menses to cease.

I should like to have some of the fluid from this cyst, that I might examine it under the microscope. There is an ovarian cell, a peculiar cell found in the fluid of an ovarian cyst. It is not found exclusively there. It has been found in small numbers in pleural effusions; but if these cells are found in large amount in a fluid taken from the abdomen, you may rest assured that the fluid comes from an ovarian cyst. I have never known it to fail. I have a case which I had diagnosed as an ovarian cyst, and on which I intended to operate this week. I removed some of the fluid, and from an examination of it thought that it was ovarian. I sent some of it to Dr. Formad, to be examined microscopically, but he could find none of the ovarian cells. I feel certain now that it is not a case of ovarian cyst. It is probably a case of cyst of the broad ligament. So this may be a cyst of the broad ligament, but, anyhow, the operation is the same, and as I feel certain that this is a cyst, I shall not aspirate this tumor again.

When I operate, I shall make an exploratory incision at first, so as to be sure that I have made no mistake. I have thus far escaped any mistake in diagnosis. Her bowels will be moved on Thursday morning. Thursday night she will receive a grain of the aqueous extract of opium. Friday morning she will receive ten grains of quinia, and one grain of aq. extract of opium. She will have a light breakfast and nothing after, and at twelve o'clock I shall operate. Then, for the next forty-eight hours she will receive very little food, perhaps, a little brandy and water, or a tablespoonful of milk and lime-water every two or three hours. I do this for several reasons; first, to prevent the intestines from having anything to work on; secondly, to prevent nausea from the ether; and thirdly, because the most successful operator, Dr. Diaz, of Edinburgh, keeps the women starved after the operation. He has had the astonishing record of seventy operations without one fatal case.

Last year I had eight cases, with one death, but that was due to no fault of mine. It was a case which had been tapped by a physician and inflammation of the sack set in. The woman had been expected to die before I saw her. When I was called to the case her pulse was 140 and the temperature 103°. She had marked septicæmia. I talked the case over with the attending physician. I said that for the sake of my statistics I did not care to operate, but I thought it was my duty to operate for the sake of the woman. I laid the matter plainly before her, and told her that she might die on the operating table. She was willing to have the operation performed, and said that she knew she had to die, but she would rather die without the tumor. I operated and found pus in the abdominal cavity and adhesion everywhere, from the severe inflammation. When I got through, I did not expect her to live more than a few hours. We gave her hypodermic injections of ether, and she rallied wonderfully, and for two days did very well. Then septicæmia set in, and she died on the fifth or sixth day after the operation.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

REPORT, IN BRIEF, OF THE AURAL DEPARTMENT.

Reported for the MEDICAL AND SURGICAL REPORTER.

For the year ending October 1st, 1880, the whole number of cases of disease of the ear treated at the Aural Department of the Jefferson Medical College Hospital were 1701, out of which number 208 were first consultations. At each first visit a full history is taken, and daily notes are added, so that each case can be referred to and utilized in contributing to aural surgery and reporting otological novelties, testing various forms of treatment, arranging statistics, etc. In all, 49 operations were performed, such as those for traumatisms, the removal of tumors (fibroid, polypoid, sebaceous, etc.), paracentesis of the membrana-tympani (for acute and subacute otitis media), tenotomy of the tensor tympani, perforation of the mastoid process (for abscess), Wilde's post-aural incision (for periostitis), incision for supra- and post-auricular subcutaneous inflammation, removal of foreign bodies from the tympanum and external auditory meatus, etc.

The greatest number of visits were made during the winter months, when acute and subacute ear diseases (principally catarrhal) are so prevalent.

The majority of the whole number of cases treated were of middle-ear (tympanal) disease, and were of the non-purulent form, although there was a large percentage of the chronic purulent variety following scarlatina, measles and dentition, with a few due to syphilis, trauma, diphtheria, typhoid fever and sunstroke.

Of diseases of the internal ear there were, as usual, but few cases, these mostly owing to syphilis, cranial injury, acute, chronic and cerebro-spinal meningitis, typhoid fever, tubercle, concussion, etc. Diseases of the external ear alone, with the exception of eczema of the auricle and meatus, were rare, being, as a rule, symptomatic of existing middle-ear inflammations. Most of the cases of eczema of the external auditory canal were induced by the use of instruments of various kinds, in the hands of patients, for the removal of cerumen, or by the free use of the popular remedy, "old white Castile soap-suds."

Tinnitus aurium, the most annoying of aural symptoms, was noted in 161 of the 208 new cases, and the forms as described by individual patients varied, as did their occupations or walks in life. Noises accompanying external ear diseases were likened to the "singing of the tea-kettle, the roar of the surf, escaping steam," etc. With acute non-purulent middle-ear disease, to "buzzing, roar of the surf, escaping steam, hammering, rushing of water, ringing of bells, ticking, crackling (bubbles in tympanal secretion), drumming," etc. With purulent middle-ear disease, compared to "the escape of steam, singing (as from quininism), hammering, ringing of bells, blowing, raining, rattling (as of machinery), humming, crackling (bubbles in pus), hissing, clock ticking, music," etc. With internal-ear disease, to "steam exhaust, escape of steam, ticking like a watch, bell ringing, rattling of machinery (generally in mill hands), steam-whistle; and there were some cases (fortunately few), in which the noises varied hourly, from "delightful music" to the "babel of an excited mob." Systolic pulsating tinnitus, with and due to the pulsation of a diseased or anæmic heart or the thrill of an aneurism of one or more great vessels (not necessarily of the head), was frequently met with, and was always aggravated when accompanied by any form of middle-ear disease.

Not a few patients were sent from a distance by graduates of the college, and after a most careful examination, were referred, with written details of diagnosis, prognosis and treatment, or else received especial care in the hospital, or while attending the daily service.

In inflation of the middle-ear by the catheter, or Politzer's air douch, *hydrobromic ether* (Wyeth's), as vapor, was found most agreeable, penetrating and beneficial, and hydrobromic acid (Squibb's) (in fifteen-drop doses in sweetened water after meals), acted most satisfactorily in relieving cerebral congestion and accompanying tinnitus.

Should this department, so recently established, be favored with a continuance of the success which has been so gratifying to those in charge, there is reason to hope that it will ere long rank with any other existing aural department, either here or in Europe.

Daily clinics are held from one to two o'clock, and are under the direct charge of Laurence Turnbull, M.D., with Dr. C. S. Turnbull as Chief of the Clinic, and Drs. L. W. Steinbach and M. H. Bochroch as assistants.

MEDICAL SOCIETIES.

COLLEGE OF PHYSICIANS, PHILADELPHIA, DECEMBER 1st, 1880.

The session was principally occupied by the reading of a paper, by Dr. Richard A. Cleemann, as Chairman of the Committee on Meteorology and Epidemics, giving the—

Meteorology and Epidemics of Philadelphia in 1879.

He began by stating that the year 1879 was, taken as a whole, warmer than usual, the mean annual temperature having been 53.6° F., nearly one degree above the average (52.7° F.) for eight years (1872–1879); but it was in about the same proportion cooler than the preceding year, for which the mean reading of the thermometer had been 54.7° F.

The range of the thermometer during the year was through ninety nine degrees of temperature, from 3° F. below zero, recorded on January 3d, to 96° F., registered July 16th. This extent of annual variation is not exceptional, but the months individually were marked by greater differences of temperature than is usual; the average range for January is through 50° F., but this year the range was 59° F.; while in October the difference was 55° F., instead of 48° F., and in November 56° F., instead of 46° F. The first autumnal frost was observed on September 26th.

Rain Fall.—During the year 36.75 inches of rain and snow (melted) fell, the year 1879 having been like the two preceding years, deficient in precipitation. The rain or snow fell on 128 days, seven less than the average. The most rain was collected in August, as much as 7.13 inches, while for October only 0.41 inch is recorded.

Dr. Cleemann proceeded :—

The number of deaths recorded at the Health Office, in Philadelphia, during the year 1879, was 15,471. This is exclusive of the "still-born," which numbered in the same period 811, and of deaths following "premature birth," which equaled 190.

The population of Philadelphia in June of the present year (1880) was, according to the figures of the United States census, 846,980 inhabitants.

The mortality of 1879 was distributed unequally between the sexes; 7886 of those who died were males, and 7585 females, the latter sex furnishing, as usual, the lesser number.

The infantile mortality is seen to bear a large proportion to the total number of deaths, especially for the first year of life, and as much as 35.69 per cent. of the whole mortality to have fallen upon children less than five years old. Great as this proportion is, my previous reports show that it is less than it is accustomed to be, as might have been looked for in an exceptionally healthy year.

The 336 deaths from scarlatina constitute a mortality less by 218 than that from the same cause in 1878. The mortality in the latter year, it will be remembered, followed upon a large increase in the number of deaths from the disease in the last quarter of 1877, was on the decline in the third quarter of the year, and rose again in extent at the end of the year, but not to a degree to negative the inference that the disease was really decreasing, and might be expected to cause fewer deaths in 1879.

The record gives 321 deaths from diphtheria, or a mortality about a third less than in the previous year. In that year the deaths from diphtheria in the last quarter exceeded in number those in the first three months of the year, but in 1879 the reverse was the case, there being only 88 deaths in the last quarter to 130 in the first. The difference is important as regards the year 1880, the diminishing mortality indicating, as in the case of scarlatina, a decline in the disease for that year. The intermediate quarters of the year had, according to the invariable rule, a lessened mortality from diphtheria, the second furnishing 37 and the third 46 deaths.

Season made evident its accustomed influence over the mortality from croup, since of the 291 deaths credited to this cause during the year, 121 were recorded in the first quarter, only 30 in the second, with 27 in the third, and as many as 112 in the last quarter of the year. Each of these numbers is less than that for the corresponding period in the previous year, and the whole difference between the annual aggregates of mortality from this disease equals 97, or a falling off in 1879 of twenty-five per cent.

The increase over last year in the number of deaths due to cholera infantum, already referred to, was 104, the whole number of deaths caused by this disease in 1879 having been 804.

Since the year 1876, a steadily declining death rate of typhoid fever has been recorded, till in 1879 the number of deaths laid at the door of this insidious malady, 344, is the lowest in proportion to population, attained during the twenty years of reliable registration in Philadelphia. Indeed, there were only three years during this time in which, among fewer inhabitants, the zymotic claimed a lower mortality, the years 1861, 1871, and 1872.

The deaths from typhoid fever in this year of lightened mortality were divided among the several quarters of the year in a quite unusual way; 97 occurred in the first quarter, 74 in the second, 82 in the third, and 91 in the fourth. Hence the summer maximum, which I have shown in former reports to be a characteristic feature of the mortality from this disease, in Philadelphia, disappeared, overwhelmed by the increased number of deaths accruing to the first and last quarters of the year. The diminished summer mortality coincided with a temperature somewhat lower than usual at this season, joined to an excessive rain fall, and followed upon a very cold January and February; while the comparatively high rate of the last quarter was the accompaniment of an opposite condition of things, exceptionally hot weather in October, with deficient precipitation in this month and November. Though efforts are constantly being made to better the sanitary condition of the city, I cannot discover enough improvement to explain thereby the diminution in the mortality from typhoid fever since the year 1876; I have therefore been led to bring forward, as prominently as I have, the meteorological conditions upon which the fortunate change in recent years and last summer seems to have depended.

One of our fellows, Dr. William Pepper, reported a case of mild but true typhus fever, which was taken into the Philadelphia Hospital in November, 1879, being the first case of that disease brought there for several years; this case was followed by several others which were received into the house. Besides these a few more were reported to the Health Office (unpublished records of the Health Office), but in only one instance, in an obscure part of the city, did death result. The disease, therefore, was not of a severe nature, and had no marked tendency to spread.

A single death from yellow fever was recorded in 1879. The victim was one of the crew of a ship which arrived from Cuba on the last day of the quarantine season (September 30th), and was permitted to come up to the wharf, the fact that a sailor had died on the voyage, of fever, having been suppressed, so that no suspicion of infection of any kind had been entertained. The disease showed itself a day or two after the ship's arrival, but, being mistaken for ordinary malarial fever, the patient was removed to a general hospital, which happened to be in the very heart of the city. Here he manifested undoubted symptoms of yellow fever, and was removed to a special hospital, where he died. Fortunately, the hot season had passed, so that notwithstanding the conditions mentioned which might have been favorable to the extension of the disease, no other cases presented themselves.

Dr. Cleeman closed his report with the presentation of a number of tables, meteorological and statistical.

MEETING OF THE PHILADELPHIA LARYNGOLOGICAL SOCIETY,

Held at the house of Dr. C. Seiler, 1346 Spruce street, Philadelphia, December 17th, 1880.

The President, Dr. J. Solis Cohen, in the chair.

Before organizing, Dr. McCracken exhibited a case of stenosis of the larynx, and Dr. Cohen a case of stenosis of the posterior nares, caused by complete adhesion of the soft palate to the posterior walls of the pharynx.

The meeting was then organized, and Dr. Potsdamer read an interesting paper on a case of goitre, in which he said that the case was one of peculiar interest on account of the peculiar symptoms to which the tumor in the neck gave rise, viz: vague and intermittent pains in the head and over the spleen; a spasmodic cough with an apparently normal larynx; dilatation of the left pupil and a constant flush on the left cheek; also grave derangement of the digestive system. He also stated that peculiar anatomical changes had taken place in the course of the vessels of the neck, both the jugular veins and carotid arteries being very prominent and displaced. The Doctor stated that, in his opinion, the symptoms of the case were due to pressure upon both pneumogastrics and upon the left ganglionic nerves of the neck by the enlarged thyroid gland.

The subject of goitre was then discussed by most of the members present.

Dr. McCracken next gave the history of the case of stenosis of the larynx which had been examined by the members before the meeting, as follows: H. H., aged 12 years, had an attack of acute laryngitis about four months previous, from which he speedily recovered. On September 1st he had a fresh attack, with cough, yellow expectoration, loss of strength and flesh. He became hoarse about November 1st, and a week from that time his respiration became stridulous. An examination of his chest revealed evidences of consolidation at the apex of the right lung. Family history good. A laryngoscopic examination revealed the following conditions: the epiglottis was split in the middle to about one-half of its entire length (evidently a congenital malformation) but appeared otherwise healthy; both ary-epiglottic folds, together with the arytenoid cartilages, were greatly tumefied; the vocal cords were red, glistening and greatly changed in outline; the right cord protruded considerably beyond the median line at its anterior half, while the left one presented an excavation in its edge, opposite the protuberance of the right cord; the left cord presented also a **V**-shaped notch in its edge near the middle. There was no evidence of any adhesion between the cords, and the stenosis was due to the swelling only. The patient had considerably improved under appropriate treatment. This and similar cases were discussed by several of the members.

Dr. Cohen then stated that the case of stenosis of the posterior nares, which had been examined by the members, was one in which the loss of the uvula and the complete agglutination of the soft palate to the wall of the pharynx was due to inherited syphilis, and that an operation was contemplated to relieve the stenosis, which seemed to be the only inconvenience the patient complained of. The voice and articulation were normal, with the exception of the letters "m and n," which the patient could not pronounce. In the discussion which followed, Dr. Seiler showed some drawings made from a case similar to the one exhibited by Dr. Cohen. In this case there was not a complete stenosis of the posterior nares, but a communication existed between the nasal and oral cavities in a small orifice on the left side. A curious feature in the case was the destruction of the right side of the epiglottis down to the glosso-epiglottic folds and of the ary-epiglottic fold, together with the top of the arytenoid cartilage on the same side, due to congenital syphilis. In this case the voice as well as deglutition were normal, but articulation very nasal, on account of the continuous communication between the oral and nasal cavities.

C. Seiler, *Secretary.*

The Oral Method for Deaf-Mutes.

The International Congress on the Education of the Deaf, held at Milan in September last, declared that, considering the incontestable superiority of speech over signs in restoring the deaf-mute to society, and in giving him a more perfect knowledge of language, the oral method ought to be preferred to that of signs for the education and instruction of the deaf and dumb. The Congress further declared that, considering that the simultaneous use of speech and signs affects, prejudicially, speech, lip-reading, and precision of ideas, the pure oral method ought to be preferred.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Ulcers.

In a report of work in the Cardiff Infirmary (*Lancet*, November 13th) Dr. A. Sheen, says—The usual treatment of ulcerated legs has been rest in bed on an inclined board, cleanliness, bandaging, in some cases strapping, and various local applications, according to circumstances—carbolic oil, lotio rubra, boracic ointment, zinc ointment, etc. One is well repaid by directing a little attention to these local applications; indeed in this, and in other directions of treatment, we are far too apt, from the cases being so common and so numerous, to lapse into a system of careless routine, which is anything but beneficial to the patient. Carbolic oil is a useful early application in some cases, but it must be borne in mind that it delays cicatrization, and when it has served its purpose, some other application, as lotio rubra, which is most useful in aiding granulation and cicatrization, should be resorted to. Boracic ointment is a valuable application in some cases, and acts admirably as a deodorizer of foul discharges, or rather as a preventer of their becoming foul. I have not yet treated ulcers on Lister's antiseptic method, but intend doing so; Martin's elastic bandage has been chiefly of value in the varicose variety; in such cases it answers admirably. Where there has been any constitutional dyscrasia, obvious or suspected, internal treatment has been adopted to aid the cure. If eczema is present, arsenic has been given with advantage; and so also opium, where pain is a dominant symptom. When the ulcer is specific iodide of potassium acts often like magic, and where there is any suspicion of such connection it is wise to give it, to aid the diagnosis. In some cases it clears up matters wonderfully. I have known cases which after being under various kinds of treatment for a lengthened period. have healed up in a week or two, under iodide of potassium and simple dressing. On the healing of varicose and some other ulcers, if you have an intelligent patient to deal with, I strongly approve of an elastic stocking being worn, but it should be adapted before the patient leaves the hospital, to ensure its fitting properly, and he should be cautioned about its proper use. In almost all cases, under rest, good and regular diet, and the avoidance of all irritating applications to the ulcer (which, as a rule, have been pretty freely applied before the patient's admission), rapid improvement is observed. In some cases of indolent ulcer, blistering has been followed by beneficial results. The application of a splint has sometimes been of value by keeping the parts at rest. and one obstinate case, where the ulcer was situated at the lower part of the back of the leg, was cured by relaxing the tendo-Achillis by means of a slipper, and a strap extending from it to above the knee. The practice of skin grafting has been adopted in suitable cases, and the results in some of them have been everything that one could desire. The heel case was chronic and extensive, the result of injury a long time previously. The patient had been unable to work for five or six years, and craved to have the foot removed. Amputation in the lower third of the leg, taking a long anterior flap, was performed antiseptically, catgut ligatures and sutures being used; the stump was dressed four times; the temperature was normal throughout, and in eighteen days the patient was up, being discharged with an admirable stump ten days later. One case of scrofulous ulceration of the face was attacked by erysipelas, and this case showed the value of aconite in small and frequently repeated doses in this disease, for, under its use, in two days the temperature was normal. Nitrate of silver, four grains to the drachm, was applied, to see if it would stop the erysipelas from spreading. It did not have this effect, neither did I expect that it would. Aconite in small and frequently repeated doses, as advised by Ringer, will, as a rule, in such cases, meet all the indications, without any other treatment, general or local.

Chloral in After-pains.

The following case is reported by Dr. Julia Carpenter. She says: I remained with the patient three hours after the birth of the child. During this time there were some after pains, which toward the last were severe enough to require relief, so the following was prescribed:—

℞.	Morphiæ sulphat.,	gr.ss
	Aquæ camphoræ,	℥j.

SIG.—Teaspoonful every half hour, if needed, until three doses are taken.

Called again at eight o'clock P.M. Patient had had severe pains every fifteen minutes, but at that time they seemed to be getting under control. At one o'clock at night they came for me, saying the paroxysms were so violent they were alarmed; all the medicine had been taken and still no relief was afforded.

Knowing that the good recovery of this patient depended on the amount of nourishment she could take, no more remedies were given per os. Suppositories of one grain of opium were substituted, and flannels wrung out of hot water were constantly employed, a fresh one with every pain. This would always check a pain, but not prevent its recurrence. I remained with the patient until nine o'clock in the morning, when she seemed to be gradually getting relief. On returning at three o'clock, I found, though four suppositories in all had been used, and hot flannel constantly applied, the pains had returned with great violence.

I now concluded to try the efficacy of a small dose of chloral, without the patient's knowledge, as she had asked not to have it given her, and by enema, eight grains of chloral, in half an ounce of glycerine and water, were taken. The relief was *instantaneous.* "Oh! I'm so comfortable," was her immediate expression. Not one more pain returned, and the following night was spent in sound and refreshing sleep.

During the hours of severest contractions the flow ceased almost entirely, and no clots passed at any time. Twenty-four hours after the birth of the child the uterus was more than half way below the umbilicus, and subsequent to the relaxation from the chloral, there was a barely appreciable increase in size. The patient made an excellent recovery.

A Case of Poisoning with Ergot.

Dr. M. F. Leary reports this case, which is of interest, as some claim ergot is not a poison. It is from the New Orleans *Medical Journal*, December:—

November 12th, at an early hour in the morning, I was summoned to Mrs. W., and found that she had aborted, an hour previous, a three months' fœtus, with but an inconsiderable hemorrhage. The membranes had come away, the external os was patulous, but the uterus quite firmly contracted. The lady had borne two children to full term, and this was her first abortion. She had been in poor health for a year, dating from an attack of acute rheumatism. As there was still some flowing, I administered a small dose of ergot, and after remaining an hour left her to attend another call, her pulse and general condition being perfectly satisfactory. While at the house I prepared a soporific and left it with her husband, with directions for its use, and later I discovered that I had forgotten my case vial containing ergot, but being pressed for time did not return for it. Two hours after leaving Mrs. W., I was again summoned to her bedside, to find her pulseless, her skin blanched and the extremities cold. The action of the heart was very feeble and rapid, the breathing slow, but not labored. She complained of a buzzing sound, very distressing, in her ears, and appeared somewhat stupid, but otherwise her mind was not affected. There was no nausea or tendency to syncope when in a recumbent position. An examination revealed the fact that there had been no flowing during my absence. The entire uterus was firmly contracted, and was the seat of considerable pain. On inquiry I learned that the husband had mistaken my ergot vial for the one containing the soporific, and had given his wife teaspoonful doses of its contents every half hour till it was empty. She had, therefore, taken half an ounce of Squibb's extract of ergot. He stated that her pains (of which she was quite free when I left her) came on shortly after taking the first dose, and that each succeeding dose seemed but to aggravate them; that the symptoms of collapse set in very suddenly after the last dose, some twenty minutes before my arrival, that she had taken nothing else, with the exception of water, and had not moved from the position in which I left her. I was fully convinced that her condition was produced solely by the ergot, and this conviction was strengthened by noting its powerful action on the uterus. Satisfied that the ergot had "done its worst," I assured her friends of her safety, and employed only frictions and heat to the extremities and small quantities of wine per orem, at intervals. In the course of three hours there was a sensible pulse at the wrist, but it was fully nine hours before it had recovered its volume previous to taking the ergot. The reaction was attended with a slight fever, but no other unpleasant consequences resulted, and she had a rapid getting up.

Treatment of Aural Polypi.

The Glasgow *Medical Journal* states that Professor Politzer recommends rectified spirit of wine as the best remedy for polypus or granular growths in the outer or middle ear, as more certain in action, and involving fewer disadvantages than solutions of acetate of lead, muriate of iron, &c., so commonly used. The ear must first be cleared of secretion by injection with lukewarm water; if there be suppuration of the middle ear the Eustachian tube must be inflated, to drive the pus into the external meatus. The parts should then be carefully dried. The head is then to be turned over to one side, and a teaspoonful of slightly warmed spirit poured into the ear, where it is to be allowed to remain ten to fifteen minutes. This is done three times daily. The spirit produces a slight burning sensation in the ear; if acute pain be excited, weaker solutions must at first be used, then the stronger preparation. The alcohol first whitens the granulations by coagulating the mucus which lies on the surface; it subsequently penetrates the tissues, produces coagulation in the vessels, and so leads to the shrinking of the new formations. The time occupied by the treatment varies from a few days to several weeks, occasionally months. The soft, round-cell polypi yield most rapidly, the firm, fibrous kind more slowly; nevertheless, many, even of the latter variety, disappear completely, and leave no trace behind. Politzer has used alcohol in the above way for two years, and gives the following as the conditions in which it will be found most useful:—

1. In the treatment of the remains of polypi, which cannot be removed by operative means, and which are situated in the outer auditory meatus, on the membrana tympani, or more particularly in the tympanic cavity.

2. In cases of multiple granulations in the external ear, and on the membrana tympani.

3. In cases of diffuse hypertrophy of the mucous membrane of the middle ear.

5. In cases in which the removal of the growths by instruments is prevented by mechanical obstacles in the external meatus.

5. In the treatment of children and nervous patients, in whom an operation could be undertaken only with the aid of anæsthetics.

6. In otitis mycosa.

New Theory as to the Pathological Changes in the Blood in Acute Rheumatism.

At a meeting of the Cambridge Medical Society, reported in the *Lancet*, November 13th, Professor Latham advanced a new theory as to the pathology of acute rheumatism. He maintained that the first step was a lowering of the action of the "inhibitory chemical centre," or nervous centre, which controls oxidation in the muscular tissue. Following upon this, the oxygen from the oxyhæmoglobin, instead of entering the muscular tissue to be exhaled therefrom in the form of carbonic acid gas, had its sojourn in the tissue shortened, and passed into the blood in the form of lactic acid (a substance which appears in muscle almost instantaneously with its death); that the oxygen acted also more energetically on the muscular tissue, and the resulting lactic acid being oxidized rapidly in the blood, instead of in the muscular tissue, an abnormal amount of heat or pyrexia was developed.

He then argued that quinia lowered temperature by simply impeding the carrying of ozone from the lungs to the tissues by the red blood corpuscles, as in Binz's experiments with ozonized turpentine and guaiacum; and so the remedy might act beneficially in rheumatism, but would have no effect on the *materies morbi*. Salicylic acid, on the other hand, lowered the temperature and cured the disease by chemically combining with the substances from which the lactic acid is derived, and producing less heat than would result from the oxidation of that substance. He showed how the theory advanced explained the relapses which so often recur after apparent cure with salicylic acid, the necessity for large doses of the remedy, and the reason why it should be less curative in other pyrexial disorders, such as pneumonia, typhoid fever, etc. Referring to locomotor ataxy as an example, he suggested that possibly the local symptoms might be the result of the lactic acid acting upon the posterior columns of the spinal cord, producing functional change; and, in reply to a question in the discussion afterwards as to the connection between rheumatism and chorea, considered that this disorder was the result of the lactic acid inducing functional change in the nervous centre which co-ördinates muscular movement, that centre being weak, and therefore a point of minimum energy, and this condition being hereditary or acquired. He also applied his theory to explain why the same cause (cold), which in one person appears to produce acute rheumatism, in others produces pneumonia, tonsillitis, etc.

Epileptiform Convulsions Successfully Treated by Hypodermic Injections of Sulphate of Atropia.

Dr Thomas Legare, of Charleston, S. C., sends us a report of several cases of this kind, one of which we quote:—

I was called in consultation, while practicing in the town of Orangeburg, S. C., to visit G. B., a man in the prime of life, aged thirty-five years, tall, well-developed, and of a seeming robust constitution. He was in a most critical condition, having had paroxysm after paroxysm of the most violent epileptiform convulsions for the preceding three days, numbering, approximatively, thirty to forty in the twenty-four hours. History of case as follows: Patient always enjoyed good health; a short time previous to his recent illness he became involved in a difficulty, and received a blow across the left supra-orbital ridge, cutting the skin to the bone; for four or five weeks he suffered from the effects of this injury, when the wound healed, leaving a very perceptible cicatrix over the left eyebrow. Shortly after the wound had cicatrized severe epileptiform convulsions developed. On our first visit to the patient, three days subsequent to his having received medical attention, we found him laboring under a severe convulsion. Upon inquiring into the treatment that had been pursued, learned that very nearly every remedy recommended in this disease had been used, the patient not having received the slightest benefit; bromides in large doses had been given; belladonna, combined with hyoscyamus, nitrite of amyl, and chloroform inhalations, blisters, cathartics, and the sulphate of quinine in sedative doses, all had failed, leaving the patient more and more exhausted. It was at this period of the treatment that we determined to use an agent which would be at once prompt and efficient in its action—the sulphate of atropia; it was therefore administered, one-twenty-fourth of a grain in ten minims of water being injected under the skin of the forehead. In a few seconds the effects of the injection were very apparent; patient complained of thirst, dryness of throat, and an uncomfortable feeling about the head; pupils of the eyes at the same time were widely dilated; in a short while, all these disagreeable sensations passed off; and on our next visit we found the patient considerably improved, having passed twenty-four hours without the occurrence of a single convulsion. The attending physician being called away, I continued the treatment. Another injection of the same strength was administered, and upon visiting him twelve hours afterward no return of the convulsions had occurred; continued injections twice a day, morning and evening, for three days. The attending physician returning, we then decreased the dose to one-thirtieth of a grain; patient had a slight convulsive seizure same evening, the first he had had since the commencement of the injections; persevered with the injections twice a day, for two weeks, at the end of which time there being no return of the convulsions, and patient expressing himself well and desirous of going to work, treatment was discontinued, and the case discharged—cured.

The True Mechanical Theory of the Forceps.

Prof. Stephenson, of the University of Aberdeen, read a paper, lately, before the Obstetrical Society of London, on the rotatory action of the forceps. He stated his opinion that recent modifications in forceps showed that the inventive faculty still moved in the grooves of the older and more imperfect ideas. The sole idea was how may we, with the head tight in the grip of the blades, draw with greater accuracy in a given straight line. What really is wanted is an improved form of the instrument which will enable us to impart more readily the rotary movements which we observe in nature. The division of the traction from the prehensile blades weakens the transmission of information by the handles to the hand of the operator; in his muscular and tactile sense should reside the true "indicating needle." The claim made for Tarnier's forceps, that they allow freer movement of the head in all directions, is no more true than applies to the ordinary instruments, if the operator attends to the directions, which they supply. The opponents of the pendulum movement with forceps occupy good ground when they show it is contrary to the normal mechanism and a fortuitious and risky mode of action; but they go too far when they include in their condemnation all so-called lever actions. The true defence of the lever action is to throw out all that is hap-hazard, and give it scientific precision. The term "lever action" is objectionable, "rotary action" is preferable. The forces of labor cannot be reduced to a single resultant, but always consist of a resultant and a couple. the former moving the head inward the latter imparting some movement of rotation. With forceps we have the power of producing both movements; and as in nature they are always combined, so in art they should never be entirely separated. With the inward traction made in the axis of the pelvis must always be combined such a movement of the instrument as will tend to impart to the head the rotary movement, which observation teaches us takes place at that particular stage of mechanism. 1. Flexion and extension. With the head in the firm grasp of the forceps, especially if screwed up, there is a tendency to bring down both ends of the head through an equal space, and so prevent due flexion from taking place. But, on the other hand, if the blades are applied with a diagonal grasp, the compressing power of the forceps may be made to promote flexion. But flexion or extension must chiefly be promoted by a modification of the rule of traction, which might be thus stated: While the force should always be exerted with strict reference to the direction of the axis of the pelvis, the line of traction should be in a slightly curved direction, the curve passing out of the line of the axis in a direction corresponding to that of the sagittal suture toward the side where the forehead lies for flexion, to the side on which the occiput is for extension. 2. The rotation of the occiput forward might also be promoted by rotating the forceps on their axis, and bringing the handles slightly toward the side on which the occiput lies. The grasp must be light, so as to permit gliding between the blades. 3. As the head passes under the pubic arch the rule should be that while carrying the handles forward toward the front of the mother, a carefully applied slight rotatory action should be imparted to the forceps, so as to facilitate the change of the sagittal suture from lying oblique to approach near to that of the mesial line. Rotation in narrowed pelves. The application of forceps tends to rotate the head from a transverse to an oblique diameter, and the frontal bone is liable to be thereby thrown on to the promontory. Hence the following rule: When the occipital bone has descended below the level of the brain, and is felt directed against the anterior wall of the pelvis, in order to clear the forehead and prevent injury of the frontal bone the head should be rotated on a vertical axis, so as to throw the frontal bone off the promontory, and at the same time slight extension should be given to the head to bring the fore part down at the side of the pelvis.

Eucalyptus Oil in Antiseptic Dressings.

Dr. Siegen writes very favorably (in *Deutsche Med. Wochenschr.*, 1880, No. 30), of oil of eucalyptus as an antiseptic, its special advantage being that it shows no tendency to cause eczema or to irritate the skin in any way. The solution employed by Siegen was made by dissolving 3 grams of the oil in 15 grams of alcohol, and adding 150 grams of water; this quantity is enough to moisten thoroughly one meter of well-washed gauze. The dressing is applied wet, and covered with gutta percha tissue; it may remain without changing for 3–5 days. It is noted that in one case an eczematous eruption, which had been caused by a thymol dressing, healed under the eucalyptus dressing in a few days.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a reprint sent us, Dr. S. Theobald, of Baltimore, mentions some of the errors in the diagnosis of eye diseases into which general practitioners are most apt to fall. Probably the most common is the confounding of catarrhal with phlyctenular or scrofulous ophthalmia, and as a consequence the use of astringents when atropia and yellow oxide of mercury are indicated, and, latterly, of atropia when astringents should be employed. The best way to avoid this mistake, which may lead to serious consequences, is to bear in mind that in catarrhal ophthalmia the cornea is not involved, the redness is diffuse, and there is but little photophobia or lachrymation; whereas in scrofulous inflammation the cornea is involved more often than not, there is usually great photophobia and lachrymation, and the redness, if not literally circumscribed, is at least more pronounced in the neighborhood of the phlyctenulæ.

——A well-prepared article on the pathology and treatment of Epulis, by Dr. N. Sann, of Milwaukee, appears as a reprint from the *Dental Cosmos*. He is of opinion that thorough extirpation by excision is the only safe procedure.

——Dr. Clifton E. Wing, of Boston, in a pamphlet sent us, attacks the "abdominal method" of singing and breathing, and accuses it of being a frequent cause of female weakness. He observes:—

> That serious uterine troubles should be caused in this way will not, therefore, surprise physicians once informed of this method and the manner in which it is practiced at the present time. I am assured by good authority that one Boston teacher boasts that by "*proper practice*" such power may be acquired that if the person be

placed back against the wall and a full-sized piano be moved up against the retracted abdomen, the latter, by the "abdominal method," can be so forcibly expanded that the piano will be pushed rapidly away. A medical education is hardly necessary to enable a person to understand that by such procedures injurious pressure must come upon the internal organs, especially in the female.

——In a reprint from the *Archives of Laryngology*, Dr. Beverly Robinson emphasizes the therapeutic value of rest in the treatment of laryngeal diseases. He concludes his observations with this expression:—

> Whenever and wherever we are called upon to treat laryngeal troubles, let us bear in mind that the production of physiological rest is the curative principle upon which most of the good effects attributable to other means—medicinal, surgical, hygienic—in the main depend, and we shall then be willing to give to it its genuine value.

——Part VIII of Dr. Duhring's Atlas of Skin Diseases has appeared. It contains illustrations of eczema, psoriasis, syphiloderma and tinea. The plates are finished with the great care which has characterized them all. We repeat what we have previously said of the very high character of this atlas. Nothing that has been heretofore produced in this country equals it. Both dermatologists and general practitioners who wish such a publication cannot fail to be satisfied with it.

BOOK NOTICES.

Differential Diagnosis: A Manual of the Comparative Semeiology of the more important Diseases. By F. DeHavilland Hall, M.D., assistant physician to the Westminster Hospital, London. Second American edition, with extensive additions. Edited by Frank Woodbury, M.D., etc., Philadelphia. D. G. Brinton, 115 South 7th St., Philadelphia, 1881. 1 vol. cloth, 8vo., pp. 223. Price, $2.00.

The work of Dr. Hall has met with a very appreciative reception in America. Prepared at first with the intention of presenting in the clearest, most unmistakable form the differential diagnosis of thoracic diseases, and afterwards extended to all the more important maladies, it found both in England and the United States a ready market. It was of that character that, when one would buy it, he would recommend it to a friend; when one would pick it up in a neighbor's office, he would want a copy for himself. Hence, its distribution was rather through its merits, than the effect of the advertising it received.

For nearly a year it has been out of print in this country. The present edition has been thoroughly and ably revised by Dr. Frank Woodbury, whose literary skill and qualifications for the task we need not dwell upon, as they are well known from his edition of Farquharson's Therapeutics and numerous original contributions to professional literature.

There have been considerable additions made to the former edition, and in many places the text has been completely re-written. The chapter on the nervous system—that part of our organization about which we know so little and write so much—is almost altogether new. It fully and clearly represents the most recent views, so far as the differential diagnosis of the diseases of these obscure tissues and functions is known.

To those who are not acquainted with the character of Dr. Hall's work, we may say that its special field, as indicated by the title, is *differential* diagnosis; it aims to set forth, first, the general comparative signs and symptoms of disease, laying special stress on the *pathognomonic* symptoms; secondly, the early and often overlooked symptoms, but such as, if closely scanned, will often justify a diagnosis; and thirdly, the *peculiar features* which diseases assume in the United States. The last is, of course, the work of the American editor.

In following out this scheme the tabular method has been freely made use of; not to the exclusion of ordinary text, by any means, but only where a natural contrast exists, and in order to bring this more clearly and directly to the mind of the reader. This method, thus employed, has all the advantages of a chart or map, speaking to the eye as well as to the mind, and enabling the reader, at the least possible expenditure of time and labor. to refresh his memory as to the characteristic differences of diseases simulating each other.

The classification of diseases adopted is that now generally preferred, being based, with few alterations, on the nosology recommended by the London College of Physicians some years ago.

The paper, printing and binding of the book are of good character, durable and neat, and the price at which it is put is lower than most works of its size.

Transactions of the Medical Society of the State of West Virginia. Wheeling, 1880.

Transactions of the Medical Society of the State of North Carolina, 1880.

The volume from West Virginia gives the Minutes of the 13th annual meeting of the Society, and adds the papers read before it. The latter embrace a report of a case of ovarian tumor, by Dr. B. W. Allen; on the treatment of typhoid fever, by Dr. A. H. Kunst; on the operation for vesico-vaginal fistula, by Dr. H. N. Mackey; on the relations of meteorology and disease, by Dr. E. A. Hildreth; and surgical cases and epidemics, by Dr. John Frissell. The last mentioned paper has unusual historical interest, as Dr. Frissell speaks from personal observation, extending over nearly half a century, in his locality (Wheeling). He adds some suggestive reflections on the etiology of epidemics, as, for instance, he says:—

> Dysentery has, I think, occurred most often in limestone districts, where the water is strongly impregnated with lime; it has most prevailed in these localities in *very dry seasons*, when, as we may suppose, the proportional amount of the calcareous ingredient of the water would be increased. The limestone regions and the lime water are also favorable to the formation of stone in the bladder.

There is less original matter in the North Carolina volume. The papers read before the meeting were mostly summaries and reports of progress. It may be a question whether this kind of work merits publication in a volume of transactions, however meritorious it may be in itself. The collection of extracts from journals and books should rather remain with medical periodical literature. The original articles in the volume before us are, one on pelvic cellulitis, by Dr. Thomas J. Moore, who goes quite thoroughly into the disease, but rather from authorities than from personal observations; on quarantine, by Dr. E. A. Anderson; and on hip-joint disease, by Dr. J. D. Roberts, who is principally occupied in presenting the merits of Sayre's hip joint instrument. In fact, we say with regret, that there is not a single article based on personal investigation in the volume. Why do not medical writers and essayists learn that a single, ordinary case of disease, thoughtfully studied and accurately reported, is of more value to the reader or hearer, than fifty pages of culling from the library shelves, no matter how thoroughly the latter is done? This criticism is not, by any means, applicable solely to the volume before us. It is no more censurable in this respect than are many, nay, most others of its class; it has only been taken as an example, and we could wish, as an example to be avoided in future.

Ringworm, its Diagnosis and Treatment. By Alder Smith, M.B., London. Phila., Presley Blakiston. 12mo., cloth, pp. 81. Price $1.00.

Tinea is a notoriously troublesome disease to deal with, hard to drive away and harder to keep away. Hence, we believe many will be glad to read this monograph, written by a competent dermatologist, who for ten years has given a great deal of special study to the disease. He speaks of it both as it occurs on the head and on the body. The last chapter, "Ringworm in Schools," will be to many worth getting the book for. We would say of the monograph, that it is sound, instructive and altogether satisfactory.

Manual of Ophthalmoscopy. For the use of Students. By Dr. Daguenet. Translated by C. F. Jeaffreson, F.R.C.S.E. Phila., Presley Blakiston. 1 vol., cloth, 12mo, pp. 248. Price $1.00.

This is a condensed epitome of the lectures of Prof. Galezowski, by one of his students. The writer has made a special effort to bring prominently forward the functional symptoms of ocular disease, as they are often sufficient in themselves to establish a probable diagnosis. Hence, less attention has been given to the strictly mechanical examination of the eye and its methods. Nevertheless, several chapters are devoted to ophthalmoscopy, sufficient to give the student a fair notion of the instrument and its uses. Most of the remaining chapters take up affections of particular portions of the organ, the optic nerve, the retina, the vitreous body, etc. The language is terse and clear, and the translation well made.

Drainage for Health; or, Easy Lessons in Sanitary Science. By Joseph Wilson, M.D., Med. Director U. S. Navy. Phila., Presley Blakiston. 1 vol., 8vo, pp. 68. Illustrated. Price, cloth, $1.00.

Dr. Wilson is favorably known as one of the leading American writers on hygiene and public health. In the present short treatise he groups together a number of the most definite and generally interesting facts, principally with a view to instructing the public, especially sanitary engineers, legislators, etc., though there is much in it most medical men could profitably read.

There are four chapters; one on land drainage a second on drainage of the farm-house and the village, a third on the drainage of cities, and a fourth, entitled "Something About Plumbing." The illustrations are numerous, and the book well printed. It deserves considerable popularity, as, no matter how much has been written on these topics of general sanitation, there is an astonishing amount of ignorance prevalent about them.

THE
Medical and Surgical Reporter,
A WEEKLY JOURNAL,
Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

ADOLPHE GUBLER AND HIS SYSTEM OF THERAPEUTICS.

Among the losses by death to the science of medicine, few have been greater than that of ADOLPHE GUBLER, Professor of Therapeutics in the Faculty of Medicine of Paris, and Physician to the Hospital Beaujon. He died comparatively young, but had lived long enough to make a brilliant record as an observer and teacher of his branch.

GUBLER may be said to have been the most distinguished exponent of scientific therapeutics—in the best sense of the term—of this generation. Following TROUSSEAU in the professorial chair, and a pupil of that great teacher, he took a long step in advance of his master, and may be said to have developed the only method of therapeutics which reconciles the empirical and clinical art of medicine with the demands of exact and logical science. His labors created a new epoch in professional practice in France, and in all other countries where they have become known have made a profound impression on the professional mind.

He was not a very abundant writer, but what he did write was carefully worded and full of matter. His last course of lectures were reported phonographically, and having been closely revised, were published last summer in Paris.

In this work he may justly be said to present the therapeutics of modern science. He begins by almost scornfully denying that this branch is any longer an "art of healing;" it is a true science, with its own principles, methods and procedures, common to it and to physiology, of which latter it is one of the divisions. Instruments of precision and a rigorous experimental reasoning are its main aids. Remedies are no longer confined to medicaments or drugs; these are but a part of the resources at the command of the scientific therapeutist.

He sets little importance on classifications. Reviewing them one after another, he finds them all defective, the physiological plan, which he himself once adopted, as bad as any. On the vexed question of the actions of medicines he is, as always, perfectly clear. They are threefold, mechanical action, chemical action, and dynamic action, or that which leads to molecular change. There is no room for specifics, in the ordinary sense, and every medical effect is explicable by natural laws of the organism on the one hand, and of the remedy on the other. But no organism is endowed with special privileges toward a therapeutic agent. What is called *idiosyncrasy* is as much a delusion as is the entity of a disease. Every such is reducible to the influence of age, sex, habit, climate, race, heredity, and other familiar elements.

GUBLER, therefore, rejects all attempts at classifying remedies, and proceeds to consider them according to their methods of introduction into the system, as by the stomach, bladder, lungs, skin, etc.; and follows them in their transformations in the organism. With the noble candor of true science he points out where knowledge ceases and ignorance begins; but his faith in progress is unshaken; and he closes his last lecture with these words to his hearers: "Various manifestations remain which cannot yet be explained; but the science of to-day is not that of to-morrow. My science is not yours, and you will learn to understand these phenomena in a future more or less distant."

Among **Gubler**'s students and hearers were many members of the American profession. They remember well his earnest words and lucid expositions; and we believe they and many beside them will learn with pleasure that this, his last and finished, course of therapeutics has been translated, and will shortly appear. It will be published at the office of this journal, and will appear some time in February.

ANNUAL REPORT OF THE SURGEON GENERAL.

The report of the Surgeon General begins with the usual financial statistics. A statement of the work performed in the Record and Pension Division shows how enormous is the business in that office, not less than 39,241 new official demands for information having been made upon it in the year ending June 30, 1880.

The work on the surgical statistics of the war still goes on.

Through correspondence with medical officers of the civil war, from reports of pension examiners, and from surgical journals and publications, additional data were obtained in three thousand eight hundred and eight cases of injuries. Searches among the records of the Pension Office and of the Record and Pension Division of this Office gave further information in one thousand seven hundred and twenty-seven and two thousand and eighty-one cases respectively.

The work upon the Index Catalogue has been steadily carried on, and the stereotype plates of Volume I were completed in the month of July, 1880.

An edition of fifteen hundred copies of this volume has been printed and distributed, and the first part of Volume II is just going to the press.

An estimate has been forwarded for printing Volumes III and IV of the Catalogue, and it is hoped that this may be granted, in order that the progress of the work may not be interrupted.

A strong appeal is made for an appropriation for a new fire-proof building for the army medical museum and library, which we hope will not fail to receive the prompt attention it so obviously merits.

In conclusion, we give, as of general interest, the main statistics of the health of the army during the fiscal year ending June 30, 1880:—

The Monthly Reports of Sick and Wounded received up to September 15th represent an average mean strength of 22,100 white, and 2368 colored, troops.

Among the *white troops* the total number of cases of all kinds reported as taken on the sick list was 39,111, being at the rate of 1770 per thousand of mean strength.

Of this number, 33,562, or 1519 per thousand of strength, were taken on sick report for disease, and 5549, or 251 per thousand of strength, for wounds, accidents, and injuries of all kinds.

The average number constantly on sick report during the year was 986, or 45 per thousand of mean strength. Of these, 767, or 35 per thousand of strength, were constantly under treatment for disease, and 219, or 10 per thousand of strength, for wounds, accidents, and injuries.

The total number of deaths from all causes reported among the white troops was 219, or 10 per thousand of mean strength. Of these, 126 or 6 per thousand of strength, died of disease, and 93, or 4 per thousand of strength, of wounds, accidents and injuries.

The proportion of deaths from all causes to cases treated was one to 179.

Among the *colored troops* the total number of cases of all kinds reported was 4052, or 1711 per thousand of mean strength. Of these, 3581, or 1512 per thousand of strength, were cases of disease, and 471, or 199 per thousand of strength, were wounds, accidents and injuries.

The average number constantly on sick report was 89, or 37 per thousand of strength; of whom 72, or 30 per thousand of strength, were under treatment for disease, and 17, or 7 per thousand of strength, for wounds, accidents and injuries.

The total number of deaths of colored soldiers reported from all causes was 46, or 19 per thousand of mean strength. Of these, 21, or 9 per thousand of strength, died of disease, and 25, or 10 per thousand of strength, of wounds, accidents and injuries.

The proportion of deaths from all causes to cases treated was 1 to 88.

NOTES AND COMMENTS.

Curious Physiological Experiment.

A curious fact, and which may prove of considerable importance, was related by Dr. Brown-Séquard at a recent meeting of the Société de Biologie. Intending to kill a guinea-pig, the subject of previous experiment, the animal was placed under a glass globe with a certain quantity of ether. Anæsthesia progressing but slowly, some chloroform was poured on a sponge, which was inserted in the summit of the globe in such a position that some drops fell between the guinea-pig's neck and shoulder—that is to say, upon the epileptogenic region, when an attack of epilepsy immediately took place. The experiment which had thus been accidentally suggested was repeated a large number of times, and it was found that no longer epilepsy, but a deep anæsthesia, followed the application of chloroform. The same thing was afterwards observed in cats, dogs, and rabbits. As the anæsthesia passes off, the animal gives evidence of returning nervous and muscular sensibility; there are tremors in the four limbs. Then it tries to get up, but presents either hemiplegic or paraplegic symptoms, such as were noticed before anæsthesia took place; occasionally there is delirium, and when consciousness has returned there is a considerable degree of hyperæsthesia, and may be inflammation of the skin if the dose of chloroform has been strong. When the experiment ends fatally, death may occur, either suddenly or less quickly.

Local Bleeding in Inflammation.

Probably the advantages of local bleeding are as clearly established as those of any remedial measure known. Yet they are not supported by "laboratory therapeutics." They are, in fact, opposed by them. Lately, in order to demonstrate how useless it is to take blood from inflamed parts, Dr. E. Maragliano, Prof. of General Pathology in Genoa, performed the following experiments: The web of the foot of a curarized frog was placed under the microscope, and rubbed over with dilute croton oil; as soon as the signs of inflammation were noticed (stagnation and aggregation of the red corpuscles in the capillaries, arrangement of the white corpuscles along the venous wall), the crural vein of the other leg was opened, and a considerable quantity of blood allowed to escape. The inflammation, judged by microscopic observation, was not arrested by this proceeding; it rather became worse, and soon there was complete stasis of the circulation in the affected part. The experiment was repeated on a rabbit's ear, but in this case the blood was abstracted by leeches placed at the root of the affected ear. The result was similar; the inflammation increased in intensity, and entered more slowly on resolution than in those instances in which no bleeding was practiced. The author concludes, therefore, that the abstraction of blood, either generally or locally, rather aggravates than mitigates the inflammatory process.—(*Cbl. f. d. Med. Wiss. 20th November*, 1880.)

It is to be hoped his opinion will have no weight.

Ether and Chloroform.

In the *Lancet*, November 20, Dr. Saundby has a judicious article on these anæsthetics. He observes that inflammation of the lungs or air passages forbids the use of ether. The vapor of ether irritates healthy lungs, often to an excessive degree, and sometimes causes a slight bronchitis for a day or two, while occasionally it gives rise to fatal œdema of the lungs, even where no previous disease existed in these organs. It is, therefore, plain that all inflammatory conditions of the lungs are likely to be made worse by ether. Chloroform is to be preferred in all such cases. Cardiac disease *per se* does not contra-indicate ether, as the drug aids a weak heart. In aortic incompetence with badly filled arteries the circulation becomes better during the administration of ether. In mitral disease the case is somewhat different. It must be remembered that ether frequently causes spasmodic dyspnœa, which ordinarily need cause no alarm, and calls for nothing but temporary suspension of the administration, but during which there is great venous turgescence, and the right side of the heart is necessarily overloaded with blood. So that wherever the right side of the heart is weak and dilated one should prefer chloroform to ether. The same would hold good of dilatation of the right ventricle apart from mitral disease.

Fractures, herniæ, and other conditions in which complete muscular relaxation is required, are cases in which, *cœteris paribus*, one should use chloroform.

Operations about the face can sometimes be performed only with difficulty, or not at all, while ether is being administered; in these, chloroform must be employed.

Young children take chloroform with such ease and safety that it is to be preferred for them.

Away with the Spray.

Fort mit dem Spray!—Away with the Spray! —is the title of an interesting clinical lecture by Professor Victor von Bruns, of Tübingen (*Berliner Klinische Wochenschrift*, No. 48, for October 25th, 1880). There are now not a few earnest believers in the so-called antiseptic surgery—that is, Listerism—who are beginning to ask whether the spray is really a necessary part of a thoroughly antiseptic system of dressing wounds.

Prof. B. gives an array of statistics which he considers amply sufficient to prove that the spray is not always necessary, either during an operation or the after-dressings which it may necessitate. "For myself at least," says the learned Professor, "and, I hope, for every one who is not prejudiced, in view of the above facts, there can be no doubt of the inutility of the spray, and I consider myself fully justified in using the dictum at the heading of this lecture—'Fort mit dem Spray!'"

At a late meeting of the Royal Medical and Chirurgical Society of London, Dr. Bantock, Physician to the Samaritan Free Hospital, also denounced the spray, ascribing to the use of carbolic acid most of the pyrexial and other untoward symptoms that have occurred in cases of ovariotomy which he had performed under what he alleges were true "Listerian" precautions. He believes the severity of the pyrexia is due to the toxic effects of the carbolic acid used in the spray, and states that in proportion as he has reduced the strength of his solutions, there has been less and less pyrexia in his cases.

Effects of Tobacco on the Uterine Functions.

In a late issue of the Lyon *Médical*, Dr. Ygonin denies that tobacco is hurtful to those women engaged in its manufacture, and bases his views on his experience in the factories of Lyons. The women employed in these factories menstruate, as a rule, regularly and naturally, and do not appear to abort or miscarry oftener than other women; nor are their children more subject than other children to the diseases of early life.

Some years ago, we heard Prof. Pajot say that he had delivered occasionally women whose employment was in the large government tobacco factories of Paris. The amniotic liquid would not unfrequently be darker than natural and have a decided odor of tobacco! But he did not find either the confinements more troublesome or the children less viable than in the same class of life generally.

SPECIAL REPORTS.

II.—DISEASES OF CHILDREN.

The scientific activity in Pædiatrics hardly keeps pace with the demand for it, if we may be allowed to judge of the latter by the mortality reported from all quarters during the first decade of life. As always in season, we begin with some recent observations on

Pertussis.

In 1879 several English journals adduced evidence in favor of its treatment with *atropia* combined with carbolic acid inhalations. Dr. William Lee, of Baltimore, reported, in the New York *Medical Journal*, July, 1880, some successful cases thus managed. He used the atropia hypodermically, in a solution of gr. iv, to water f. ℥ j. Of this he injected one minim or more, according to the patient's age, with ten minims of water, always using it as early in the morning as possible, and repeating it at night if occasion required. The carbolic-acid solution, of the strength of five per cent., made with the very best crystals, was used as follows: five strips of Canton flannel, three inches wide and five inches long, were saturated with this solution, and hung around the patient's bed and about the room at bedtime, and they were moistened with the solution once again during the night.

As an example of its effects we quote the following case:—

Mary S., three years old, first seen August 1st, had well-developed whooping-cough. The mother stated that she had whooped fifteen times daily for the previous three days. She had particularly noticed each one because of their being so severe. One minim of the atropia solution was injected, and the carbolic acid was used at bedtime. August 2d.—Since the last note she has had ten paroxysms, those at night having been less severe. 3d.—There have been six paroxysms since the last visit—one, at night, having been very severe. 4th.—Six paroxysms have occurred, two of them very severe. The nurse had neglected the inhalations. 5th.—There have been four paroxysms, of short duration. 6th.—Three paroxysms, of very slight severity, have occurred. 7th.—But one paroxysm has occurred; very severe, however. 8th.—There have been no more paroxysms. She is very thirsty. The treatment, which had consisted of the daily repetition of that mentioned in the first note, was now suspended. 9th.—There have been two paroxysms. Treatment renewed. 10th.—She has had no paroxysms, and has coughed but little. At the end of three days more she had entirely recovered.

Instead of using a spraying apparatus, which is not handy in country practice, Dr. E. J. Beal has suggested (St. Louis *Clinical Record*, July, 1880,) another plan, which he describes as follows, and from which he claims quite gratifying results:—

Three or four thicknesses of white flannel, four by four inches, are quilted together and suspended by tape around the neck of the little sufferer, like a necklace. The pad so formed is to be saturated three or four times daily with the following mixture. and to be worn night and day. When the child sleeps, the pad to be placed in close proximity to the respiratory outlets.

℞. Ol. sassafras, ʒ iij
Ol. terebinth., ʒ iv
Fl. ext. belladon., ʒ ss
Phenol sodique, ℥ iv. M.

If it is apprehended that the little sufferer will place the pad in the mouth, it would likely be well to be guarded in not exceeding the amount of belladonna suggested.

Spina Bifida.

There is a growing evidence in favor of the method of treating this affection, brought into notice by Dr. Morton, of Glasgow (1877), or, as we think is more correct, by Dr. Brainard, of Chicago (1848). A case is recorded in the Edinburgh *Journal* of October, by Dr. J. M'Watt:—

The tumor was situated over the second and third cervical vertebræ, and was fluctuating. It had a broad base, and had greatly enlarged since birth, and was now about the size of a small orange. It increased in tension on crying. The skin over it was thin-looking and livid. March 14, a small amount of clear fluid was drawn off, and two days after this, enough of the contents being removed by a canula to render the tumor flaccid, 20 minims of Dr. Morton's fluid were injected:—

℞. Iodi, gr. x
Pot. iod., ʒ ss
Glycerine, ℥ j. M.

On the following day slight inflammation and hardening were observed. The inflammation during the next few days gradually subsided, while the hardening increased.

April 15th. As the tumor was softening, and fluctuation could be detected, tapping was again resorted to, a tablespoonful (all that would come) of clear fluid being drawn off. In a few days afterwards 20 minims of the iodo-glycerine solution were injected.

May 15th. A trocar and canula was introduced, but no fluid came away.

June 4th. The tumor being greatly diminished in size, and quite hard, the patient was dismissed.

At a subsequent period the child was doing well, and the cure seemed complete.

Hereditary Syphilis and Rickets.

The *Progrès Médical*, of July and August last, published some lectures by Professor Parrot, upon rickets. As a cause of this disease, inherited syphilis holds an important place, and one recognized by all writers on the subject; but it has never been considered as the only cause. This, however, is the proposition which the lecturer advances: "All cases of rachitis are derived from one source—hereditary syphilis." As physician to the Hospice des Enfants Assistés, M. Parrot has an unrivaled field for observation; and although the statement is sweeping, it was probably made upon good foundation, at least, with much in its favor.

Dr. Samuel Gee gave it a qualified approval in the *Lancet*, Sept. 18, in which he has a lecture on large heads in children. He says of inherited syphilis that it enlarges the head in two ways:—

First, the characteristic enlargement is due to extensive growth of the osteophytes described by Parrot. The cranial bones, especially the frontal and occipital bones, become greatly thickened, it may be as much as two or even three centimetres. The big head, such as it is, is indicative not of a cranial cavity larger than natural, but only of a thickened skull. Wherefore the enlargement of the head from this cause is never great. Secondly, the head of syphilitic children often possesses all the characters which I have just assigned to the rickety head, and I have always deemed these children to be both syphilitic and rickety, and have even gone so far as to believe that syphilis may be looked upon as a cause of rickets.

Dr. Gee does not, however, consider syphilis as the sole cause of rickets, but as only one of many.

Although rickets is, fortunately, a disease not common in this country, the following list of essential symptoms will be of interest. They are arranged in the order of their relative frequency by Dr. H. Cripps Laurence, from an extensive observation of the disease as it appears in London, where the opportunities are ample for its study. His paper appeared in the *Medical Press and Circular*, last May:—

Essential characteristics: (*a*) Enlargement of wrists. (*b*) Sweating about the head. (*c*) Enlargement of ankles. (*d*) Convulsions *during* dentition. (*e*) Laryngismus. (*f*) Tenderness. (*g*) Rolling of the head on the pillow. (*h*) Enlargement of the ends of ribs—"beading." (*i*) Restlessness. (*j*) Spinal curvature. (*k*) Unclosed fontanelle, at 2½ years, 3 years, and 3 years and 4 months. (*l*) Pigeon-breast, fractures. (*m*) Convulsions *before* dentition.

Dr. Laurence's object was chiefly to develop certain pathognomonic signs of the disease, and especially to point out that as enlargement of the superficial glands is a certain index of an impression made by rickets on the whole lymphatic system; so, in reference to the osseous system, "beading of the ribs" is not only an index of commencing changes in other bones, due to rickets, but, being demonstrable earlier in the ribs than in other bones, as a forerunner it is an early symptom, forearms, and thus acquires an especial relative value among the prodromata of rickets.

Nervous Diseases.

The nervous system in infancy has been the subject of some interesting investigations. Dr. Saltmann, of Breslau, has shown that the irritability of the motor nerves in early infancy is less than at a later age; the same is true of the sensory nerves, the excitability of which is below the average at birth, but increases during the first few months of life to a maximum above the average, from which it decreases to the normal (*Jahrbuch für Kinderheilkunde*, Bd. XIV).

Related to these physiological researches, is an article by Dr. H. Schmidt, in the same journal (Bd. XV) on hysteria in young children. He argues that, though rare, it is occasionally well marked, and hence is not necessarily connected with the sexual functions. He gives four cases, at the ages of seven, eight, nine and thirteen years, all girls. Although the symptoms were often severe, as violent vomiting, severe convulsions, strangling, aphonia, etc., they all yielded to a purely psychical treatment, thus demonstrating their undoubted hysterical character. These observations are important, as the possibility that apparently grave symptoms in children may be hysterical is not generally taken into account in framing a diagnosis.

CORRESPONDENCE.

Remarks on Diphtheria.

Ed. Med. and Surg. Reporter.

I sit down to give my views of the nature and treatment of diphtheria. It is now generally considered, by the profession, a zymotic disease, poisoning the system and locally manifesting itself by the exudation of false membrane on the tonsils, fauces, air passages, and when the poison is very intense, often upon abraded surfaces. The false membrane generally first appears upon the tonsils at that point which receives the impact of the current of air passing through the nasal passages on its way to the lungs. Why it is that the tonsils is the part upon which the false membrane generally first makes its appearance has often been a wonder to me, but now I have my theory to account for it. The function of the tonsils is to act as a kind of air-brake or breakwater, to break the force of the current of air before it reaches the larynx and air passages, and at the same time to act as a kind of warming pan, as my friend, Dr. McKinney, of New Brighton, Pa., suggests that I should call it, to the air before it enters the lungs, thus protecting them from the hurtful effects of cold. The tonsils, thus acting as a pillar upon which a current of air is broken up at each inspiration, and at the same time, acting as a kind of warming pan to the air before it enters the lungs, must necessarily be richly supplied with veins, arteries and nerves, else their vitality would speedily be imperiled by those depressing agents. While my theory of their function would lead to this conclusion, anatomical investigation confirms it. The distribution of blood vessels and nerves to the tonsils is perhaps richer than to any other organ of the same size in the human body. Now, when the vitality of the blood is impaired by the diphtheritic poison, then, in spite of the amount of blood supplied to the tonsils, their vitality is lowered below the point where their function can be healthfully performed without detriment to their own structure. The rapid change and disintegration going on in the tonsils, and particularly in their mucous membrane, is not replaced by healthy tissue or membrane, but by tissue having less vitality. That which takes the place of the healthy mucous membrane being called false membrane. This is why we have false membrane on the tonsils, in mild cases of diphtheria, before the disease is manifest locally in any other part of the body. The air, loaded with the zymotic poison, comes forcibly in contact with the tonsils before entering the lungs. So that, aside from the depressing effects of the cold, this part of the tonsils is more thickly sown with the germs of the disease than any other part of the body. In severe or malignant cases of the disease, false membrane may appear on any part of the body denuded of its cuticle. Still, it is an open question with me, whether, even in the most malignant cases, the tonsils are not first affected. The diphtheritic poison once having entered the system in sufficient quantity to cause a deterioration of the blood, all the tissues of the body are not as well nourished as in health, and there is a rapid increase of worn-out material and material unfit for use in the economy. This worn-out and unfit material must be eliminated from the body through the excretory glands and organs, else the cumulative effects of the poison and impurities in the blood will soon culminate in the death of the patient.

Now, if my theory is correct, the proper treatment is obvious and rational. First, stimulate the parts whose vitality is depressed below the point where healthy tissue can be reproduced. Second, stimulate the emunctories, so that the impurities of the blood and other worn-out material may be eliminated as fast as formed; and third, stimulate and sustain the system until the first two objects are achieved. If this can be done, the patient will get well, otherwise not.

Having given my theory and plan of treatment, it will next be in order to come down from generalities to particulars, and give my particular remedies and the method of their administration in the treatment of diphtheria. The excretory organs should be stimulated to their utmost capacity, if necessary, in order that the impurities of the blood may be eliminated as fast as formed, not only the worn-out material circulating in the blood, the natural result of the wear and tear accompanying functional activity of the organs—not only the increased excretory material resulting from the diphtheritic poison circulating in the blood, but *also* the excretory material of those animalcula which are supposed to be the cause of the disease. I dwell upon the necessity of doing all that is possible to keep the blood free from impurities of all kinds, because I think it is an important part in the treatment, not only of diphtheria, but of *all* diseases, a part too often neglected or overlooked by the general practitioner. This is to be done by diuretics, diaphoretics, cathartics, etc. Every physician has his own preferences in regard to particular remedies, and it is well to leave him free to choose those which his own experience leads him to put the most trust in, no matter what remedies he uses, so he keeps clearly in mind the object to be achieved and achieves it. The same might be said of the other two objects to be attained—viz., the stimulation and support of the system and of the parts whose vitality has been lowered.

When first called to see a patient sick with diphtheria, I direct that the bowels be properly evacuated. The cathartic is prescribed to meet the general indications, not as a *diphtheritic* cathartic, if I may use the expression; after the bowels are evacuated, or before, if the case is urgent or the general indications do not forbid, I prescribe a sedative, diuretic and diaphoretic, in the form of the original Dover's powders or as follows:—

℞. Pulv. ipecac, ℈ss
Potass. nit., ʒj. M.
Ft. pulv. x.

Sig.—One every two or three hours.

Or a stimulating diuretic and diaphoretic, in the form of hot water, whisky, and sweet spirits of nitre flavored to suit the taste, and duly proportioned to meet the indications. Give it hot, sweet, and stimulating enough to slightly inebriate, and it will rarely fail to produce profuse diuresis and diaphoresis. While prescribing energetic remedies to stimulate the excretory organs we need not be idle in regard to what might be called specific treatment, anti-zymotic. Apply freely to the parts covered with false membrane pure carbolic acid liquefied by heat. This application acts not only as a stimulant to the parts, but as an anti-zymotic, the vapors from it being inhaled, and possibly a little mixed with the secretions from the parts is ingested. This application, when the tonsils are only covered with false membrane, protects the parts most exposed to the zymotic poison, as with a shield, preventing any further deposit or absorption. The throat, or I should say the parts covered with false membrane, should be mopped, swabbed or penciled, once a-day or two or three times a-day, just as the severity of the case would appear to demand it. Don't be afraid to give the carbolic acid *in its purity*. It never burns deep, and the pain from its application does not last long. In one severe case, where my resolution almost gave way, on account of the little sufferer's struggles and pitiful cries, the mother of the child, who had just recovered from the disease under similar treatment, encouraged me to persevere, because the application, though painful for a time, was followed by such lasting relief. In this case, as in all my other cases where the same course of treatment was carried out, the patient recovered. Having thus closed or repaired the breach in our line of defence, the next step is to overcome and expel that part of the enemy's forces already within our works, and assaulting the very citadel of life. To do this we must strengthen the powers or resources of defence by giving stimulants, nourishing food, and securing a sufficient amount of refreshing sleep. At the same time do not forget to keep the excretory organs at work. For internal medication, I prefer a preparation something like the following:—

℞. Potass. chlor., ʒj
Tr. ferri mur., ℥ss
Alcohol, ℥j
Syr. simplic., q.s. ut ft. ℥iv. M.

Sig.—Take a teaspoonful every two or three hours, in a little water.

This plan of treatment perseveringly adhered to, and faithfully carried out to the end, will, I believe, in the vast majority of cases, if not in all, restore your patient to health, build up your reputation as a skillful, fearless and successful practitioner, and last, though not least, fill your pockets with substantial tokens of your patient's appreciation of your services.

H. Nye, m.d.

Enon Valley, Pa., December 20th, 1880.

Ovarian Dropsy.

Ed. Med. and Surg. Reporter:—

The following report of a case of ovarian dropsy was presented by A. E. Bigelow, m. d., of Barre, to the Vermont State Medical Society, at its annual meeting in October last. Being somewhat remarkable, on account of its duration, nearly twenty eight years, the number of operations performed, and the quantity of fluid taken away, it seemed to me to be of sufficient professional interest to ask a place in the columns of your widely-circulated journal. The statements made are entirely reliable.

L. C. Butler, m.d., *Secretary.*

In June, 1853, I was called to see Mrs. Ira Holden, aged 42, a strong, muscular woman, the mother of six children at that time. During the preceding two or three years I had treated her for occasional attacks of vomiting. These paroxysms occurred from three to four times a year and lasted from twelve to twenty-four hours.

The fluid vomited would equal about twelve pounds, or a Shaker pailful, and on standing assumed a thick, semi-gelatinous appearance, color dark green. At this time I did not find her vomiting as usual, but diagnosed ovarian dropsy and removed sixteen pounds of fluid similar in character to the fluid vomited previously. In November following I drew off nine pounds, making a total for the year 1853, of 25 lbs.

In 1854, at 3	operations	I removed,	28½	lbs.
In 1855, at 6	“	“	53	“
In 1856, at 3	“	“	26	“

January 15th, of this year, I removed 6 lbs, and in Februrary she gave birth to a seventh child, a healthy daughter, and no further operation was necessary until September following.

In 1857, at 6	operations	there were	45	lbs.
In 1858, at 7	“	“	46½	“
In 1859, at 10	“	“	77¼	“
In 1860, at 10	“	“	99½	“
In 1861, at 7	“	“	66¼	“
In 1862, at 8	“	“	106	“
In 1863, at 4	“	“	96¾	“
In 1864, at 4	“	“	82¾	“
In 1865, at 3	“	“	74	“
In 1866, at 6	“	“	124½	“
In 1867, at 9	“	“	91½	“
In 1868, at 8	“	“	94¼	“
In 1869, at 8	“	“	96¾	“
In 1870, at 8	“	“	99¾	“
In 1871, at 9	“	“	123½	“
In 1872, at 9	“	“	134¼	“
In 1873, at 11	“	“	182½	“
In 1874, at 11	“	“	204¼	“
In 1875, at 12	“	“	242½	“
In 1876, at 23	“	“	489¾	“
In 1877, at 27	“	“	543¾	“
In 1878, at 26	“	“	650	“
In 1879, at 26	“	“	714	“
In 1880, to September 2d, 19 times,			479¼	“

During twenty-seven years and three months there were 278 operations, removing 5096½ lbs, an average of 18⅓ lbs at each operation. Allowing a pint for a pound, we have a total of 2548 quarts, or 637 gallons, and at thirty gallons to a barrel, we have 21 barrels and seven gallons, being more than double the quantity reported in the famous case in Dr. Watson's *Practice of Medicine*.

The patient died September 2d, 1880, and on the day following an autopsy was made, Drs. Chamberlin—who has attended her for several years past—Braley, Worthen and myself being present.

We found the sac connected with the right ovary occupying a large portion of the abdominal cavity, and firmly adherent to its walls, and attached by a strong fibrous band to the serous covering of the stomach. The upper portion of the sac had a hard, schirrous appearance, and a similar substance was found on the sides and at its lower portion. Connected with the left ovary, we found a cyst containing two pounds and fourteen ounces of clear liquid. The abdominal organs and uterus appeared healthy.

A. E. Bigelow, m.d.

Recovery From Severe Burn.

Ed. Med. and Surg. Reporter:—

Allow me to call the attention of your numerous readers to a case of severe burn, with recovery, under conditions eminently unfavorable.

On the 26th of May last I was hastily summoned to see Aunt Sally F., a lady unusually beloved by all of our community, who, the messenger said, had been "fearfully burned." I at once answered the summons, but did so with the feeling that if the burn was of any magnitude my patient must die, as from previous experience I had learned that the patient had been for years a victim of rheumatic troubles, was at times affected with "rheumatism of the heart," and was also the victim of a large umbilical hernia; also, she had but recently returned from the West (Kansas), where she had suffered from bilious malarial fever, from the effects of which she had not fully recovered. Upon arriving at the house I found the following condition of affairs: The lady's dress had ignited from the fire in the stove, and had literally burned off from her, and upon the body were the following burns, the measurements being in inches: Right arm 6 x 4, left arm 7 x 17, abdomen 9 x 20, right breast 3 x 8, left breast 10 x 4, right hand 2½ x 4, left hand, two places, 2½ x 4 and 2½ x 3; upon the back were five burns, measuring respectively 2 x 2, 6½ x 6, 7¼ x 4½, 2½ x 3½, and 3½ x 5½. These measurements were taken after sloughing had commenced, and were not taken the longest way, but were average measurements. It may be necessary to state that the lady, who is 56 years old, is very large and fleshy

The right arm was burned to the 5th degree (Erichsen), the abdomen to the 3d degree, the rest of the wounds to the 2d degree. The sloughs separated readily. The shock was excessive, but the reaction was not so. The wounds went steadily on toward healing, until, at this date, all are healed, with the exception of an ulcer, the size of a silver dollar, upon the right arm.

The treatment was simple. Oleum lini and aqua calcis until sloughs separated, then cosmoline to the remaining ulcers.

There was no trouble with the heart; no perceptible duodenitis, in fact, no alarming symptoms. The internal treatment consisted of laxatives and occasional diuretics.

The case was seen by my colleague, Dr. A. F. Carr, also by Drs. Leonard French and L. Melville French, of Manchester. I think this case shows us that a strong will on the part of the patient, combined with good nursing, can carry through cases that we are inclined to consider hopeless. Frank Blaisdell, m.d.

Goffstown, N. H., Dec. 21st, 1880.

On the Propriety of Publishing Medical Lectures.

Ed. Med. and Surg. Reporter:—

According to an argument in the November number of *Gaillard's Medical Journal*, on "Hospital and College Lectures," such works as Watson's Practice, Sayre's Orthopædic Surgery, etc., should be discarded from physicians' libraries. Such works, of course, were lectures, delivered to medical students.

He says:—"As these lectures are intended for medical students, and often for students attending their first course, the publication of them for the instruction of experienced practitioners is inappropriate and incomprehensible."

If this be true, what is the use of "experienced practitioners" attending medical lectures? Medical students are entitled to, and should receive, as thorough teaching as medical practitioners, for the "tree will grow as the twig has been trained," and if the medical student is unable to comprehend thorough teaching he should engage in something else. He says:—"They (practitioners) should have their reward in papers prepared for physicians, and not for beginners in the medical field." The trouble is, our journals contain too many such papers, and not enough clinical experience, which could not be presented in a more reliable and practical form than in the publication of clinical lectures delivered by teachers of great clinical experience.

W. J. Owsley, m.d.

New Maysville, Ind., December, 1880.

A Singular Case of Diabetes.

Ed. Med. and Surg. Reporter:—

I have a patient, twenty-six years old, who drinks about thirteen quarts of water, and discharges about the same quantity of urine, every twenty-four hours. The urine is perfectly odorless and colorless, has a specific gravity 1.008, contains neither sugar nor albumen, and has continued thus for the past ten years. The patient appears hearty and strong, and works at an iron manufactory, and complains of nothing except this excessive desire for drink, which floods through the kidneys as fast as he drinks it. About all the prominent remedies laid down for diabetes have been given him, with no beneficial effects. Inasmuch as the urine contains no sugar, and has not the specific gravity found in diabetes, would some of the readers of the Reporter give their opinion and suggest treatment of this peculiar case?

D. C. Laverty, m.d.

Middletown, Pa., December 20, 1880.

NEWS AND MISCELLANY.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service October 1st, 1880, to December 31st, 1880.

Bailhache, P. H., Surgeon. Detailed as chairman Board of Examiners of candidates for promotion, October 6, 1880. To proceed to Norfolk, Va., as inspector, November 1, 1880. Detailed as president Board of Inquiry, to meet in St. Louis, Mo., November 17, 1880, November 9, 1880. Upon conclusion of duties under orders of November 9th, to proceed to Dubuque, Iowa; LaCrosse and Milwaukee, Wis.; Chicago, Ill.; Detroit, Mich.; and Buffalo, N. Y., as inspector, November 10, 1880.

Miller, T. W., Surgeon. Detailed as member Board of Inquiry, to meet in St. Louis, Mo., November 17, 1880, November 9, 1880.

Purviance, George, Surgeon. Detailed as recorder Board of Inquiry, to meet in St. Louis, Mo., November 17, 1880, November 9, 1880. Upon conclusion of duties under orders of November 9th, to proceed to Louisville, Ky., as inspector, November 19, 1880.

Doering, E. J., Surgeon. Granted leave of absence for thirteen days from January 8, 1881, December 29, 1880.

Smith, Henry, Passed Asst. Surgeon. To proceed to Key West, Fla., and assume temporary charge of the Service at that port, December 13, 1880.

Fisher, J. C., Passed Asst. Surgeon. Detailed as recorder Board of Examiners of candidates for promotion, October 6, 1880.

Keyes, H. M., Asst. Surgeon. To report to president Board of Inquiry, November 17, 1880, November 10, 1880.

Cooke, H. P., Asst. Surgeon. To proceed to Galveston, Texas, and assume charge of the Service at that port, relieving Assistant Surgeon Guitéras, December 14, 1880.

Heath, W. H., Asst. Surgeon. Granted leave of absence for twenty days, from Oct. 21, 1880, Oct. 20, 1880. To proceed to Buffalo, N. Y., and assume temporary charge of the service at that port, relieving Assistant Surgeon Cooke, Nov. 18, 1880. To assume charge of the Service at Buffalo, Dec. 14, 1880.

Guitéras, John, Asst. Surgeon. To proceed to Galveston, Texas, and assume temporary charge of the Service at that port, relieving Passed Assistant Surgeon Smith, Dec. 18, 1880. When relieved by Assistant Surgeon Cooke to rejoin his station, Dec. 15, 1880.

Wheeler, W. A., Asst. Surgeon. To proceed to Pittsburgh, Pa., and report for temporary duty to Surgeon Purviance, Nov. 10, 1880. Relieved from further duty at Pittsburgh, and ordered to report to Surgeon Fessenden at New York, Nov. 27, 1880.

Benson, J. A., Asst. Surgeon. To proceed to Boston, Mass., and report for temporary duty to Surgeon Vansant, Oct. 15, 1880.

Banks, C. E., Asst. Surgeon. To act as inspector of unserviceable hospital property at San Francisco, Cal., Nov. 2, 1880.

RESIGNATION.

Brown, F. H., Passed Asst. Surgeon. Resignation accepted by the Secretary of the Treasury, to take effect Nov. 5, 1880, Oct. 7, 1880.

PROMOTION.

Goldsborough, C. B., Passed Asst. Surgeon. Promoted to be Passed Asst. Surgeon from Oct. 14, 1880, Oct. 14, 1880.

DEATH.

Glazier, W. C. W., Asst. Surgeon. Died at Key West, Fla., of yellow fever, Dec. 12, 1880.

DISMISSED.

Keyes, H. M., Asst. Surgeon. Dismissed the Service, to take effect Dec. 31, 1880, Dec. 24, 1880.

—A choleriform disease has prevailed with considerable severity in one of the hotels of Little Rock, Arkansas. The Board of Health has taken no action, and the local newspapers have kept very silent about it.

The Bogus Diploma Business in Pennsylvania.

The Governor of this State, in his annual message, given to the public last week, presents a succinct resumé of what was done by the authorities to check the disgraceful traffic in diplomas in this Commonwealth. He states that the General Assembly requested the Attorney General to institute proceedings in the Courts against the American University of Philadelphia, on account of the abuse of its franchises "in the unlawful sale of diplomas to persons who had not pursued the prescribed course of study, and who were unfitted, by reason of ignorance, to practice medicine." In accordance with this request writs of quo warranto were sued out by him against the American University of Philadelphia and the Eclectic Medical College of Pennsylvania, another institution claiming a like charter, and managed by the same persons controlling the American University. In both cases favorable judgments have been rendered, and the said charters declared forfeited by the Courts, and as an incidental result, the manager and official head of these institutions has been convicted and imprisoned for violating the laws relative to the sale of diplomas and other crimes. Proceedings, not yet terminated, have also been commenced against the Philadelphia University of Medicine and Surgery.

This action on the part of the State authorities has not been too speedy. Evidence of the sale of diplomas in large numbers, not only in this country but in England and on the Continent of Europe, has been secured, and complaints transmitted through our representatives abroad to the State Department at Washington, of the presence in the hands of grossly ignorant persons of regularly issued diplomas from institutions chartered by the State of Pennsylvania, authorizing the holders to practice medicine, are corroborative of ascertained facts. It was high time that so serious a disgrace to the good name of the State should be abated.

No appropriation was made to enable the Attorney General to prosecute this work, and he was practically powerless until the necessary means were advanced by a public-spirited citizen of Philadelphia, to whom, it is hoped, recompense will be speedily made, through appropriate legislation. The Governor recommends the adoption of a system of registration of medical diplomas, with appropriate penalties for non-registration or for practicing under a diploma irregularly obtained.

The Adulteration of Drugs.

According to a report on this subject to the National Board of Health, by C. Lewis Diehl, it is gratifying to know that persons who really desire to obtain articles of standard quality, and at a proportionate price, have very little difficulty in being able to do so, and can be suited by respectable dealers throughout the land, while poor and adulterated articles are present, and are very likely to be obtained by ignorant persons or by those who are indifferent to the character of the dealer, and are desirous of regulating their purchases by the price rather than the quality of the goods. Crude drugs can usually be obtained of good quality, though many are sold which have deteriorated by prolonged or careless preservation. Powdered drugs (those of fair quality can usually be obtained) are liable to the grossest adulterations, particularly those which are frequently handled (like spices) by both grocers and druggists. That this practice still continues is shown by the fact that powders are often sold at the price of, or at an inadequate advance upon, the crude drug, notwithstanding the loss incurred in drying and powdering. Infusions, decoctions, solid and fluid extracts and tinctures are all found to vary in strength and quality, from good and indifferent to positively bad; some manufacturers adhering to the requirements of the Pharmacopœia, while others admit inferiorities in order to save cost and to be able to undersell.

The International Sanitary Conference.

The conference held its first meeting January 5th. Mr. John H. Hay, Assistant Secretary of State, was appointed chairman, but owing to the delay in the arrival of several foreign delegates, an adjournment was made to January 12th. One of the leading members stated that the principal object which the Boards of Health hope to accomplish through the medium of the Conference is to obtain the right to search all vessels which may arrive or leave ports of the United States, to ascertain the presence of disease on board. There have been three or four international sanitary conferences during the past twenty years, the chief object of which has been to secure some international quarantine regulations. All attempts to accomplish this end have failed, and the Board has abandoned all hopes of trying to secure international quarantine. The bill which created the National Board of Health gave that body the right to search vessels to ascertain the presence of disease, but, of course, the power was nugatory under the present international understanding on that subject.

The Condition of Malaga.

Malaga has some repute as a health resort. But, as with most Mediterranean cities, it has some unpleasant features. United States Consul H. C. Marston gives the following in regard to the sanitary condition of the city. In the old portion of Malaga the streets are exceedingly narrow, some of them not exceeding fifteen feet in width, and only on certain streets can a conveyance of any kind be driven. These narrow streets are paved with large boulders, and are kept tolerably free from dirt, but the drainage from the dwellings is very bad, and in almost every house the smell from the drain, together with the smell of a very inferior quality of oil used by the lower classes in cooking, is beyond description. The fact that Malaga escapes an epidemic can only be attributed to the excellence of the climate.

—An International Anti-vaccination Congress was held not long since at Paris.

New York State Insane Asylums.

The efforts of Drs. Seguin, Hammond, Spitzka and others have led to a pretty thorough airing of the condition of the insane in New York State. A Senate Committee spent some time, last month, in taking testimony and making personal inspections. Considerable crookedness was developed, such as appointments and removals by political and personal influence, the too free use of cribs and camisoles, incompetence of assistants, etc. The report ot the Committee will probably largely justify the severe censures which a year ago were made by the gentlemen we have named, on the treatment of the insane in the New York hospitals and asylums.

Centenarians.

—Mrs. Harriet N. Cooper, a colored woman, died at Cheltenham, near St. Louis, on New Year's day, aged 115 years. She weighed 400 pounds. Mrs. Cooper was the mother of twenty-five children, the youngest of whom is 62 years old. Her husband is 101 years of age and is still living.

—Miss Betsy Rooth, of Greenville, Conn., who died last week, aged 100 years and 4 months, was the oldest person in Eastern Connecticut.

Florida this Winter.

A private letter from Jacksonville, dated Dec. 30th, informs us that on that day the thermometer fell 50° in ten hours, and was then as low as 18°. Ice was two inches thick. There has been a great deal of malarial fever in that State the past fall and early winter, and the prospects for an active "season" are not excessively bright.

Personal.

—Dr. Albert W. Murphy, a genuine live Yankee from New Hampshire, has been appointed dentist to the Royal Court of Spain, with a residence at Madrid.

—Dr. John Stenhouse, F. R. S., the very distinguished Scottish chemist and sanitarian, is dead, aged 71 years. He was born in Glasgow, October 21st, 1809, and was educated at Glasgow Grammar School, at Anderson College and the University of Glasgow, where he studied chemisty under Professors Graham and Thomson. Dr. Stenhouse was the author of nearly one hundred papers on chemical subjects specially devoted to sanitary purposes.

—Dr. H. W. Gedicke of Newark, N. J., was sentenced, last week, to ten years in the State Prison and to pay a fine of $2000, for an attempt to procure an abortion. The severity of the sentence caused considerable surprise, as the abortion was not performed, and there was some evidence that looked as if the charge was an effort at blackmail.

—Dr. Wm. S. Janney assumed the duties of Coroner of Philadelphia last week. He appointed as Chemical Analyst, Dr. John J. Reese, and as Physicians, Drs. Joseph Neff and John G. Lee.

The International Congress of Hygiene.

It is announced officially, that the fourth International Congress of Hygiene will be held at Geneva in September, 1882, and it is confidently anticipated that London will have the honor of entertaining the fifth Congress in 1884. At Turin, where it was held last summer, as at Paris, the number of English and American members present was very small indeed, and they contributed little to the scientific work done.

Items

—The smallpox in Philadelphia continues to demand from thirty to forty victims per week.

—In New York and Brooklyn the epidemic of diphtheria seems to abate but little, the mortality continuing to be large. About one death an hour took place from this disease in New York last week.

—The French Society of Hygiene passed a resolution at its last sitting, that it was desirable that a canal be constructed from Paris to the sea, in order to discharge on the coast the contents of the sewers, and that this should also receive the offal and night soil of the capital.

OBITUARY NOTICE.

Dr. E. M. Wight, aged 40, died of pneumonia, at Chattanooga, Tennessee, January 6th. He was a member of the Tennessee State Board of Health, Inspector of the National Board of Health in 1879, and enjoyed a wide reputation in the South as a physician and politician. He was the Republican candidate for Governor in 1878, and for two terms was Mayor of Chattanooga.

QUERIES AND REPLIES.

Dr. L. P., of N. Y.—We can subscribe for you to any French medical journal you wish. *Le Progres Médical*, or the *Gazette des Hôpitaux* are about the best.

Student.—The word "Cornage" is not to be found in the medical dictionaries. It was introduced, we believe, by Professor Sée, of Paris, and is a harsh, noisy respiration, pathognomonic of stricture in the air ducts.

Dr. J. S. K., of Pa.—Boracic acid has been tried in diphtheria. Dr. Jacobi speaks unfavorably of it. Others have claimed good effects.

Dr. Alphonso.—1st. Goitre is not rare in the lower animals. The dogs of Salzburg often have it. 2d. We doubt if the exciting cause of goitre is clearly made out.

Mr. Editor:—In "A Tough Case," by Dr Fierce, in Reporter, January 1st, 1881, use general and local faradization (with Horsford's Liquid Acid Phosphates internally), twice or thrice a week.

Tennessee. S. W. Caldwell, M.D.

MARRIAGES.

YOUNG—STARKS.—At the Methodist Church, in Como, Mississippi, December 28th, 1880, by Rev. C. N. Terry, A. A. Young, M.D., and Mary C. Starks, daughter of the late Rev. S. G. Starks.

CLOUD-SHARPE.—At Savannah, Ga., Dr. J. A. Cloud and Mrs. A. A. Sharpe, of Boston, daughter of Hon. John Hickman, of Pennsylvania.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1247.] PHILADELPHIA, JANUARY 22, 1881. [Vol. XLIV.—No. 4.

ORIGINAL DEPARTMENT.

LECTURE.

SYPHILIS IN MARRIED LIFE.

Delivered at the St. Louis Hospital (Paris), by M. Fournier, Professor of Skin Diseases, of the Paris Faculty of Medicine.

(*Translated for the* Med. and Surg. Reporter.)

Gentlemen—How often, in your practice, are you consulted by individuals with whom you are or are not acquainted, who commence by saying that a favorable occasion of marriage presents itself to them, but that, having been unfortunate enough to contract syphilis a few years previously, they desire to know if they are completely cured, and if they may marry with safety!

The importance of the reply you will make to such a question cannot be over-rated; you assume considerable responsibility, for there are few problems in medicine so difficult of solution and of so much gravity.

If, on the one hand, you interdict marriage to a man in fit condition to marry, you eject without the pale of regular existence a man who desires to enter; your medical sentence may destroy his happiness and his subsequent career. While, on the other hand, if you authorize the marriage of a man still suffering from syphilis, you expose not only the individual himself, but also his young wife, to whom he brings the disease as a wedding present, and again the entire family which may result from the union.

I have witnessed too often these sad dramas of family life, and I can affirm to you that nothing can be more execrable than the situation of such a man before a wife who weeps, but forgives; before her family who do not forgive, and before a nurse, infected by the child, who recriminates, gives rise to scandal, and divulges the secret. We will, then, seek to resolve this terrible problem regarding syphilis in the marriage relations. And, primarily, an important question presents itself for consideration.

Does syphilis constitute an absolute obstacle to marriage? "A man who has the syphilis should remain a bachelor;" this is what you will very often hear said in public, and sometimes even by physicians. I could cite two very honorable practitioners of my acquaintance who, joining practice with precept, have renounced marriage on this account. One of the two, who enjoys a high reputation, has never allowed himself to be persuaded by me, and always replies: "When a person has syphilis, he should keep it for himself alone."

To this profession of faith, dictated by sentiments of delicacy in a highly honorable man, I reply: when one has the syphilis it should be cured, and then marriage and a family may be thought of.

Syphilis is not an insurmountable obstacle to, nor an absolute interdiction of, marriage; daily observation shows cases where such marriages have been contracted with safety; we meet every day with married men whom we have seen suffering from syphilitic lesions, and who have transmitted absolutely nothing to their wives, and have children as healthy and flourishing as they can desire. The proofs of the truth of this assertion abound; I defy any physician who has practiced several years to affirm that he has not observed such cases.

I have been able to find fifty-one published cases besides those I have observed in my own practice. These fifty-one syphilitic fathers had ninety-two children, all free from the disease. I recall one such case where there were four children, and another where five children were born. I have been physician of both families for many years, and have never observed a trace of syphilis in the children. I conclude, then, by asserting, with a conviction fortified by observation, yes, a hundred times yes, a man may enter the married state after having contracted syphilis; but he should marry only under certain conditions, which it is now necessary to determine.

What are the dangers which a syphilitic subject brings into the married state?

A man who marries while still suffering from syphilis is dangerous as a husband, as a father, as head of a family.

I. He is dangerous as a husband, by the lesions to which he exposes his wife, and in two ways:—

1st. By simple, common, vulgar contagion, through which he may transmit syphilitic lesions in the thousand intimate relations of married life. To cite but one instance: a young man of excellent family, who married, notwithstanding my advice to the contrary, had syphilitic ulcerations of the lips, combined with others produced by cigarette smoking; three months after his marriage his wife had an indurated labial chancre, the result of a syphilis which is not yet cured.

Cases of this kind are very frequent among young married couples, and are easily explained, for secondary lesions are extremely contagious, and the familiar relations of domestic life involve close and constant personal contact. It would be a rare exception to see a young wife live many months with a syphilitic husband without contracting the disease; as a witty author has said, syphilis is shared among married people as is their daily bread.

2d. By placental contagion, or by conception. A young girl espouses a man presenting syphilitic lesions; after being married a few months a physician is called to the young wife, who presents strange and uncommon symptoms; syphilitic eruptions are found, mucous patches about the mouth, glandular enlargements, falling of the hair (alopecia), etc. If the physician seeks for the origin of these lesions, he is unable to find any trace of initial chancre, or of a bubo, faithful companion of the chancre; secondary lesions alone are found, without any trace of primary lesion; on the other hand, if the husband is questioned in secret, he will affirm and protest energetically, that he has never had any venereal disease, that he has always carefully examined himself after intercourse, etc.

He is right; in effect his wife may become syphilitic through contact with this man who exteriorly appears not to suffer from the disease; this apparently paradoxical fact has been too frequently observed to place its occurrence for one instant in doubt. This mysterious contagion is explained by the fact that the woman is with child. Always, in such cases, you will find that the woman has borne a child or had a miscarriage a short time previously. The mother has, in fact, been infected by the child and not by the father. Contagion has taken place through the placental exchange going on between mother and child; a fact absolutely proven to-day.

To resume: A syphilitic husband may become dangerous for his wife: 1st. Directly, by transmission of syphilitic lesions. 2d. Indirectly, through his fecundating power, by procreating a syphilitic child, which infects its mother.

II. A man still suffering from syphilis is dangerous as a father for his children. Up to a very recent period, hereditary transmission of syphilis was accepted as a proven fact, but the aspect of the question is no longer the same: in Germany, notably, there has been a desire evinced to restrict the paternal influence in such transmission. For certain authors the syphilis of the father rarely becomes hereditary; for others it is never so; it has even been said that the paternal influence at this point of view is nil, amounts to nothing, and that the child of a syphilitic father is healthy.

This doctrine is burdened with exaggeration, with enormous errors, which, in order to afford protection for society, if for no other reason, should be combated energetically. I hold it as a constant fact that a syphilitic father is dangerous for his children.

But I admit that the possibility of transmission is much less certain than has been generally supposed when the father alone is affected, the mother remaining free from the disease.

When the father is syphilitic and the mother is not infected, the child has every chance, *if brought into the world*, of not being syphilitic.

These concessions made to the partisans of the doctrine I combat, I proclaim the results of observation, and deny the truth of the assertion that the influence of the father is never manifest in the fœtus.

Paternal influence may be rare and restricted, but it is sometimes exercised.

Syphilitic fathers have procreated syphilitic children, the mother remaining free from infection; Ricord, Trousseau, Diday, Liégeois, have all given incontestable cases. But this is but a part of the question, which assumes gravity from the following considerations: The death of the fœtus in utero is very frequent under the conditions of which we speak. The child of a syphilitic father dies in the womb of its mother and is expelled by miscarriage or by premature labor.

A young wife becoming enceinte has one, two, three miscarriages, without it being possible to find any other cause except the syphilis of the father.

And what proves this to be the real cause? if the father places himself under a course of treatment the following pregnancies proceed to full term and the children are born alive, without the disease.

I have observed such cases very many times. I will cite one case among many others: One day I met a former companion, whom I had not seen for a long period. He recounted to me his history and his troubles. His wife, though of fine constitution and very strong, had miscarried four times in succession. I then recalled to mind that my friend had suffered, long before, from syphilis, and had not followed any regular course of treatment. I, therefore, advised him to place himself under a course of treatment for his syphilitic affection, which I did not consider cured.

Although my counsel was given in the open air, and on the boulevard, it was rigorously followed, and fifteen months later I learned of the birth of a fine child, who is ten years of age today, and enjoys excellent health. Two ulterior pregnancies in the same case also terminated happily.

To resume: whenever the physician finds himself in the presence of a series of miscarriages, occurring in a healthy woman of good constitution, he should commence to suspect that these accidents are due solely to the syphilis of the father, who has destroyed his child in the womb of its mother.

Another important point is: a syphilitic father is dangerous for his children, as the spouse of their mother; in effect, he may transmit the disease to his wife, and then, the father and mother being syphilitic, what will be the condition of the children?

Three alternatives present themselves:—

1. The child will perish in utero, and that is assuredly the best for the child.

2. He will be born at term, but infected with the disease.

3. He will survive, with his health compromised and exposed to all the alternatives of disease.

a. For the first case—death in utero—experience has demonstrated its frequency; thousands of cases sufficiently prove its occurrence; all the observations are so exactly in concord that they appear stereotyped. The pernicious influence continues to be felt even in ulterior pregnancies; there has been observed series of four, six and seven successive pregnancies terminating always the same way, in miscarriage. I have seen, at the Lourcine Hospital, a young woman, strong and of splendid constitution, who married in her nineteenth year, and had three successful pregnancies. Her husband, in an extra-conjugal adventure, contracted syphilis, communicated it to his wife, who became enceinte and miscarried in the fifth month; a second pregnancy terminated in premature labor, the child being dead; a third, a fourth, a fifth pregnancy had the same ending; the sixth terminated in miscarriage, in the third month; the seventh, at the sixth week, in the same way. This case is extremely interesting—seven miscarriages succeeding three successful pregnancies and supervening after transmission of the disease.

b. In another series of cases the child is born living, but infected with the disease, and is consequently exposed to all the dangers of infantile syphilis, from which, by careful nursing and attention, a few infants may be saved, but the great majority perish.

c. It is possible that the child escape death and the disease also, but the influence of the hereditary taint will show itself in another way; by the natural debility which characterizes the most of these children, who are weakly, wrinkled, like old men, and of very poor constitution; nothing attests the existence of syphilis, but they are so puny that they cannot survive and usually succumb, wasting away gradually, without any apparent disease, no particular lesions being found at the autopsy.

Or, again, they have certain morbid predispositions: 1st. They are born hydrocephalic, or frequently become so. 2d. They are very frequently subject to nervous troubles, to epilepsy, while they are very young, and later to convulsions; they very often die in simple convulsions. Finally, they are generally lymphatic and have feeble vital resistance to scrofula. But scrofula is not, on this account, a metamorphosis of syphilis, as has been erroneously pretended; it is a fixed morbid entity, just as is syphilis; it is, however, incontestable, that venereal disease constitutes a predisposition to scrofula, inasmuch as it is a debilitating, asthenic malady, acting on the organism in the same deleterious manner as insufficient nourishment, confined, impure air, and crowding in small, humid tenements.

III. A man who marries while still suffering from syphilis is dangerous as head of a family, by reason of the lesions to which he personally is exposed.

This is the most difficult and delicate aspect of the question, not only from a medical standpoint, but also as regards morality and the general principles professed by all honorable men.

The man who has contracted syphilis is exposed to a series of lesions of exceeding gravity, and which often prove fatal. Or, with very rare exceptions, these lesions supervene at an advanced epoch, in the tertiary period, and thus the disease, contracted in the heedless years of youth, becomes of gravity only at a ripe age, when the individual has become the father of a family.

What a sad situation, from a medical point of view, is that of a man who has every chance of suffering from the assaults of the syphilitic diathesis!

He is diseased for the future; physically vitiated; owing a debt to syphilis which must, one day or another, be acquitted.

Is it, then, honorable, is it in accordance with the common principles of morality, that such a man think of becoming a husband and father? It is assuredly against all principles of morality, and is inadmissible. In effect, marriage is not alone an affair of sentiment, of passion, of convenience or of personal interest; it is also, and to view it in a more practical light, a partnership, freely entered into, to which each partner should bring a sufficient share of good health to accomplish the end which marriage should attain in society.

Or, this man brings into the partnership a constitution already hypothecated, owing a debt to syphilis, an inexorable creditor—a debt which he will one day be required to pay. When he finally becomes so infirm that he is no longer able to work for a livelihood, what will become of his wife and children? I demand again, is it honorable for him to think of wife and children, when he can but leave them widows and orphans? The man, still suffering from syphilis and aware of his condition, who places his signature to a marriage contract, is a villain (misérable).

It is exactly as if two individuals formed a copartnership in any business, and while one of the partners brought his share in solid cash, the other could offer nothing but hypothecated values, which would inevitably suffer depreciation. This last is our syphilitic subject, who, in exchange for the health of his young wife, brings into the partnership a vitiated constitution, menaced with every morbid catastrophe.

And do not depart thinking I have exaggerrated in drawing so sombre a picture; I have but presented to you what I have too often seen, these hidden family dramas which are a veritable social misery. I will cite but a few cases taken at random; here it is one of the most popular actors in one of the great theatres, who having contracted syphilis treated it with supreme indifference. Happily he did not infect his wife and had a healthy child, but he was attacked himself later on by a syphilitic ulceration, which took on a phagedenic form. I was unable to arrest its ravages, and it invaded successively the face, nose, upper lip, soft palate and pharynx, and in the end caused the unhappy being to become an object of horror and disgust to all about him. In another case an artist, a painter, contracted syphilis; the disease was incompletely treated, and he was attacked with an affection of the eyes which finally caused complete loss of vision, and the unfortunate was obliged to apply to the public Board of Charities to save himself from starvation. Another case was that of an unfortunate physician, rendered infirm by paraplegia, of syphilitic origin, and unable to save his wife and two children from poverty. A last case: an individual engaged in manufacturing pursuits marries; with his wife's fortune he founds a large factory and the business prospers; seven years after his marriage syphilitic periostosis brings on cerebral lesions, his intellectual faculties are enfeebled, he compromises his fortune, ruins his business, and dies in a state of dementia, leaving his wife and four children in extreme poverty. I could not finish if I undertook to recount all the sad social calamities I have witnessed. What should be said of the author responsible for all these evils? He is more ignorant than guilty, and it is a duty we owe to society to instruct the public concerning these dangers they ignore.

We should enlighten them, show them the abyss they prepare for themselves in neglecting our advice. We should firmly say to any man who wishes to marry while still suffering from syphilis, that if he has full liberty to do as he pleases while he remains a bachelor, he has not the right, by marrying, to associate others in his personal risks.

COMMUNICATIONS.

CASES OF EXOPHTHALMIC GOITRE.

Read before the Iowa Union Medical Society.

BY L. J. ADAIR, M.D.,
Of Anamosa, Iowa.

I saw my first case of exophthalmic goitre in 1872. At that time I was comparatively ignorant of even the three principal symptoms of this disease, and, of course, had more or less trouble in diagnosing my case. Books of reference were scarce in my office then—one text-book, an American author, and it perplexingly silent upon the subject. But at last I succeeded in convincing myself that I really had a case of exophthalmic goitre.

Mrs. B., thirty years of age, mother of three children, youngest two years and six months. Visited her January 17th, 1872. She was suffering at that time with violent attacks of palpitation, with difficulty of breathing, amounting almost to suffocation. Was anæmic; very excitable; respiration thirty or forty per minute; pulse 130; troublesome beating in the head and neck; difficulty of swallowing; voice changed; nausea and vomiting. There was bulging of the chest wall in the region of the heart and extensive dullness over the left side of the chest. She had not menstruated since the birth of her last child. Thyroid slightly enlarged, mostly upon the right side. There was no exophthalmus, but a very peculiar expression of her eyes that I cannot well describe. The attacks of palpitation and difficulty of breathing was what alarmed her most. She had been told by a physician in whom she had a great deal of confidence that she had an affection of the heart that would soon end her earthly career, and, of course, I was often importuned to know if I thought she really had disease of the heart. As I was uncertain as to the true nature of her affection, I evaded any explanation, and comforted her as much as I well could with the assurance that perhaps there was help for her. She stated to me, at a subsequent visit, that the enlargement of her neck was of old date, was first noticed when she was a girl sixteen or seventeen years of age, that she had always had palpitation upon the least excitement, and an occasional attack of suffocation. But not until after her confinement with her last child was her health so much impaired that this poor woman confined herself to her bed, expecting that every attack would be her last. Of course, she was very much alarmed about herself, and I think fright was a great consideration in her case; yet her condition was most pitiable, and I did not envy the physician who had thus, through ignorance, taken away the hope of a return to health and family. So far as the treatment was concerned, I followed this case through many weeks, with variable changes. Tonics—quinia, strychnia and iron, quinia and iron, valerian and iron, alteratives, etc., etc.. My patient was no better; she was discouraged, and so was I.

I often thought of the story I once heard an old practitioner relate some years since, which was, that while practicing in Michigan years ago—the country was new, and economy with him was all important—he would put all the odd bits and parcels of medicine that naturally accumulated about his office into a jug, and add, now and then, a little water to supply the waste by evaporation, etc., and when he had a case that troubled him, and the pay was poor, he would give a dose out of his jug. He said it almost always hit.

At last, I gave my patient tincture digitalis, and how I came to do it I do not remember; I think it was given with iron at first, and finally the iron left out of the prescription, and the digitalis given alone; the object was to lower the heart's action, and to do so, large doses were given, increasing each day, or each alternate day, until the object was attained. She began to improve slowly at first; the attacks of palpitation were less frequent and less severe; her appetite improved; pulse went down to 70 or 80; began to menstruate in two months. Added cimicifuga to digitalis, when the improvement was rapid. Eventually she regained tolerable health. The cardiac dullness disappeared, with fullness also. In 1874 she became pregnant, and miscarried at three months, when she had a slight return of her old disease, but soon recovered. The following year she again became pregnant, and went to full term. While in this condition she had an attack of rheumatism, subacute. While nursing her babe she became very nervous, with palpitation. I advised weaning the child, and she again rallied, and enjoyed very good health. The goitre never disappeared, and never seemed to change very much. In 1878 the family moved away, and I have only learned through her friends that she enjoys fair health.

CASE 2.—June 14th, 1876, a young lady of twenty years came to my office, accompanied by her mother, who stated that her daughter had been ailing for three or four months. The first that was observed was that the girl was becoming very irritable in temper, that she did not have her courses, and was growing thin and pale;

appetite was not so good as usual; that she was in good health previous to that time, excepting that she had rheumatism at the age of eleven or twelve.

The first thing that attracted my attention was the unnatural prominence of her eyes, with a peculiar savage expression. I asked to see her neck. Found a large goitre, that seemed very low down, which I attributed to pressure. Examined heart and found violent throbbing, with blowing sound; pulse 130. Learned that she had attacks of palpitation, and sometimes a choking sensation. I also observed choreic movements of hands and arms, especially upon the right side. She also stated that upon several occasions she had fallen, partially unconscious. Suspecting that this last symptom might be owing to uræmic poisoning, I examined her urine. There was a trace of albumen. She was not conscious of the rapid action of her heart, only at the paroxysm of palpitation. She was sleepless; had œdema of lower extremities, anorexia and profuse sweating. I prescribed comp. jalap powder, to be followed with quinia and iron. To report to me again in three or four days. At the end of the fourth day I saw her. She was in about the same condition as when I saw her last. At this visit I put her upon tr. digitalis, increasing, to the effect of lowering the heart's action, which was accomplished in one week. From this time she began to improve; her courses came on in due time, and she made a good recovery. For the goitre I used subcutaneous injection of ergotine, with good effect, materially reducing the goitre. The eyes returned to nearly their natural position, and to all appearance this lady has regained her usual health. She is married and has one child, with no symptoms of a return of the old disease.

On May 4th, 1880, I visited a young lady of 17 or 18 years. She was suffering at the time from an attack of palpitation and dyspnœa; had not menstruated for over a year; was dropsical; thyroid enlarged; eyes protruded; pulse 140. The history of the case was that in March, a year previous, she had been feeling badly; was nervous and excitable, and ceased to menstruate. During the summer months she had an attack of dysentery, which reduced her very greatly, from which she did not recover fully until fall, when the exophthalmus was noticed; also the goitre. She remained very excitable. The heart-beat was rapid and violent. What the treatment was I did not fully learn, only that it probably was sustaining, with an occasional electric bath. During the early spring she was sent away to a neighboring city and given in charge of a homœopathist, whose treatment consisted in the administration of emmenagogues. Not succeeding, he proposed local treatment for a metritis, as he wrote her mother. Not thinking this kind of treatment proper for her daughter, the mother wrote her to come home. She was not improved, excepting that her appetite was better and she was a little stronger.

At the date of my first visit I began the administration of tincture digitalis, in very large doses, with a view of reducing the action of her heart. I succeeded in keeping the pulse about 80 to 100, occasionally below, a few beats. I kept this patient for weeks upon fifteen to thirty-five drops of the tincture. She began to menstruate in two months and continued quite regularly to the present. Her health is quite improved. The exophthalmus is not so noticeable. The thyroid enlargement was not changed until September, when I began the administration of ergot in combination with digitalis and cimicifuga. At present it is much smaller. She has put on flesh rapidly, feels strong, and, I believe, is on the way to a fair, if not a perfect, recovery.

Clara S. came to my office in July; was complaining of palpitation and difficulty of breathing, and felt that she was growing weaker. Her pulse was 120, eyes protruding, thyroid enlarged; there was also œdema of lower extremities. There were choreic movements of right side, cardiac dullness with anæmic murmur, her appetite usually good, does not sleep well. I began treatment with the digitalis, with improvement. I am not able to state whether the cardiac dullness noticed in these cases was due to hypertrophy or dilatation, or both, only I am quite sure that it did exist. Trousseau claims that the dullness is due to exaggerated impulse of the heart and arteries. The recovery in these cases makes me skeptical as to its being either hypertrophy or dilatation. Whatever the true pathological condition is, I certainly believe it curable. A peculiarity in two of these cases was the choreic movements and loss of sensibility upon right side. I can offer no explanation excepting that perhaps it may be confirmatory of the neurotic theory of this strange disease.

In all cases of Grave's disease the heart appears to be primarily affected, and then follows the long train of symptoms, usually the exopthalmus appearing first, and then the thyroid enlargement, after which follow the paroxysm of suffocation from pressure upon the recurrent laryngeal nerve, excessive nervous manifestation, œdema, peculiar cachexy, etc. The cause of this disease is said to be stimulus applied to the cervical sympathetic; by others to anæmia of the pons, producing a failure of sensibility in the vaso-dilator or regulating nerves of the heart.

Whatever the cause may be, it seems to me a vast field for observation, and American investigation is far behind other countries in this field, at least I am not aware of any particular effort in this direction.

SOUTHWESTERN TEXAS AS A HEALTH RESORT.

BY MRS. GULNARE GARRISON,
Of De Witt, Arkansas.

My husband, Dr. J. B. Garrison, having been requested by the editor of this journal to write an article for publication, on the subject of southwestern Texas as a health resort for consumptives and other invalids, has transferred the duty to myself, thinking that my facilities for doing so were greater than his own, from a personal experience of three successive winters spent in that delightful locality.

In 1870, my husband's mother, then nearly 60 years old and in an advanced stage of consumption, left her home in West Tennessee, and after a few years' sojourn in southwest Texas regained her health entirely, and is now enjoying a degree of health and vigor rarely equaled by persons of her age. Since that time a great many patients, principally consumptive and scrofulous invalids, have been sent to that region by my husband, all of whom have recovered.

In the home of the Doctor's father, Rev. R. C. Garrison, on the bank of a beautiful little river, the Cibolo (pronounced Seewilla), twenty miles southeast of San Antonio, my past three winters have been spent. Twice have I left my home when the very thought of life was a burden; when my friends, at parting, felt that our next meeting would be in a world beyond; but a few weeks in that vivifying atmosphere gave a new life impetus, and now my health is perfect, and I weigh more than ever before; while, anterior to my first visit, I was the subject of repeated hemorrhages from the lungs, with all their attendant horrors. One noticeable feature of my case was, that having been a great sufferer from chronic nasal catarrh, all evidence of the malady ceased within three weeks after my arrival in southwest Texas, and on my return home to Arkansas after the first visit, in about the same length of time all the symptoms returned.

The climate is a variable one; at one hour quiet, summer weather, while the next, perhaps, you are shivering under warm shawls, before a fire, hiding from some fierce "norther." These Arctic blasts last from twelve to thirty-six hours, yet, strange to say, no one ever "takes cold," as is the result of such sudden changes further north.

Invalids seeking homes here must not expect to find them luxurious, for until the last few years most of it was wild land. Now civilization, with its comforts, has kept pace with the tramp of the iron horse, while churches, schools and villages everywhere give evidence of rapid social progress. But health-seekers should want little else.

Sutherland Springs, in Wilson county, is quite a resort for invalids at all times. In addition to its pure atmosphere, the medicinal value of the water of the Springs has proven to be very valuable. They are variously named according to their chemical constituents, Black and White Sulphur, Sour, Iron, etc.

The village is small, but prettily situated near the Cibolo; accommodations tolerably good; board $10 to $20 per month; but few require hotel accessories, and the great desire to be in the open air all the time causes a boarding-house to be anything but a necessity. A village of canvas will spring up, as if by magic, in a night. So pure is the air, and so health-giving the atmosphere, that the veriest invalid, the most delicately-constituted, can "rough it" with impunity in the wild woods, sleep sweetly and securely in a tent, feeling that each day and night so spent gives a new lease of life. I can instance a friend of mine, quite an old lady, who for twenty-five years or more had been a great sufferer from some uterine affection, who, for all these years, had not been able to make her bed, sweep her room, or walk a square—in fact, was almost helpless. She left her Tennessee home, and chance guiding her to this village of springs, she gave them a faithful trial, taking baths and drinking from a peculiar, sour spring, said to belong exclusively to women.

She was two years at this place; her health was renewed, and she went further West. She is now living in a little mountain village, fifty miles west of San Antonio, keeping house and boarders, doing all the work that keeping house, unaided by servants, means, and in perfect health. This cure seems miraculous to those who know her. Her home, the village of Bandera, in a county of same name, is now quite a resort for persons with some varieties of lung trouble.

The safest plan for all patients is to go first to San Antonio, and there consult some physician as to the most suitable locality for their peculiar malady, or condition. San Antonio is easily reached by rail, and a trip over that line is sufficient in itself to infuse new life into one's veins. Down the St. L. and T. M. R. R. to Texarkana, where you are sure of a good breakfast before entering Texas; then on over the T. M. and Great Southern you pass all day, and each hour see something new and interesting. When night comes you sleep comfortably in luxurious coaches, and awake to breakfast again in Houston. Thence onward, in an elegant drawing room car, you pass over the "Sunset" route, to sleep in San Antonio, the Venice of America.

Each street traversed by canals leading from a silver stream flowing directly through the city, spanned by bridges, rustic and substantial, and marble terraces leading down to the boat houses by the water side, presents a charming picture.

A morning drive from San Pedro park, north, at the head of the river, southward through the city. down Garden street, will show the park, charming with its wilderness of wild beauty and its groves of live oaks.

Westward, in the mountains of Bandera, much of interest will be found. The people are generous, genial and prosperous. There is entire safety for life and property, and the inhabitants are intelligent and often refined.

POST-PARTUM HEMORRHAGE AND ITS TREATMENT.

Read before the Tompkins County Medical Society.

BY S. P. SACKETT, M.D.,
Of Ithaca, N. Y.

As I wish to say something of flooding following delivery, I will commence by relating a case that recently occurred in my practice.

October 26th, 1880, I was called to attend Mrs. Eldridge, aged twenty-five, primipara. Her appearance was anæmic, and she said that she had not previously had good health. I delivered her, after a labor of thirty hours' continuance, of a male child weighing nine pounds, using forceps at the last, after I was satisfied that there was inertia of the womb, and that the pains were evidently inefficient.

Before applying the forceps she was laid across the bed, with her feet drawn up on the edge of the bed, and the child and then the afterbirth delivered, without any unusual difficulty or hemorrhage, and from the position and exposure of the parts, I was able to observe just how much blood was lost. Immediately afterward the blood came in a profuse torrent, producing some evident change in her pulse and countenance, which showed some signs of approaching collapse.

My hand had been placed on the abdomen, to make pressure while I removed the placenta, and I again placed my left hand on the bowels and endeavored to grasp the uterus, while I passed my right hand into the vagina to reach the womb, to stimulate it to contract, by friction on the inside. At first I removed two clots as large as my fist from the vagina and womb, and then, as two or three more immediately formed, I removed them, also, and then soon ceased to irritate the womb, and held my hand quite still in the vagina. Within about one minute the flooding ceased, and after holding my hand still one minute longer, I removed it, and also the new clots that had formed, and the patient did not suffer from any unusual hemorrhage afterward. She had a tolerably good recovery, though she remained for some time weak and anæmic.

Without commenting on this case further than to say that, in a similar case I should try the plan again of using my hand as a tampon, I will proceed to give my views of the treatment of post partum hemorrhage.

In order to be prepared for an emergency, the practitioner of obstetrics should in each case be armed with ergot, opium, veratrum, some diffusible stimulant, such as aromatic ammonia, aromatic powder or brandy, one of the persalts of iron, tinct. iodine, carbolic acid, permanganate of potash and alum, or aluminate of iron, glycerine, ergotine and acetate of lead. He should also, without parade, see that hot and cold water are near at hand, and, as I think, also vinegar, and a syringe suitable for vaginal and one for hypodermic use, and ice or snow, if obtainable. I have made a long list of articles, because I can think of some contingencies in which I might desire either of them.

Either opium or ergot may be safely and properly given a short time before the termination of labor, as a precaution to prevent hemorrhage. I may say also that I tie the cord in only one place (instead of two and cutting it between the ligatures), and I am confident that I have less trouble (from either adherent placenta or hemorrhage) thereby. The practice, also, of assisting the expulsion of the placenta by pressure and friction on the abdomen while inducing contraction of the uterus, lessens the liability to flooding.

If troublesome hemorrhage does come on, I should not depend, for even a minute, entirely upon such manipulations with my hands as I have indicated. While doing what I could myself, I should direct a nurse or assistant to ligate the thigh tightly with a cord, a practice that has been effective in other hemorrhages, and might be in this.

Subsequent treatment should, of course, vary with the symptoms. If there is faintness or great prostration, I would give an ounce of brandy with nutmeg, believing that it would equalize the circulation and lessen the flow, although I do not permit my patients to take alcoholic stimulants during labor, lest it should cause flooding. Should the pulse be full or hard, we should administer the following remedies successively or alternately if required: Ergot, opium, veratrum, and large doses of acetate of lead.

Without waiting for the effect of internal remedies, I would apply a piece of ice or a cloth wet in cold water to the abdomen, and perhaps press a piece of ice into the vagina.

We should not continue to use the cold applications more than half an hour if they are inefficient, and if we do not have ice or snow at hand we may apply a cloth quite hot immediately to the abdomen. At the same time, I would introduce a cloth saturated with vinegar into the uterus, and after squeezing it so as to leave the vinegar there, I would remove the cloth as far down as the vagina. Should hemorrhage still continue, use the following successively as injections into the vagina and womb: 1st. Hot water, of the temperature of 110° to 120°. 2d. A solution of permanganate of potash. 3d. A solution of glycerine and carbolic acid. 4th. A weak solution of iodine. 5th. A solution of some of the salts of iron, of which I prefer Monsel's solution.

I would be willing to substitute alum for either of the above drugs if that was at hand and the others were not. Ergotin may be substituted for ergot, and may be administered hypodermically.

In conclusion, I would say that a pulse of 100 or more, after delivery, indicates danger of hemorrhage, and the patient should be watched.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC BY PROF. J. M. DA COSTA.

Held December 4th, 1880.

Autopsy of a Case of Typhoid Fever Complicated with Pneumonia and Intestinal Hemorrhage.—Remarks on Intestinal Hemorrhage and its Treatment.

GENTLEMEN:—I am sorry to say that one of our typhoid fever cases has proved fatal. You will remember the patient recently before you, Michael D., who had the persistent high temperature, which attained 106°, and remained in the neighborhood of 103° and 104°, with only slight remissions and exacerbations, since the date of his admission on November 8th, up to within the last few days; this man died on the 28th, from exhaustion. You will recall the case more readily, from the fact that he had an attack of pneumonia, to which I called your attention when he was before you, as I then told you it was a pneumonia of peculiar character—the pneumonia of typhoid fever. I also discussed his treatment to some extent with you. Cold baths were given, notwithstanding the pulmonary complication, to reduce the temperature, and this expedient proved successful, at least in keeping the temperature from becoming excessive. When it attained 104°, and was rising, he was put at once in a wet-pack, and kept there until it fell two or three degrees; this was applied as the thermometer indicated, even being repeated three times in one night, and once or twice the plunge bath was resorted to (temperature 60°), with marked benefit. A decided peculiarity in this case, which we noticed toward its close, was the tendency for a rise in the temperature early in the morning, for which antipyretic doses of quinine between the hours of four and five o'clock A.M. were administered. We treated the pulmonary complication with turpentine internally and externally; also with stimulants, and at times with ammonia, but that was a passing treatment. On the whole, the quinine and turpentine treatment with counter irritation, with cold baths, was the treatment pursued.

This man, occupying bed No. 7, was a desperately ill man. The disease fluctuated from day to day, but while we always held the prognosis as doubtful, from the very continuation of the case we thought that, after all, recovery might occur; when, unfortunately, a profuse and exhausting intestinal hemorrhage took place. This was met by the administration of ergot internally, and by the use of hypodermic injections of whisky, to which we added a little ammonia, five drops of aqua ammonia to a syringeful of whisky (thirty minims). This revived him, and, indeed, notwithstanding two profuse hemorrhages, and a slighter subsequent one; nothwithstanding, therefore, this profuse bleeding, the hypodermic injections and the ergot seemed to control the grave phenomena. But the loss of blood was too much for him. Struggling as he had been for weeks with this pulmonary complication in addition to the prostration of a low fever, it was impossible for him to react. The bad condition of the blood, moreover, was shown from the livid and ecchymotic spots caused by the hypodermic injections, which afterward formed large bullæ filled with bloody serum. Therefore, this was not so much a death from the typhoid fever, as from an accident in the course of the fever, the intestinal hemorrhage, which may happen in any case of typhoid, let it be light or let it be grave.

I show you here the specimens, which are particularly interesting from the point of view which we took when you saw him, concerning the pathological anatomy of the pulmonary complication of typhoid fever, and partly from the point of view of being a fatal case of intestinal hemorrhage occurring late in the disease.

First, let us look at the lungs. There they are

—the so-called pneumonia of typhoid fever. Now, you perceive, when we examine this lung, that the first thing to note is that there is increased pigmentary deposit, but, with some rare spots excepted, you do not find that the lung tissue is consolidated. At the lower part of both lungs a small portion taken out will sink in water, but all this mass which appears to you to be completely consolidated is still capable of floating. This confirms what I told you about the pneumonia of typhoid fever. It is not a true consolidation. Here and there are spots of consolidation, some groups of collapsing air cells filled with granular material, but without true exudation of lymph, but all the other portions are densely congested. At the base of the right lung, it is true, there is a spot which looks like true pneumonia consolidation, but it is limited; the left lung is more crepitant. Here then is the pneumonia of typhoid; deep congestion, collapse of air cells, with only partial consolidation; both lungs present the same features, only differing in degree.

I will only add, to make the case complete, that there was subsequently no material difference in the physical signs from what you saw when he was before you. There was on one occasion a passing friction, but nothing having any special bearing upon the case.

Here is the typical spleen of typhoid fever. Look at it! Larger and softer than normal, not red, but certainly increased. This is the kind of spleen that you will find in severe cases of typhoid fever. The liver is pale, large and somewhat fatty. I do not consider this as belonging to the disease proper; more likely it is due to previous changes. I do not know what his habits were, but this fatty degeneration does not belong to the typhoid fever process. Now, we will examine the intestines. I want to show you the ulcerating Peyer's patches, from one or two of which the fatal hemorrhage took place. In two places the ulcerations had extended through to the peritoneal coat, though no perforation had taken place. The ulcers were not large, only of medium size, and show in some parts, very evidently, signs of cicatrization. You see here, most distinctly shown, the enlarged solitary glands; though they do not appear ulcerated, they simply seem to be the seat of the typhoid fever deposit. Whereas, in the lower part of the ileum, at this point, you can see the remains of a Peyer's patch, a portion of which has sloughed out; the upper part is still the seat of infiltration; in the lower portion of its extent the process of cicatrization has commenced; the membrane is thin; it is only here, where the surface is depressed, that this ulcer is unhealed. Here is another patch, infiltrated, and the seat of superficial ulceration. Here is one very well marked; the whole patch is prominent, remarkably preserving its shape, and shows beginning abrasion, not deep ulceration.

Now, gentlemen, suffice it to say, that it was from one or two points—we need spend no further time in searching for them among the many spots of ulceration—from which the mucous membrane is entirely gone that these hemorrhages took place. Here is a very large, thoroughly characteristic Peyer's patch, enormous infiltration. Here is what I was telling you about, where there has been almost a perforation; you see this hole which has gone down to the peritoneal surface. A little more, and this would have led to perforation. It is very probable that from this identical patch, or some other just like it, the fatal hemorrhage began.

While, of course, glad of the opportunity to show you these specimens, I am sorry, from the therapeutic point of view, to have this opportunity, and repeat that I do not think that I would have had it but for the hemorrhage which unfortunately occurred.

As you have seen this case before, I will now make some remarks upon the subject of intestinal hemorrhage in typhoid fever and its treatment.

It is a remarkable fact, and one which only illustrates the different character which different epidemics assume, with regard to this complication, that out of all the cases that we have recently had under treatment—and I do not remember in all my experience as physician to this hospital, at any one time, having had so many cases of typhoid fever together in the ward—it is very strange, I say, that this is the first case of intestinal complication that has occurred. Out of this series of cases we have been studying, not one presented a symptom of the kind; out of all the cases I have shown to you, I have not had a single remark to make or a single suggestion to offer as regards the gastro intestinal complications. This is the first case of intestinal hemorrhage. You have further satisfied yourselves that this hemorrhage came from several unhealed ulcers in the small intestines, which were still progressing, and which would in all probability have led one, at least, to a perforation and fatal peritonitis.

Was this the only cause of the profuse bleeding? Does it always happen from the extensive ulceration, which you see here, that the intestinal hemorrhage occurs, or is there another element present which was largely active in producing this result. Gentlemen, the intestinal hemorrhage is not necessarily linked to extensive and progressive ulceration of the bowels. Generally, when you have marked intestinal hemorrhage, there is another element which determines the bleeding, which is as potent in producing the result as the intestinal lesion; that element is the progressive deterioration of the blood by the prolonged fever process. The hemorrhage is due partly to the ulcerative process and partly to alteration in the blood. Even in extensive ulceration, there may be only small and insignificant amounts of blood in the stools; nothing like a marked hemorrhage. But in other cases of typhoid, hemorrhage of serious character may accompany only slight destruction of glandular patches in the intestine. That is one point: the cause of the hemorrhage is partly local, partly general.

Was there anything in the symptoms which predicted the occurrence of this grave, and as it proved, fatal complication? Could we have foretold it? Did we suspect it? Yes, gentlemen, there was something most significant that took place, which pointed to what was going to happen. You know that this case, throughout, has been marked by unusual height of temperature; this I have discussed with you, marking 106° on one occasion; 105°, you see, was often attained, indeed, it was rarely under 104° or 103° (except when temporarily under the influence of the bath, or of large doses of quinine). Well, the temperature continued elevated until on the morning of the 25th it fell without obvious cause. We find indicated in the temperature chart a sudden drop in the temperature, from 104° to 101°. This is most significant. That night the hemorrhage occurred. When you have at the height of a case of typhoid fever, which hitherto has been marked by elevation of temperature, such a marked fall as this is, you will be right, in ninety-nine cases out of a hundred, in attributing that fact to intestinal hemorrhage which is taking place, or is about taking place. That is one diagnostic point that I wished to speak of; another point is this: The signs of internal hemorrhage, of course, are the appearance of blood in the stools, and evidently impending collapse. He was perceptibly weaker. Perhaps it was the shock of the hemorrhage which weakened him; but, whether due to remedies employed, or to reaction, he grew better under the use of ergot and stimulants, and we hoped that he would be able to weather the storm, but the hemorrhages (one about a pint, the last about half as much) had been too great, and he died, exhausted, in the course of thirty-six hours after the first hemorrhage.

Now for the treatment. I call your attention to the treatment pursued. Ergot by the mouth, some stimulants, to revive him, of course, but ergot by the mouth and hypodermic injections of whisky, with a little ammonia, constituted the main reliance. I should have liked to have given the ergot hypodermically, and under other cirsumstances would have done so, for I believe that ergot is the best agent in the treatment of intestinal hemorrhage of typhoid fever, and that hypodermic injection is the best method of giving it. Why did we not employ it here? Because the few injections of whisky and ammonia were followed by so much extravasation about the point of puncture, that the idea of administering ergot by this route was at once abandoned. We gave twenty minims every three hours, by the mouth; and after he came fully under its influence there was no more hemorrhage.

What about the hypodermic injection of stimulants? I have often resorted to the injection of whisky and ammonia in temporary conditions (3 to 5 drops aqua ammonia, whisky 30 minims), with marked benefit. It is a powerful stimulant to the circulation, enabling us to rapidly produce an effect, and, in emergencies, may save life, or at least revive the patient and gain time, so that other remedies may have an opportunity of producing their effect.

Pneumonia Occurring in an Emphysematous Lung. Remarks upon the Peculiar Physical Signs.

Upon the discussion of this case I shall not spend much time. He came in with a history of remittent fever; of this there is no doubt, and when we saw him he was in the third week, or at least the second week was completed. There was some little uncertainty about its duration, but none as to its character, for, from his general condition, and the size of the spleen, there could be no doubt that he had passed through an attack of malarial fever. Shortly after he came into the hospital—indeed, at the first examination—we detected dullness at the base of the right lung, with some râles, enfeebled breathing, but without marked tubular breathing. We recognized that we had to deal with an acute pulmonary complication, for, from the man's statement, he had only presented cough and symptoms of lung trouble for a few days prior to admission.

We, therefore, considered this more as a lung case than as a fever case, for the remittent had largely passed away. Now, gentlemen, notwithstanding all the means employed, the lung complication became more marked, dullness became more evident, and extended over the whole of the right lung, the usual impaired resonance of pneumonia. But the point that I wish to impress upon you is this: at no one period in the disease did we obtain a pure, distinct blowing or tubular respiration; it was always a little obscure, with expiration prolonged, and, with increased vocal fremitus; though we regarded the case, on the whole, as one of pneumonic consolidation. The day before his death, which occurred yesterday, he had a great increase in dyspnœa. No murmurs were detected in the heart, but the dyspnœa was due to obstructed circulation.

Here are the specimens. Look at this right lung; it looks like liver, not like lung. It is so red, so firm, so dense, so completely consolidated, that it gives us a marked illustration of true or croupous pneumonia; very different from the pneumonic lung that you saw a few moments ago, which was only a bastard pneumonia. This is the true disease, in which there is a deposition of lymph in the air-cells, solidifying the lung so that it will sink in water. See how large and dense it is, like liver; hence the term "hepatized," often applied to this condition. What do we find in the other lung? There is congestion at the lower part, but this is not the reason I wished to show it to you, but because it is an excellent illustration of emphysema—vesicular emphysema, in which the air-cells are greatly distended by air, especially along the border of the lobe; the lung tissue is spongy. Here we have pneumonia with complete hepatization in one lung, and marked emphysema of both lungs. A combination very likely to prove fatal. The spleen is large; I only mention it in connection with the malarial history. The heart contains clots formed in the left ventricle, as well as on the right side, and there is every reason to believe, from their hardness and fibrinous character, that they are ante-mortem clots, that they had been forming for a day or two, and that they possibly were the cause of the increasing dyspnœa.

Now, why had we not marked signs of pneumonia? Why did we not have ordinary bronchial blowing respiration and well-transmitted râles, from this evident complete consolidation? Why did we rather incline to the diagnosis of pneumonia only; because it fitted into the case better than anything else, because of the dullness, the râles, the well transmitted voice and increased fremitus? Indeed, the disease acted more like the pneumonia of a continued fever than a true, frank pneumonia?

Gentlemen, the only explanation that we can give here of the absence of the signs of perfect consolidation (tubular breathing) although the lung is completely hepatized, is the co-existence of emphysema. The lung had been in a condition of very great and long-continued distention of the air vesicles; the pneumonia attacked a lung altered by emphysema. There was dullness, but the amount of dullness was not so great during life as you would expect. But the most instructive part is the absence of tubular or bronchial breathing. With this consolidation we ought to have had the most marked tubular respiration, almost metallic in its whiff. How explain its absence, with the marked consolidation which this lung shows? You do not find the almost complete consolidation around the bronchial tubes in this case of emphysema which is necessary to produce bronchial breathing, characteristic of uncomplicated true pneumonia. So that this case of lung inflammation occurring during remittent fever, or chronic malaria, is interesting, from the fact that the physical signs of pneumonic consolidation were modified by the pre-existence of emphysema in both lungs, for the affected lung was undoubtedly in the crippled condition so well marked in this left lung; a complication, moreover, that must always render more grave the prognosis.

Relapse in Typhoid Fever, as Indicated by Transverse Markings on the Nails.

You will remember that early in these cases of typhoid fever I showed you two cases where the relapse was nearly over, and I called your attention to the marking upon the nails, owing to imperfect development during the fever. Patrick J., at that time, was at the height of the relapse, and I brought him before you particularly to illustrate relapse in typhoid fever. I bring him now before you to show you that he exhibits very plainly the characteristic marks upon the nails; in this case a double line is seen. You observe the first white mark from the original attack, and the second is just grown out. You can see by the nails that the man has passed through two fever seizures. So that, in making a report of recovery in this case, we observe, as a matter of interest, that he has a double line running across the nails of his fingers, which is best seen in profile.

Malario-Typhoid Fever, with Relapse Having the Character of True Typhoid—Treatment.

In concluding to-day's clinic, let me bring before you this man, who seems fated to come before you; he is always presenting something new. Cornelius J. is one of the most instructive cases in the ward—a case of malario-typhoid fever, typhoid with a malarial complication, not a typho-malarial fever. This man, who has now been presented twice before you, became much better—in fact, he got pretty well; his spleen went down, his abdominal symptoms disappeared, or nearly so, a little diarrhœa remaining; his temperature fell to the normal, you see, even a little below, to what we call a sub-normal temperature; it was 98°, as is shown by this temperature chart. It remained normal, or a little below, for nearly a week, at the end of this malario-typhoid fever, when suddenly—notice this enormous rise—from 98°, in a day and a half, it reached again 103½°. Since then it has been a fever temperature, with some daily exacerbations and remissions, but not below 100°. Here is the characteristic feature of the temperature in a relapse of typhoid fever: Going up suddenly, after remaining normal for several days, attaining its maximum in less than forty-eight hours. With this reappear the usual symptoms of typhoid: The tongue, which had been cleaning, has become again red and lightly coated, his diarrhœa has come back (he had six stools in twenty-four hours, and within the last twenty-four hours he has had three stools of a loose character, and that although he had been taking remedies to keep the bowels in check). Moreover, what will be most interesting to you, the spots have returned. At the lower part of the chest we have a characteristic rose-rash reappearing; they were seen on the second day after the occurrence of the fever. Therefore they constitute an early eruption.

Now, could you have a better illustration of what the symptoms of relapse in typhoid fever are—rapidly returning high temperature, attaining its maximum speedily, eruption shown on the second day, not lingering until the end of the first week, as in the first attack, but coming back quickly, and diarrhœa? But what from? Was there any indiscretion in diet? This I cannot say; I do not know of any change in the diet, but sometimes patients have things smuggled to them by their friends, apples and things of that description; but I do not learn of anything of that kind here. I look upon it as a case of relapse in typhoid fever, from re-absorption from his own intestines of the typhoid fever material.

The treatment shall be mineral acid, moderate doses of quinine, keeping the bowels in check by opium suppositories, if necessary, increasing the stimulant again, with a restricted diet; this shall be the treatment here continued, and it does not differ materially from the treatment of the first attack.

MEDICAL SOCIETIES.

IOWA UNION MEDICAL SOCIETY.

The semi-annual meeting of the Iowa Union Medical Society, embracing the counties of Linn, Jones, Cedar, Scott, Benton, Delaware, Marshall, Tama, and Buchanan, with a total membership of seventy-six, met in Cedar Rapids, Iowa, December 14th, 1880, Dr. Geo. P. Carpenter, of Cedar Rapids, in the chair; twenty-nine members present. Drs. J. F. Escher, H. L. Green, S. C. Koontz, S. Cummings, and E. M. Keyes were elected to membership.

Dr. A. Reynolds, Superintendent of the insane asylum at Independence, gave an excellent demonstration of the anatomy of the brain, on a finely-prepared specimen, showing the location of Ferrier's centres of motion, sensation and special senses. It was listened to with marked interest.

Dr. G. L. Carhart, of Marion—who reported at the last meeting a remarkable case of general anasarca, cured after paracentesis abdominis, by calomel in alterative doses, aided by cream of tartar, sulphate potassa and squills, followed by digitalis and quinine, and who was requested to report the condition of his patient at this meeting—reported that her health remained excellent, and that he considered her cure permanent. This case was remarkable on account of the immense size the woman had attained, measuring four feet, eight inches in circumference over the abdomen, the amount of fluid yielded after tapping, the wound discharging freely for several days, and her final recovery under treatment, after having been given up as incurable by her former attendant.

Credentials were issued to the following members as delegates to the Iowa State Medical Society: Drs. J. C. Batdorf, J. W. Carson, H. L. Green, J. W. Lagrange, I. A. Packard, J. F. Escher, A. B. Reed, and S. Keith.

Dr. L. J. Adair, of Anamosa, read a report of several cases of exophthalmic goitre cured by the internal administration of tr. digitalis and hypodermic injection of ergotin into the thyroid. (p. 89.)

Dr. G. R. Skinner, of Cedar Rapids, reported a case of the same disease, treated on about the same plan, as cured after change of climate and general surroundings. The cause he regarded as of nervous origin in this case, and was maintained by unpleasant surroundings.

Dr. J. W. Firkins, of Fairfax, read a report of a case of puerperal convulsions in a girl 15 years of age. The first convulsion occurred about the second month of gestation, after the patient had taken immense doses of tansy to procure abortion. No convulsions then occurred until labor set in. The case was discussed by several members, the majority of whom inclined to the opinion that the convulsions were hysterical rather than puerperal eclampsia.

Dr. E. Burd, of Lisbon, read a report of a case of puerperal convulsions in a multipara, following delivery of twins. The patient had for years been affected with kidney disease, and at the time of her confinement was in a condition of general œdema. After recovering from the convulsions the disease of her kidneys ceased, and her health is now better than it has been for years, except that her memory is poor.

Dr. A. Jasper Jones, of Blairstown, read an essay on the therapeutics of chloral hydrate.

Dr. E. H. Hazen, of Davenport, read an interesting paper on traumatic cataract, giving illustrated cases, and urging the importance of the early use of atropia in all cases of injury to the lens.

Dr. J. Doron, of Mt. Vernon, made some remarks on the present State Board of Health law, criticising some of its provisions rather severely. Considerable warm discussion followed.

Dr. Doron offered the following resolution, which was lost:—

Resolved, That the matter of physicians' fees for attendance on pauper patients be referred to the township Trustees, by the consent of the Board of Supervisors.

Dr. J. W. Lagrange proposed the following, which was carried:—

Resolved, That a committee of three be appointed by this Society to confer with the Board of Supervisors of Linn County, to adjust the matter in regard to pauper practice.

Chair appointed Drs. G. L. Carhart, J. S. Love, and J. W. Lagrange.

Dr. J. C. Batdorf, of Mechanicsville, read an essay on the hypodermic treatment of hemorrhoids, with cases. The formula which the doctor uses is:—

℞.	Carbolic acid crystals,	ʒ ij
	Pure olive oil,	gtt. xxv.

Dissolve the acid by heat, and add the oil.

He treats but one pile tumor at one sitting. He reports more than fifty cases treated, all of which were cured, and no bad results followed.

Hypodermic Treatment of Hemorrhoids with Carbolic Acid.

A little more than three years ago I began the treatment of pile tumors with carbolic acid, by hypodermic injection. I was induced to resort to this method of treatment by reason of the fact that all other systems of treatment of this very prevalent and painful affection were objectionable, in consequence of the danger attending them, or their inefficiency in effecting a radical cure.

It is true that well-written articles have appeared from time to time in the medical journals, inveighing against this method of treatment, as fraught with dangers equal to those attending the ligature and knife. Two or three deaths were reported, supposed to have been caused by embolism, while a large per cent. of the cases treated had painful abscesses form in the anal region. Certainly these were formidable objections and must be overcome, or this method of treatment abandoned. How was this to be accomplished? When a pile tumor is injected with carbolic acid, the primary effect is the coagulation of its fluid contents. If a weak or highly diluted preparation of acid is used, coagulation takes place slowly and imperfectly, and it is possible that a small coagula may find its way into the circulation and give rise to embolism. It is more than probable that the formation of abscesses is attributable to the same cause, viz: imperfect coagulation and the absorption of acid. If rapid and perfect coagulation can be secured, embolism is a physical impossibility. Believing this theory to be sound, I have conducted my practice accordingly; and of more than fifty cases treated, all are cured, and no untoward symptoms presented themselves, except in two cases, where I was compelled to use a ten per cent. aqueous solution of carbolic acid—not being able to procure the crystal—in which small superficial abscesses formed in the anal region.

* * * * * * * *

It is important to inject the tumor near its centre, in order to avoid perforating the coats of the bowel, which might be attended with serious results. * * * * * * *

The secondary effect of injecting the acid is ulceration and sloughing of the pile tumor.

The formula which I am in the habit of using is as follows:—

℞. Carbolic acid cryst., ʒ ij
Pure olive oil, gtt. xxv.
Dissolve the acid by heat, and add the oil.

Should the acid crystallize on cooling, I do not increase the per cent. of olive oil, but I re-dissolve before using. I sometimes employ a saturated solution of acid, adding five drops olive oil to the ounce of acid. So far as I am able to determine, both formulæ are equally efficacious. The object in view for adding olive oil is to render the action of the acid more mild, which I believe it accomplishes without interfering with its powers of rapid coagulation. The number of drops to be injected into each tumor will vary from eight to fifteen, owing to the size of the tumor.

In order to limit the constitutional disturbance and suffering of the patient to the lowest possible degree, it is advisable to treat only one tumor at a sitting. It is rarely necessary to inject the same tumor a second time. Where but one tumor exists the patient is usually cured in thirty days, having required but a single treatment.

There sometimes remains a hypertrophied condition of the mucous membrane of the bowel after the tumor is removed, giving the patient no little annoyance by its protruding at time of defecation, leading him to suppose there is another tumor, or that the first one is not cured. This condition will pass away spontaneously after a few weeks, or it may be hastened by the application of carbolic acid and glycerine, in equal parts, applied by means of lint or carded cotton, with dressing forceps.

During the entire treatment the bowels must be kept in a soluble condition with castor oil or other laxative, the parts kept clean by the use of soap and soft water, and undue irritation or inflammatory action held in check by the application of ground linseed or elm poultice.

Dr. G. E. Crawford, of Waubeek, read a report of a case of trephining the mastoid in suppurative inflammation of the middle ear. The case was one of four months' standing, in which the ordinary treatment had been persistently tried without any improvement. The discharge from the ear was profuse and the pain most excruciating, requiring enormous doses of morphia hypodermically to modify it. Perforating the mastoid process resulted in immediate and very marked relief of all the symptoms. Patient improved rapidly for several days, when, during the doctor's absence, the tent came out and the wound was allowed to close. Pain and swelling returned, which was relieved immediately on reopening the wound. Patient made a rapid and perfect recovery, with only partial loss of hearing.

Dr. Hazen remarked that the scalpel answered a good purpose in opening the mastoid cells, being always careful to cut upward, and thus avoiding the danger of injury to the vessels of the neck, should the knife slip.

Dr. G. P. Carpenter, of Cedar Rapids, read a report of a case of ulceration of the stomach.

On motion the Secretary was directed to furnish a copy of the minutes to the MEDICAL AND SURGICAL REPORTER, for publication.

Treasurer's report was read, showing a balance of over fifty dollars in the treasury.

EDWIN BURD, M.D., *Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

The Origin of So called Filth Diseases.

Dr. H. N. Burr, of Walworth, N. Y., now of Rutherford, N. J., writes to the Boston *Journal of Chemistry*:—

Dr. W. H. Corfield, as quoted in the *Journal*, of February, 1880, in an article on "Sanitary Fallacies," says that among these fallacies "is the notion that the poisons of cholera and enteric fever and diphtheria may originate anywhere, at any time, under suitable conditions." It has been well established, in his opinion, that these diseases cannot originate *de novo*, however filthy the surroundings may be, but arise, in all cases, from "the virus-laden discharge of the intestinal canal" of the persons who already have the disease. This seems extravagant language and a hasty conclusion, to me, who for a number of years have been engaged in practicing medicine in the country. I meet with single instances of enteric fever and diphtheria where I am unable to trace out any cause except the unhealthy surroundings.

These repeated instances, in the face of such instruction from teachers of sanitary science, put us to thinking and searching for the hidden source of the disease, and our efforts are fruitless so far as confirming the propositions laid down by our teachers. I will give two or three instances of cases where the evidence has been in favor of the spontaneous origin of these diseases when surroundings are favorable.

A few years since I attended a family of Hollanders, consisting of a man and wife and several children. I found them with diphtheria of a most malignant type. One child died soon after I saw it, and others were ill with it. The room was full of a terrible odor from the fauces. Two of the children died; the others recovered; some of them were paralyzed, and one little girl was blind for several weeks. Investigation revealed no knowledge of the disease having been there previously. It was in midwinter, and the weather had been, and was at this time, very cold, although there had been times of moderate weather and thawing. The family lived at the foot of a hill, and used water from a ditch that ran by the house. When we examined the cellar we found that a large quantity of potatoes had been stored there, to keep for the spring market. The cellar had not been made secure against cold, and a large part of the potatoes had been frozen. The warm weather had extracted the frost, and they had for some time been a rotten mass. I could come to no other conclusion than that they must have been the original source of the poison. It may be said, on the other hand, that in our investigation we had not gone back far enough, or that our informants had forgotten some of the facts in the case. In what followed we may find arguments in favor of the other theory, or that of Dr. Corfield. In the spring this family removed from this house, which was thoroughly cleansed and rented to another tenant. This man had several children, who. in a few weeks, were attacked with the diphtheria, and three of them died. The rotten vegetables had been cleared from the cellar, and yet the germs must have remained in the house, waiting for a convenient soil in which to propagate. The disease in the first family we cannot account for, but we can for that in the second family. The first may have originated from the unhealthy surroundings, while the second must have sprung from germs which remained in the house.

In another instance enteric fever occurred in a family near town. The mother and little girl were taken with this fever; the child being first taken; the father did not have it. I was called to attend the child, and she passed through four weeks of the fever before convalescence was established. The mother was taken two weeks after the child, and likewise passed through four weeks before convalescence. The surroundings were healthy, to all appearances, and the house was well drained; but on visiting it one evening, just after nightfall, I was surprised to find the air filled with a foul odor, which I at once recognized as coming from a privy. Inquiry revealed the fact that the vault had not been emptied for a year or more. It was but a few rods from the back door and from the living room, and the yard was used as a playground by the children. I examined the privy and found its contents near the top of the ground, and running out underneath the building. The little girl had used this place to play in, and the mother informed me that she spent a good part of the time there, with her playthings, during the summer. The sickness was in the latter part of summer. These were the only cases in the neighborhood that year, and there had been none for four years before. The father was a teamster, and away from home most of the day, and therefore less under the influence of this poison. In this case the fever must have been generated at home.

Some cases can unquestionably be traced to morbid discharges from enteric patients, but in the country and in villages we often meet with cases like the above, and then what conclusion must we come to?

Treatment of Acne Vulgaris

The *Practitioner* gives Dr. Sesemann's treatment of this disease. It occurs most frequently between the ages of sixteen and forty. The disfigurement which it produces is such as to amount to deformity, and this in girls. Hebra believes that it is a more obstinate affection than even eczema. For several years Sesemann has employed a plan of treatment which has yielded excellent results, and which is a combination of the various methods used by Hebra, Auspitz and Ellinger. In mild cases, where the eruption is limited, lotions with sulphurous or mercurial washes (Kumrenfeld's wash. or Gowland's liquor) are sufficient. When the inflammation has passed from the sebaceous follicles, however. to the surrounding cellular tissue, tumors of the size of a hazelnut. or it may be, of a ches'nut, are found, from which sebaceous material is exuded for a long period, and which leave, on healing, cicatrices and frequently pigmented indurations, which are very difficult to get rid of; under these circumstances the excretory duct of the gland which is blocked by the excessive secretion acts as a foreign body to the surrounding parts. It is, therefore, absolutely necessary to render it permeable, or to cause a return of the secretion if it has been arrested. With this end in view, the author removes, as far as possible, all sebaceous and epidermic detritus, by means of an ivory or mother-of-pearl instrument, which resembles a "folder," with delicate rounded edges. By pressing upon the two sides of the duct with this instrument, the sebaceous material is made to escape, and the affected part is then scraped lightly with a sharp spoon. When the inflammation is deep seated, an incision is to be made with a bistoury, and the pus evacuated by pressure, since if this precaution be neglected the eruption quickly reappears. Any small hemorrhages which may occur are readily controlled by the use of salicylated wadding. Some patients, especially women, object to this method of puncture, but the operation causes so little pain that when it has once been performed the subsequent pricks are borne without fear. After the puncture and the scratching have been finished, the face is carefully explored with the bulb of the index finger, to discover, if possible. any suppurating points which may have escaped notice. The acne spots are distinguished by the fact that they are not soft, and that they do not fluctuate, as well as by their brownish-red color, which appears to invade the surrounding skin. After the surgical treatment is complete, poultices and lotions should be applied. The surface should be first thoroughly cleansed with soap, after which an ointment, composed of one part of spermaceti mixed with three parts of fat, should be applied. In the evening, after the reaction of the skin has disappeared, the acne spots are to be covered with a paste of sulphur, glycerine and potassium carbonate, which is left on all night, and should be removed from the larger points as soon as any symptoms of ulceration or inflammation show themselves. As soon as the face has become smooth again, brisk friction is to be made, at first with soap alone, but afterward with soap and sand; it is best to rub the face with black soap-dissolved in water and mixed with fine white sand. The treatment appears cruel, but it is generally well borne, and affords great relief to the patient. The redness of the face rapidly disappears, especially if the liniment mentioned be employed, but it is well to apply diachylon from time to time, and to leave it on all night. After the treatment is finished, the patient should for a long time continue to use the lotions and apply the liniment. Dr. Sesemann frequently mixes chrysophanic acid with his paste, since he prefers it to sulphur, as being less irritating to the skin, and because it does not leave behind it brownish marks.

Treatment of Cerebral Rheumatism by Cold Baths.

M. Woillez has read a memoir on this subject, before the Academy of Medicine at Paris. It was Bourdon who first called attention, in 1823, to an affection of the brain occurring in rheumatism, which rapidly proved fatal in all cases.

During the course of an acute rheumatismal attack there supervened a state of cerebral excitation, coinciding with a diminution of the pain, etc., in the articulations, and followed by delirium and coma; the termination proving constantly fatal. What might be the nature of the malady; the symptoms did not follow the course observed in meningitis; and again post-mortem examination gave very incomplete results, for no constant lesion was found; in some cases there existed anæmia, in others hyperæmia of the meningeal membranes, with or without serous effusion. Very often microscopical lesions alone were found; so that it came to be regarded as an independent brain affection, or as a nervous alcoholic or febrile delirium; it was Bricheteau who first considered it as a metastasis.

As regards the treatment of the affection, two periods may be distinguished: 1st. That extending from 1859, date of the classification of the malady, up to 1870, when the thermometer threw new light on the question; and 2d, from 1870 to our own times. During the first period, cerebral rheumatism had always a fatal issue, the physician who made the diagnosis observed the approach of the fatal termination without being able to intervene efficaciously.

This complication is not absolutely rare. M. Vigla remarked that out of sixty-five cases of rheumatism five terminated in these cerebral complications. M. Woillez himself observed several cases supervene in patients he had considered in convalescence on account of the disappearance of the articular troubles; there was slight delirium, and death always ensued. In seven cases only recovery took place, and the diagnosis was not perfectly certain in some of these; in others, endocarditis was present; and finally, in two cases baths had been employed. Afterwards, in 1870, when it was observed that a considerable rise in temperature (to 104° and even to 106°), coincided with the development of the cerebral symptoms, cold baths were thought of, first in England, later in France. In 1874, M. Maurice Reynaud had a first success; then equally favorable results were obtained by MM. Blanchet, Ferréol, Vallin, and Woillez. In the thesis of M. Du Castel, thirty three observations are cited; in nineteen cases where no treatment was instituted, all proved fatal: while out of fourteen cases where cold baths were used, ten recovered. M. Woillez, has had favorable results in five cases from this treatment.

Sodium Phosphate in Habitual Colic.

This remedy is recommended by Dr. R. N. Taylor, in the *Medical Herald*, December, 1880. He writes:—

"It has fallen to my lot to have been beset with a number of patients who would persist in having colic at the most inopportune moments imaginable; first one, and then the other, then still another one, these colicky friends of mine were constantly interfering with my professional engagements, and, what was more important still, with my hours of rest. Without entering into a discussion of the pathology of these cases, I beg leave to present, in brief, the history of one of the worst I have ever seen, together with the treatment, which resulted in completely warding off the attacks in this case, as in all others in which it has been carried out:—

Mrs. H., aged seventy-two years, for fifteen years has been the subject of attacks of cramp colic, recurring at first every two or three months, but for six years past coming on every two weeks, sometimes every week; has taken nearly everything in the materia medica, both at the hands of regulars and quacks, without any benefit, the attacks continually recurring, and that without any regard to errors of diet, coming on at nearly regular intervals, no matter how careful or how particular she might be in regard to her diet.

During the paroxysms of colic the pain is most atrocious, accompanied by cramping pain in the extremities, nausea, vomiting, etc., to such an extent as to demand my immediate presence, armed with the hypodermic syringe.

This patient was put upon the use of phosphate of soda, grs. xxx, ter in die, before meals and—the fees stopped! She had no more attacks of colic. If she omits the use of soda for a length of time, say six or eight weeks, she will have a few premonitory twinges, the precursors of a more severe attack; but immediately obtaining a supply of the drug, she is safe so long as she continues to use it, and for some time afterward.

This is not an isolated case, but one of several that could be adduced in favor of the use of phosphate of soda in the colic habit; but it is deemed useless to multiply instances upon so trivial a matter. Suffice it to say, that I have never failed to see the administration of phosphate of soda followed by a complete cessation of the attacks of colic, and my experience in the use of this drug has now become quite extensive.

By the city practitioner, who can readily obtain the Vichy and other fashionable alkaline waters, and who moreover is supposed to keep himself abreast with the progress of the times, this will not be received as valuable information. But it is furnished for the benefit of the country doctor, who will find in the phosphate of soda a cheap and valuable substitute for the medicinal waters, such as the Vichy, etc., and one that will not disappoint him.

In these cases I generally begin with grs. xxx three times a day, and if that amount produces much irritation of the bowels, indicated by frequent small discharges, attended perhaps by some tenesmus, I diminish the dose to xx or xv grains. It is to be administered before meals, from a half to one hour, in a glass of water, and when thus dissolved it is not at all unpleasant to the taste.

Practical Methods of Antiseptic Treatment.

M. Lucas Championnière, perhaps one of the most able defenders, in France, of Lister's ideas, gives the following excellent counsel to the busy practitioner, unable to follow strictly the rather complicated methods of the great English surgeon. The practitioner must first banish from his practice substances already in a state of putrefaction—cataplasms, rancid oils, etc.

The most convenient substance for general antiseptic use is certainly carbolic acid. But carbolic acid requires a small quantity of alcohol, or better, of glycerine, to aid in dissolving it, when added to large proportions of water. The two following solutions are found most convenient in practice:—

I. STRONG SOLUTION.

℞.	Ac. carb. (crystals),	50 grams	
	Glycerinæ,	50 or 75 grams	
	Aquæ,	1000 grams.	M.

II. WEAK SOLUTION.

℞.	Ac. carb.,	25 grams	
	Glycerinæ,	25 grams	
	Aquæ,	1 litre.	M.

Or a vial containing a solution of fifty grams of carbolic acid in fifty grams of glycerine may be used, the strong solution being obtained by adding the contents of the vial to one quart of water, the weaker by using two quarts of ordinary water.

These two solutions suffice for the antiseptic surgery in ordinary practice; the feeble solution serving to sponge out the wound, and particularly for saturating the ordinary dressings; the strong solution is used for cleansing the instruments, and for sponging the wound just after the operation is finished. In treating a simple incised wound, it should first be sponged with the strong solution, sutures passed, and one or two small pieces of rubber tubing placed upright in the wound; then a small strip of oiled silk should be placed over the line of reunion, then a thick dressing of charpie or lint, saturated with the feeble solution, and over all a strip of oiled silk.

For ten years M. Championnière has treated abscess—even perinephretic and mammary abscess—without having recourse to poultices After the abscess is opened he injects the cavity with the strong solution; he then places a short tube of caoutchouc upright in the cavity and directly over the incision, he applies a dressing of charpie or lint saturated with the weak solution, then a covering of oiled silk.

MM. Trelat and Rochard extolled this method of treatment without cataplasm. at the recent Medical Congress of Rheims. It is astonishing to observe how small a quantity of pus is formed; and even the pain of the phlegmon is beneficially modified almost as much as by a cataplasm. Mammary abscess thus opened and treated rarely becomes multiple.

It will be seen that the principal indications for antiseptic treatment may be fulfilled without difficulty, and that we may thus guard against the complications ordinarily met with in surgical practice.

Topical Uses of Iodoform.

In a scientific conference. at the Louvain Hospital (*Arch. Med. Belges*), M. Bourdeaux, army surgeon, spoke favorably of the topical application of iodoform. He cited a case of phagedenic chancre which had been treated, ineffectually, with different preparations. He did not wish to cauterize, fearing to induce inflammation of the lymphatic glands and bubo; he, therefore, applied iodoform, in very fine powder, to the chancre.

By using a solution in ether the iodoform is deposited, in the state of impalpable powder, on the surface of the sore, after the evaporation of the ether. The local action of iodoform is not as an irritant; it is probable that the medicament acts by absorption; however that may be, after two days the chancre was beneficially modified, and after eight days completely cicatrized.

M. Bourdeaux also employed iodoform as an antiphlogistic and resolutive. in blenorrhagic orchitis. In one case of chronic orchitis, with little pain, he employed an ointment containing four grams of iodoform in thirty of lard. with the effect of banishing the pain, although the swelling persisted. In another case of acute orchitis, with considerable swelling, and so much pain that the patient was unable to walk, he first used mercurial innunctions, followed by cataplasms, and the next day, as there was no amelioration, he applied six leeches over the spermatic cord. As there was no modification for the better. he ordered the iodoform ointment to be applied, and the scrotum to be elevated by a suspensory bandage. After the first application, the pain disappeared, and the patient was enabled to go about his daily occupations. which obliged him to remain standing almost all day. The testicle remained engorged but the acute pain was no longer felt.

In a case of neuralgic pains in the testicle. supervening after a blow. iodoform in ointment has had a marked sedative effect.

In commenting on these observations, M. Gosse cited a case of orchitis where an ointment containing iodide of potassium was applied to the surface, previously treated with mercurial inunctions. Gangrenous inflammation ensued. affecting the entire surface to which the applications had been made M. Gosse attributed this result to the formation and caustic action of iodide of mercury.

Successful Case of Cæsarean Operation.

M. Caternault, of Longué (*Le Concours Med.*, Dec. 4th), reports in his practice a case of hysterotomy terminating successfully for mother and child. It was in a scrofulous young woman. of twenty eight years of age, lame from hip disease, presenting very narrow transverse diameters of the pelvis. Her first child was extracted at term, with the forceps, and with such difficulty that the child succumbed. She was again at full term, and it was found impossible to introduce the forceps. Hysterotomy was determined on and performed without chloroform, on account of her exhausted condition. An incision about ten inches in length was made in the abdominal walls, commencing just below the umbilicus; little blood escaped, and an incision of almost equal length was made on the anterior walls of the uterus. The infant was found in the first position, and was extracted, with some difficulty, through the contracted walls of the uterus, it being found necessary to prolong the incision upward around the umbilicus. A dose (two grams) of ergot was given, and in a few minutes the placenta was delivered through the uterine incision. The abdominal cavity was then washed out, one suture passed at the middle of the uterine wound, and four profound and five superficial sutures passed in the abdominal parietes, a space of three inches being left at the lower part for the passage of a tube of caoutchouc. The operation was performed with all the antiseptic precautions, and all went well until the sixth day, when a purulent liquid escaped from the vagina; there was some delirium and general malaise, but in a few days her condition improved, and gradually her health was completely reëstablished. The child, also, is living and in excellent health.

Hysteria as it Affects the Muscles.

Some observations on this are made by Dr. W. T. Sparkes, in the Chicago *Medical Journal and Examiner*, from which we extract as follows:—

Spasmodic stricture of the urethra, caused by intense emotional excitement and accompanied by various hysterical phenomena, is so commonly met with in ordinary practice that it scarcely escapes the attention of the physician or surgeon. The diagnosis of these cases is not very difficult to obtain, if close attention is paid to the clinical history of the patient. It will generally be found that there have been other indications of the hysterical conditions present; that these contractions have made their appearance at other times, and, like "phantom tumors," have duly disappeared. One case which I have had under my care the last year, is that of a woman, thirty five years old, married, with two children. This lady has frequently called my attention to a tumor situated in the posterior part of the latissimus dorsi muscle. Several times I have noticed an intense contraction of the muscle, at other times none whatever. These contractions seem to be produced by a power of the will or from a diseased functional disorder of the brain. Another case is that of a girl thirteen years of age. When first called to see her, my observation was that it was a case of wry neck, but upon a close diagnosis I discovered an intense contraction of the right sterno-cleido mastoid muscle, and the head was drawn violently in the direction opposite to that which had formerly existed. The affection had developed suddenly, so far as she knew, without obvious cause, and was unaccompanied with pain. Her general health up to this time had been good. The treatment consisted of plenty of fresh air, occasional drives, and cold baths. Medically the bromide of zinc proved efficient in relaxing the tension of the muscle. The formula was as follows:—

℞. Zinci bromid., ʒ ij.
Aquæ dest., ℥ ij. M.

Sig.—Ten drops three times a day, increasing a drop at a dose for each day.

I increased the dose until she was taking about forty drops three times a day.

Another case was that of a young married woman. I was called in early one morning, and found her laboring with what she presumed to be a miscarriage. The symptoms, on entering the room, led me to think she was in the third stage of labor, with the pains coming on from five to ten minutes. Upon examination I did not observe any dilatation of the os uteri, nor the least contraction of the uterus, but severe contractions of the abdominal muscles. I watched the case closely for nearly an hour, and left, fully convinced that it was purely hysterical. I gave full doses of bromide of potassium, and in less than twenty-four hours all symptoms had subsided, and there was no further trouble until confinement.

Cutaneous Eruption from Quinine and Cinchona.

Dr. Van Harlingen describes these in the *Archives of Dermatology*:—

Although quinine and the preparations of bark have been in constant and extensive use for the past sixty years, yet comparatively few cases of eruption due to the use of this drug have been reported until within the last few years. As if to make up for lost time, however, a very large number of observations have been published of late, most, if not all, of which are quite authentic, and which place quinine among the drugs which are liable to cause eruptions in certain individuals.

The prevailing type of quinine eruption is erythematous, closely resembling the rash of scarlatina or of measles. It first shows itself over the face and neck, but soon becomes diffused over the whole surface of the body. In exceptional cases it may not become generalized; sometimes on desquamation the epidermis of the hands and feet is shed as a whole. Occasionally the quinine eruption may be papular in form, sometimes resembling erythema multiforme papulatum, or more frequently urticarious. In this class of cases, according to Morrow, there is more or less œdema, with distressing burning, tingling, and itching. Occasionally vesicular eruptions have been reported as resulting from the ingestion of quinine, although such eruptions are usually caused by the external irritative effects of the drug, as in many of the cases cited by Bergeron and Proust. Dr. F. N. Otis related, at one of the meetings of the New York Dermatological Society, in 1877, a case where two or three grains of quinine provoked an eruption resembling that from poison ivy. Panas, quoted by Bergeron and Proust (*loc. cit.*), affirms that the administration of large doses (two to three grams) of quinine has provoked an eruption presenting the characters of the bullæ of pemphigus.

Morrow has also collected five cases where hemorrhagic eruptions were produced by quinine. In one of these, that reported by Gauchet, so small a dose as ten centigrams continued four days, produced purpura with buccal hemorrhage, principally from the gums. The patient in this case said she had taken the medicine before, and that it had always caused her to spit blood. Briquet gives the case of a patient who, after taking three grams of quinine daily for some little time, showed large ecchymoses on the buttocks and thighs, with a generalized but not abundant petechial eruption over the surface of the body.

In a case reported by Schuppert, six-grain doses produced an intense localized dermatitis, with commencing gangrene of the scrotum. In one of Köbner's cases, quinine always produced an erysipelatous eruption of the scrotum. In several other cases this special tendency to irritation of the skin of the genitalia is noted.

Iodide of Potassium in Typhoid Fever.

Writing in the Pacific *Medical and Surgical Journal*, for November, 1880, Dr. Oatman announces that iodide of potassium is "as much a specific in typhoid as quinine in intermittent fever." His exact plan is this:—

An adult with uncomplicated typhoid fever may take five grains of iodide of potassium every three hours, in a little sweetened water. Also every three hours one dessertspoonful of the following recipe, viz:—

℞. Ol. terebinth.,
Tinct. anisi, āā f. ʒ i
Vitel. ovi, No. ij
Sacchari, ʒ ij
Aquæ puræ, ad ℥ ij. M.
Ft. emulsio.

Sig.—This emulsion may be taken between the doses of the iodide.

If the skin is quite dry, with very frequent, tense pulse, with restlessness, I usually give, not veratria, for that article seems to have no curative effect on any fever, but the ol. chenopodii. The anthelmintic property of this article I think by no means its most valuable quality. Indeed, it is about the only article I have ever found that will relieve the conditions last stated readily. I have long considered the ol. chenopodii as a pure sedative, diaphoretic and soporific, without any narcotic effect. The medicine may be incorporated with the emulsion in equal quantities with the ol. terebinth, which will cover the disagreeable taste. Or it may be given mixed with syrup and tinct. anisi and given with the iodide in doses of five drops. Also I give sub. mur. hydrargyri, grs. vj, made into four powders, one to be given with every alternate dose of the emulsion and only every second or third day, as indicated. The above remedies I commence simultaneously and continue the same till convalescence ensues, when I gradually diminish the doses and give them at longer intervals. If there is costiveness I incorporate a little castor oil with the emulsion; if diarrhœa, which is very rare, give syrup rhubarb and prepared chalk, but do not discontinue the other medicines. Delirium and subsultus rarely occur; the chenopodium seems to prevent those conditions. The resort to a generous diet may be sooner than under the old treatment, as the chylopoietic system is more improved and better able to perform its functions.

Reviews and Book Notices

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. E. T. Gaillard has recommenced the publication of the *American Medical Biweekly*, which formerly appeared in Louisville. It is now issued in New York city, where the editor resides. It was always well filled with readable matter, and no doubt will continue so to be. Its address is Box 1124, New York city.

——Judge Tourgee, in a popular book called "A Fool's Errand," gave one aspect of life in the South; the other side of the picture is forcibly presented by Wm. L. Royall, Esq., in a pamphlet entitled "A Reply to 'a Fool's Errand.'" It is published by E. J. Hale & Son, New York city.

——"Where to Go in Florida" is the title of an appropriate little book, pleasantly written and prettily illustrated, by Daniel E. Tyler (Hopcraft & Co., 121 South Fifth avenue, New York, pp. 42, price 25 cts.). It contains a great deal of information, and though presenting only roseate hues from the Land of Flowers, and omitting the many disagreeables quite as common as the flowers, yet it can be recommended as a neat and graceful handbook to those who wish to visit the peninsula.

——In a reprint of his article on the Surgical Treatment of Intestinal Obstruction by means of the Operations of Laparotomy and Colotomy, Dr. W. T. Briggs, of Nashville, vindicates the comparative ease and safety of these proceedings. He gives minute directions for their performance, and reports several successful cases.

——The report of the Philadelphia Dispensary for 1879, recently issued, gives the total number of cases treated at the Dispensary and at their own homes, including teeth extracted, at 21,343; prescriptions compounded, 38,008.

The District Physicians report 1528 cases. The number of house patients was 10,841.

This Charity is one of the oldest in Philadelphia, and covers most of the city in its operations.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium,	**7.00**
Physician's Daily Pocket Record,	**1.50**
Reporter and Pocket Record,	**6.25**
Reporter, Comp. and Pocket Record,	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

THE PROGRESS OF CREMATION.

It is gratifying to notice the steady although slow progress which the advocates of cremation are making in Europe. The public are beginning to see that it is an extremely rational method of disposing of corpses. The objections to it on the score that it might conceal the traces of poisoning, have been met by the proof that this would, under any circumstances, be most rare, and could be wholly prevented by the adoption of more stringent rules respecting death certificates.

The objections on the score of sentiment are really those which stand in the way of its adoption, yet it requires but few arguments to show how unfounded are these. Certainly the purification of the remains by the cleanly flames is far more agreeable to contemplate than the processes of putrefaction and decay in the ground. The one presents us in a few hours with the mortal remains of our friends in the shape of "scentless and delicate dust;" in the other, if we think of them at all, it is under repulsive and nauseous forms, which we only tolerate through custom. The poetry which surrounds the "ashes" of the departed stands in contrast with the meditations of Hamlet over the body of Yorick:—

> "How abhorred in my imagination it is! My gorge rises at it."
>
> "Dost thou think that Alexander looked so i' the earth?
>
> *Hor.*—E'en so, my lord.
>
> *Ham.*—And smelt so? Pah!"

The least reflection will convince the thoughtful that those proper sentiments of affection which prompt us to care for the mortal remains of our departed friends are best consulted by reducing the corpse to ashes by incineration.

It is well known, also, that there are many sound sanitary and economical reasons why cremation is preferable to any other plan of disposing of the dead. These were briefly put in an address by the eminent surgeon, Mr. T. Spencer Wells, of London, as follows:—

> "Decomposing human remains so pollute earth, air, and water, as to diminish the general health and average duration of the life of our people.
>
> "Existing churchyards and cemeteries are not well fitted as safe, secure, permanent, innocuous places of repose for the remains of our dead.
>
> "The expense of funerals and interment in graves presses unduly upon the means of the middle and laboring classes.
>
> "The present system of registration of death is so imperfect that common causes of preventable disease are not detected; and life is also rendered insecure by the omission of efficient arrangement for the due verification of the fact and causes of death.
>
> "These evils might be mitigated or prevented—(1) if national cemeteries were provided and maintained, under the direction of duly qualified officers of public health, and not left, as now, to be sources of private gain to commercial companies; (2) if no interment were allowed without a certificate of the fact and the cause of death by an officer of public health."

These observations apply as well to the more thickly settled portions of the United States as to England. A complete remedy for all would be cremation, conducted by government or municipal authorities.

As illustrations of the growing acceptance of this method, we may mention that the British Medical Association has presented an address, numerously signed, to the Home Secretary, reading as follows:—

> "We, the undersigned members of the British Medical Association, assembled at Cambridge, disapprove of the present custom of burying the dead; and desire to substitute some mode which

shall rapidly resolve the body into its component elements by a process which cannot offend the living, and may render the remains absolutely innocuous. Until some better mode is devised, we desire to promote that usually known as cremation. As this process can now be carried out without anything approaching to nuisance, and as it is not illegal, we trust the government will not oppose the practice when convinced that proper regulations are observed, and that ampler guarantees of death having occurred from natural causes are obtained than are now required for burial."

When will the American Medical Association throw the weight of its official influence in favor of the introduction of crematories into this country, in our great cities?

We have previously mentioned in the REPORTER, that cremation is already legalized in parts of Germany and in Italy; that crematoria have been erected and used in Gotha and in Milan and Lodi, and a society established in Rome. A phrase in the sanitary laws of Switzerland which forbade cremation has been removed, and a piece of ground in the new cemetery at Zürich has been set apart for the erection of a crematorium.

On June 16th last, Professor Polli (whose researches on the antiseptic action of the sulphites and hyposulphites are well known to all physicians), who, in late years, had been one of the most ardent supporters of cremation, who had himself proposed a method, which was the first tried in Italy, had his body, by his own express desire, cremated, and his ashes were consigned to their resting-place with all due solemnity, in the presence of mourning relatives. This cremation was the sixty-eighth which has taken place in Milan, since January, 1876.

Several large cremation societies have been formed in Switzerland. One large society in Holland has several branches. In France, the Paris Municipality has called for designs for the best form of furnace. In Belgium, one society in Brussels has more than four hundred members, and M. Creteur has been thanked by the Government for the successful cremation of the bodies of soldiers killed near Sedan.

So far, in this country, the only incinerations practiced have been those at Washington, Pennsylvania. The method has, however, a brave advocate in the eminent Professor Gross, of Philadelphia, who has written: "There is something eminently repulsive to me about the idea of lying a few feet under ground, for a century, or perhaps, two centuries, going through the process of decomposition. When I die, I want my body to be burned. There is nothing repulsive in the idea of cremation. People's prejudice is the only opponent it has had. If they could be awakened to a sense of the horror of crowding thousands of bodies under ground, to pollute, in many instances, the air we breathe and the water we drink, their prejudices would be overcome, cremation would be taken for what it truly is, a beautiful method of disposing of the body."

Late advices inform us that a society has recently been founded in Paris for the propagation of cremation, which is at present illegal in France, and the names of a number of medical authorities and municipal councillors figure among the general committee. The object of the society is twofold. First, to agitate for legislative measures in favor of cremation; secondly, to encourage scientific research as to the best means of putting it into practice. All those who are in favor of cremation, and who will engage to exert themselves actively in the furtherance of the cause, are invited to join, the number of members being unlimited, and as the annual subscription is small a great many adhesions may be expected. When the first object is attained, and cremation has become legal, the society will change its name to that of Société Française de Crémation, and will devote itself peaceably to the construction of *crematoria* and *cineraria*, and to the gratuitous incineration of defunct members.

NOTES AND COMMENTS.

Accidents after Ovariotomy.

M. Leon Labbé, in a recent séance of the Academie de Médecine, of Paris, concludes, from observing several unfortunate cases, that failure in ovariotomy is due to septicæmia, brought on by stagnation of pus, particularly where adhesions were present, but often when there was none. He advises drainage of the peritoneal cavity in all cases, by means of rubber tubing of large calibre, the piece introduced being each day shortened.

Several tubes, even, may be introduced, at various depths, according to the situation of the adhesions found during the operation.

This precaution of drainage is indispensable, even when antiseptic treatment has been fully carried out, and particularly when concurrently with the ovarian cyst there exists ascites or multiplied adhesions, which give rise to a consecutive sero-sanguinolent effusion. M. Labbé considers that the respiratory movements tend to force out the accumulated pus through the tubes.

It would seem at first view impossible that the pus can thus ascend to pass out by the tubes, but it will be found that drainage is always preferable to opening the vaginal cul-de-sac, to allow the escape of pus.

Apparent Insusceptibility to the Influence of Nitrous Oxide.

Mr. George Lyddon read a communication, lately, before the Odontological Society of Great Britain, on "The Behavior of Patients during the Administration of Nitrous Oxide Gas." Of the half-dozen cases related, the following were the most remarkable: A clergyman, apparently healthy, though he said he suffered severely from dyspepsia, and actively engaged in the duties of his profession, took the gas; he exhibited no signs of nervousness, but inhaled it freely and well. After taking a considerable quantity he declared it was having no effect upon him, and as this was evidently the case, the attempt was abandoned, and the teeth were extracted without the aid of any anæsthetic. Mr. Lyddon estimated that the patient had inhaled about twenty gallons of the gas, but it had no more effect upon him than if it had been common air. The apparatus appeared to be in perfect order; it acted quite satisfactorily with the next patient operated on, and Mr. Lyddon could not give any explanation of the failure. The same thing happened on another occasion, the patient being a lady; in this case, also, anæsthesia could not be induced by nitrous oxide, so chloroform was substituted, with complete success.

Carica Papaya.

Under this name, says the *Chemist and Druggist*, there has lately been an active inquiry for the milky juice of a Brazilian plant which has been reported on by Dr. Theodor Peckolt, of Rio Janeiro. As far as we know, none has yet been received in a condition suitable for use. Dr. Peckolt has obtained from the juice a white, amorphous substance, which he calls *papayotin*, and which, it appears, is a sort of vegetable pepsine. It will probably be produced at a reasonable price in Brazil, where the tree is very common. The fruit is not much used, except by the Indians, but it would be very valuable in medicine if the milky juice could be more easily obtained. This juice is found in all parts of the plant, but only the unripe fruit contains considerable quantities, and it disappears during ripening. It is very troublesome to collect, even from the unripe fruit. In the colder months it is extremely scanty, and only from August to April can it be obtained in somewhat more profitable quantities by slitting the fruit while it still hangs on the tree, when the milk exudes in drops. If the fruits are taken from the tree, at most only a few drops can be obtained, and these coagulate in the gashes. From a medium-sized fruit, weighing 785 grams, Dr. Peckolt obtained 33 grams of juice. Thirty fruits had to be treated to obtain a kilogram of the juice, and in these the incisions had to be repeatedly renewed, as the juice soon coagulates in them. This collection, from trees fifteen or twenty feet high, is evidently a very troublesome and unprofitable task.

Treatment of Nævi Materni by Linear Scarifications.

M. Vidal, of the St. Louis Hospital for Skin Diseases (Paris , operates in the following manner (*Thèse Colson*), using a small needle with a triangular point:—

Local anæsthesia is produced with ether by Richardson's atomizer; then, with the needle, M. Vidal makes straight incisions parallel with each other, about one-twentieth of an inch in depth, and about as far apart, so that small sections of the skin, about one-twentieth of an inch square, are formed.

The first effect of the incisions is abundant hemorrhage, much less marked if the skin is well stretched while the incisions are being made.

When the operation is finished, blotting paper will prove sufficiently hemostatic, and by absorbing the blood from between the incisions removes any obstacle to reunion by first intention. The lines of scarification remain visible for two or three days, but after a week union has taken place. Scarifications should thus be made each week; after about six weeks the color is modified by real amelioration, comes slowly a violet-colored nævus, becoming wine red, then a brownish red, and finally rose-colored.

For a rose-colored nævus fifteen or twenty scarifications are necessary; in the end, the skin appears without visible cicatrix; and this is one of the principal advantages claimed for M. Vidal's method.

The Over-feeding of Infants.

Dr. Taaffe, the Medical Officer of Health of Brighton, England, referring to the extreme proportion of deaths of infants from diarrhœa (91 per cent. of the total deaths from that cause being deaths of children under five years of age), said there was evidence that improper feeding and improper nursing, even where the mothers themselves nursed their children, were the principal causes of such infantile mortality. Not only was the kind of food injurious, but from experience in the children's hospital he knew that most, if not all, infants had food given them from hour to hour. Such gross feeding would not be survived by an adult for more than a few days, and the injury to infants might be imagined. He added: "until the poorer people are better instructed how to feed their children the mortality from diarrhœa will always be great." He might have added that the richer people, too, would be the better for more sanitary information.

Fly Dirt as a Local Remedy.

We have learned that cockroaches are "good for dropsy." And now we are informed, in the Calcutta *Medical News*, that Babu Nabin Chandra Datta, assistant surgeon, Sitapore, Oudh, says he has tried the excreta of the common house fly in a number of cases of tinea decalvans, where hair has fallen off in one or two circular spots, with the most satisfactory result. The article in question can be obtained and used in the following way: Suspend a string of cotton thread in any fly-infested part of the house. At night it will be the resting-place of thousands of flies, and will, in consequence, be loaded with their excreta, which can be seen as numerous little black dots all round the string in the morning. Put the string into a small quantity of water in a clean glass, for a little while, when the excreta will be dissolved. This solution, rubbed over the affected part twice a day, will bring up a crop of hairs, in the majority of cases, in a fortnight or so.

This is going back to the ancient "*Dreckapo theke.*"

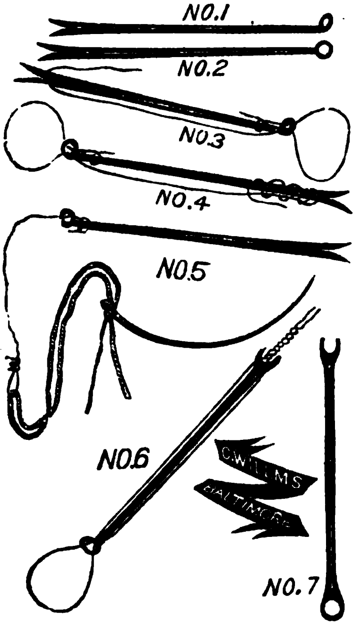
It is a dubious question whether, even if the above is intended as a serious statement, the natural disgust to such a remedy will not prohibit its use.

SPECIAL REPORTS.

III.—GYNÆCOLOGY.

Improvements in Perineoraphy.

Operators on the perineum always experience much difficulty in the removal of sutures applied to the recto-vaginal septum. Some employ catgut and leave it to be absorbed, but Dr. A. F. Erich, of Baltimore, has devised a stylet which meets the difficulty very well. He described it in the Maryland *Medical Journal*, of last September. Its use will readily be understood from the following cut and description:—



ERICH'S DEEP SUTURE STYLET.

The stylet is of steel and 1½ inches long; at one end is an eyelet, and at the other a small, rounded fork. (See cut, No. 7). Both ends of the wire are passed through the eyelet after they emerge from the tissues; carried over the fork at the other end, and twisted until the necessary tension is secured (No. 6). In some the eyelet is parallel to the shaft and in others, at right angles to it. In some cases the sutures are most easily secured by the stylet figured in No. 1 and 2. Here one end of the wire, after passing through the eyelet, is secured to the shaft by a single twist (No. 5), and the other after being tightened by traction with a gentle pendulum motion is fastened temporarily by passing over the clamping fork at the upper end of the shaft (No. 8). It can then be permanently secured by a few turns around the shaft. (See No. 4.) After the sutures are all secured the stylets are brought together and a piece of gum tubing slipped over them.

Esthiomenos Ano-vulvaris.

This local affection will not be found mentioned in the text-books of Emmet, Thomas or Goodell; but it is referred to in Huguier, and recently has been fully described by Professor Martineau, in a series of articles running through the *Gazette des Hôpitaux*. It is a scrofulous and tuberculous affection, not very rare, and often confounded with lupus, lepra and similar diseases. There are three leading types: 1. Superficial inflammation, of a serpiginous character, attacking the superficies and not descending below the dermis. 2. Perforating inflammation, extending more deeply. 3. Hypertrophic inflammation, somewhat of the character of elephantiasis.

The disease is slow in its progress and obstinate to treatment. It is distinguished from elephantiasis, as this latter presents a hypertrophied skin in its early phases, and is without any tubercles. In lepra the tubercles are flattened, dark in color and painless; in esthiomenos they are sensitive, more prominent, and reddish-yellow in color. Cancer of the vulva, whether schirrhous or encephaloid, attacks the subcutaneous tissues first and the skin only subsequently; with esthiomenos this history is reversed. From syphilitic ulcerations it is distinguished by its reddish color, by the neighboring skin being implicated, and by the absence of general syphilitic symptoms.

The treatment is a general, constitutional one, for scrofula, and a local one, which embraces cleanliness, astringents, bromide of potash, to reduce the itching, local use of lime-water, aromatic wine, Labarraque's solution, solutions of iodine or carbolic acid, iodoform in powder, etc. Caustics, as Vienna paste or chloride of zinc, are called for in severe cases; and as a last resort, the extirpation of the whole diseased part by the knife has given good results.

Normal and Abnormal Menstruation.

A Moscow physician, Dr. Bensenger, has found, from a series of 5611 women in Moscow and the surrounding province, that the first menstruation, on the average, began at the age of fourteen years, eight months and fifteen days. Among the upper classes it generally appeared earlier than among the lower classes. This, in the opinion of Dr. Bensenger, results partly from their more favorable hygienic condition, and partly from their superior intellectual activity. Menstruation ended between the forty third and forty-eighth years. The average number of years during which menstruation persisted was thirty-two.

It is not altogether rare for the menstrual flow to reappear after it has for years been absent. At a meeting of the Cambridge, England, Medical Society, last summer, Dr. Paget recited two instances, as follows:—

CASE 1.—A married woman, 65 years old, had a sanguineous uterine discharge for three weeks before she presented herself; it had been brought on, she said, by the return of her son from abroad. In the absence of any other assignable cause, there could be no doubt that this emotion attending her son's return was really the exciting cause. He was her only surviving child, he was in prosperous circumstances, and his return had been eagerly expected. Fifteen years had elapsed since her last menstruation The discharge soon ceased under treatment with iron.

CASE 2.—The second patient, aged 60, lost her husband, and soon after her daughter, who died suddenly, in childbed. Her mental distress was very great; her mind became disordered; simultaneously menorrhagia came on, and she had also a delusion that there was a baby in the bed. The catamenia had ceased naturally many years before.

In these, as in most such cases, there would be no likelihood of confusing these discharges with the catamenia.

Irritable Bladder in the Female.

While a large variety of causes give rise to vesical irritability in women, Dr. Oppenheimer (Louisville *Medical News*, June, 1880,) directs especial attention to two—*constipation* and *urethral inflammation*. The habit of constipation is very common among women, partly, as Dr. Goodell has judiciously pointed out, owing to faulty closet accommodations, and it should be made a subject of inquiry in such cases.

When the cause can be traced to a urethritis, specific or otherwise, the regular treatment of the Louisville city hospital is to apply the following, on a piece of cotton:—

℞. Chloral hydratis,
Acidi carbolici,
Potassii iodidi, āā. gr. j
Aquæ, f.℥j. M.
SIG.—To be used locally.

It causes a slight burning sensation at first, which soon disappears.

CORRESPONDENCE.

Position in Labor.

ED. MED. AND SURG. REPORTER:—

In a recent paper in the REPORTER, I mentioned the kneeling position as an unfavorable one to the parturient, in that while she was unable to take any rest during her labor, she was not in a condition at its close to be placed immediately in bed, as she so often imperatively demands. I did but glance at the undesirableness of the method, not expecting that it would find either advocate or apologist. Your correspondent at Atlantic city, having very courteously presented some views which seem to him to make the plan preferable in some cases, it may not be amiss that I state my objections somewhat more in detail.

My observations relate to country practice, where alone, I presume, this method is followed. The conditions here intensify the objection. The houses, standing alone, and often in the bleakest places, are mostly built of frame, with clapboards and lath and plaster walls. The floors are often imperfect, and admit draughts of air. The heating is universally by stoves, which fail to warm the floors. If, then, the parturient kneel by a chair upon a quilt, as is the custom, her feet and legs become icy-cold, as I have frequently observed, even when the upper part of the body, from the muscular effort, was preternaturally warm. When the bag of waters bursts, the evaporation from the surface of the constantly wetted extremities very much increases the discomfort. With the cessation of exertion, at the close of the second stage, the patient feels cold, and would like to be tucked nicely in bed. She may be imperfectly covered by a quilt; but the placenta is yet to be delivered, and that may be very difficult, as I have found it on many occasions so firmly adherent, and by so large a surface, that I have been obliged to introduce the hand and patiently separate the adhering structures. I do not think I should like to attempt this in the position named. The placenta delivered, it is necessary to secure and maintain uterine contraction; to apply the binder; to dress the mother and place her in bed. It is not possible to properly apply the binder while the patient kneels; and while robing, I have known such alarming hemorrhage to come on as to make it necessary to grasp the womb and enforce contraction, while the patient was being lifted in bed. Besides, the napkin placed at the vulva to receive the lochia is mostly displaced during this shifting process, and the patient's bed is soiled before she is fairly in it. Moreover, she may swoon, as I have known, even when in the recumbent posture.

Whatever force there may be in the claim that the weight of the child coöperates with the muscular efforts in effecting delivery, it is fortunate that its influence is lost the moment the pain ceases; and that the presenting part recedes from the constriction, thus allowing the strained and fretted parts a period of repose. It is well to remember, too, that the kneeling position does not tend to bring into line with the axis of the superior strait the muscular forces which are the great agents of delivery.

I condemned this position as very wearisome and awkward to the practitioner. He cannot well assist his patient except he kneel behind her, a juxtaposition of little dignity, and one apt to involve the soiling of his clothing. In employing the touch, he is obliged to bend his wrist in a very uncomfortable way, especially if the os uteri be high up on the sacrum. Should the anterior lip become engaged between the pelvis and the head of the child, impeding its descent, as so often happens, he is obliged, in order to reach the impacted part and cause it to recede over the parietal protuberances, to submit to a position of the wrist still more constrained and irksome. The difficulties are greatly increased should the patient, as she is apt to do, bring the os externum close to the pallet on which she kneels. Supporting the perineum is also a most unsatisfactory proceeding; while the possibility of disposing of the involuntary discharges from the rectum in such a way as to be reconcilable with one's ideas of decency and delicacy is greatly diminished.

It may not be uninteresting to state that, between the writing of my communication and its publication, a lady who I had many years since delivered of her first child in the usual position, and who afterwards had given birth to a large family, called me to attend her, declaring that she could not be delivered in bed. Notwithstanding my accession to her wish to kneel, and that the infant weighed quite twelve pounds, the labor was protracted, involving many of the discomforts mentioned, so that my position as accoucheur was anything but a sinecure. * * *

Having been much "about cattle" in my youth, I cannot indorse the proposition that the kneeling posture is *secundum naturam*. Coming not infrequently upon the domestic animals during parturition, I invariably found the cows, in the final stage, lying upon the side, with the forelegs folded under the chest and the hinder ones stretched out so as to allow the abdominal muscles free motion. My observation among mares extends to only a few cases; but, so far as I observed, they assumed the same position.

E. T. Blackwell, m.d,
Hackettstown, N. J.

Scarlatinoid.

Ed. Med. and Surg. Reporter :—

There is at this time prevailing here a disease somewhat resembling both scarlet fever and diphtheria. On the first, second or third day a scarlet rash makes its appearance on a part and sometimes over the whole surface of the body, which generally soon disappears or loses its brightness, but is discernible in the skin for several days. Sore throat and swollen lymphatic glands invariably attend, and in bad cases considerable tumefaction occurs about the throat and side of the neck. In all the cases the diphtheritic deposit is more or less present and sometimes very persistent. The papilla of the tongue may or may not be raised, and in no case is this index at all comparable with the scarlatina anginosa of thirty-five or forty years ago. Fever and heat of the body is at no time great, and thirst, when it exists, is only moderate. The relaxed uvula and greatly swollen tonsils, in the worst cases, very soon render the breathing audible, and during sleep the patient must often be aroused, to prevent apparent suffocation. In one case there was lividity of the face, followed by convulsions, on the fifth day. The patient a boy seven years old.

From the fourth to the seventh day a change generally occurs, followed by a copious flow of mucus and ropy lymph from the mouth and nostrils; after which convalescence occurs.

All cases have thus far recovered under the same treatment which I have relied on for several years in diphtheria. On call this evening, for a boy aged eight years, I prescribed:—

℞.	Chlorine water,	f.℥iij	
	Sulpho-carbolate of soda,	ʒss	
	Glycerine,	f.℥iss	
	Water, q. s., ad	f.℥vj.	M.

Sig.—A teaspoonful in two teaspoonfuls of well sweetened water, every two hours.

And melted lard, saturated with gum camphor, to be applied externally to the swollen glands.

Whatever else may seem to be indicated, the above prescription, suitably modified to age and condition, is given in all cases until restoration is evident.

Stillé and Maisch, in their National Dispensatory, 2d edition, I think, do not mention the sulpho-carbolates, and certainly speak most disparagingly of the internal use of chlorine water in this and all kindred diseases.

I have never found any preparation so reliable, effectual, and safe, as the above compound, when well followed up, in diphtheria. My fatal list is almost absolutely *nil*, during four or five years, last past, with certainly quite a number of grave cases to note.

The chlorine water should be pure, and the dose may vary from fifteen minims to half an ounce. The prescription will be found to be elegant, and acceptable to the patient, especially if sugar and more water is added.

I am gratified to learn from correspondents who are readers of the Reporter, that lime steaming (not lime water) in diphtheritic croup is being tried more generally. About nine out of every ten well marked cases will perish without it, while I believe, from experience, that a great majority could be saved, if early and properly used, in connection with thorough antiseptic and supporting treatment.

George Hill, m.d.

Hughesville, Pa., Dec. 22d, 1880.

Medical Confessions—Incompetence in a Brow Case.

Ed. Med. and Surg. Reporter:—

I am much pleased that you have opened a column for confessions, where erring brethren can free their minds. The first case that comes to my recollection, is one where, from incompetence, I feel that I may have been instrumental in delaying a case of labor, and possibly, sacrificing the child. I saw a multiparous woman in labor, and felt no alarm, as the head was presenting. For an indefinite time it continued presenting, and I then proposed to deliver with forceps, but I did not deliver. Something held it. After I was exhausted I sent for a medical friend, who was an adept, but he gave it up, after being exhausted. Eventually I passed my hand above the head and found that the face was anterior. I changed it without difficulty and then readily delivered a dead child. I am pretty certain that I have never been caught in the same way since that time, and strange to say, more than an average number of brow cases have fallen to my share.

I do not have much confidence in the man who can place his finger in the vagina and make out the position. He may think he can, and as the majority of vertex cases are left anterior, he may find that nature may aid him in his diagnosis.

My practice now, is to let a vertex case run on, and if the head comes down quickly, do nothing. If, however, there is no advance of the head. I introduce the hand and render the position of the head known to a certainty. If it is a brow case, I seize the head with my hand and push up steadily till I can turn it right about, and hold it that way for a time, till the body of the child assumes its proper relation. I find that it may take two or three attempts before the head can be brought down in its proper position, for the occiput shows a peculiar tendency to turn backward.

If I had met a confession similar to the above, I am certain that my first brow case, as well as her medical attendant, would have been saved much annoyance, to say nothing of graver issues.

Alpha.

NEWS AND MISCELLANY.

The Value of Boards of Health.

Already New York is reaping advantages from the recently created Board of Health.

It is worth while giving some particulars of the effect it has had in limiting smallpox. From statements made by the Secretary, Dr. Elisha Harris, who is also Superintendent of Registration, an account of the spread of smallpox in Rensselaer, Washington, and Fulton Counties is gathered, which will give an idea of the importance of State supervision in sanitary regulations. Little excitement has gone abroad about the prevalence of smallpox in the counties named, but in from twelve to fifteen towns the alarm has been very great, and there has arisen a great desire to apply vaccination and other methods of prevention as soon as possible.

In July last smallpox appeared in Troy, among some French Canadians who were not vaccinated, and who had come to Troy to obtain employment. It spread with rapidity, as the people among whom it originated or developed were averse to vaccination, and careless about their movements, even when the pustules were upon them. It was some time before the public health authorities heard of the outbreak. As soon as they did they looked for traces of the origin of the disease, and became satisfied of its Canadian beginnings. An attempt was made to confine the disease to the spots in which it had first appeared, and reports were made from week to week, by the local board, of the work of vaccination that had been done. Although not entirely successful this was so in great measure.

In Troy and Cohoes the disease has been very fatal. About one-half of the unvaccinated persons attacked died. So far as ascertained not one vaccinated person has died. Persons who were vaccinated after exposure, and who met the smallpox half way, even after pustules had appeared, have been reported as recovering.

In the not less fatal disease of diphtheria the Board has also been active. A striking instance of its malignancy is given.

The attention of Dr. Elisha Harris, the Secretary of the State Board of Health, was directed, last summer, to a centre of the disease in Johnstown, Fulton County, and by great diligence the shanty of a family was found to be the starting point from which it had gone abroad until it had found victims in every part of the village, and afterward found its way far up toward the north woods. In the shanty referred to two children had been stricken with diphtheria, and died. A family from a distance made a visit to the house, and the children who were among the visitors slept in the very same bed in which the children had died a short time before. They went home, and soon after had an attack of diphtheria. An infant who had sickened and died in the neighborhood was carried in its mother's arms forty miles east, across country, two other children riding in the same conveyance. They carried the disease with them, and it crept along south again, until it reached Northville. The first fatal case here was that of an admired child, and, in gross ignorance of the fearful danger to which the neighborhood was exposed, a public funeral was held in a church; the corpse was carried in by child bearers, companions of the dead one; the church was crowded, principally with children; a sermon was preached, and the body was followed to the grave by a long concourse of people, young and old. The result was one that should not have surprised anybody. The funeral infected the whole village, and in a week there were forty-six cases of diphtheria in the place. The Board of Health was alarmed at this and other instances of carelessness, and while Dr. Harris was in the neighborhood investigating the matter, he sat down one day and wrote a circular, which has been distributed far and wide, giving tersely all the particulars as to the infectious nature of the disease, pointing out the necessity for isolation of patients, cleansing and disinfection of rooms and clothing, and emphatically directing that funerals shall be private.

Diphtheria in Illinois.

It appears that during the past year the town of Morris, Illinois, has been terribly ravaged by diphtheria. A few days ago a correspondent of the Chicago *Times* gave an account of the matter, from which the following particulars have been taken. The population of the place is about 4000; yet, out of a total of two hundred and seventeen deaths in the past nine months, one hundred and fifteen have been caused by diphtheria. In one cemetery there have been ninety-seven burials since January last. The disease prevailed as an epidemic, and was so terrible in its effects that the public schools were closed, and many citizens left town. The Catholic priest is said to have buried twenty-three children in one week. At first one-half the cases that appeared proved fatal.

Items.

—Dr. Herman Bush, a well-known physician of California, died in San Francisco last month, aged seventy-six years.

—The Botanical Department of the Cornell University has recently received a donation of $10,000, from Hon. H. W. Sage, of Ithaca, N.Y.

—Dr. Wm. Pepper has been elected Provost of the University of Pennsylvania, and has accepted the position. The choice of a person for this responsible position could not have been made more judiciously.

—The United States Consul, at Surinam, Guiana, gives some strange statistics from that colony. The deaths are constantly in excess of the births, and the children born out of wedlock are about four times as numerous as those which are legitimate!!

—Dr. Salvador Badia, in *El Genio-Medico Quirurgico*, states that it is calculated that about 22,000 persons visit the baths of Luchon (Pyrenees), annually, of whom from 4000 to 5000 take the baths. These visitors leave behind them during the short season (July to October) from eight to nine millions of francs.

—The Registrar of Vital Statistics of New York city has presented a report to the Board of Health, embodying the startling statement that during the past year there were no fewer than 3894 deaths from zymotic diseases, influenced or aggravated by defective plumbing allowing sewer gas to enter the sleeping apartments of the victims.

—There is considerable smallpox through northern Mexico. At Matamoros it is at present an epidemic. Other diseases also prevail. The deaths from all causes during the five weeks ending Dec. 4th, 1880, were 109, giving the enormous annual death-rate of 71 per 1000. Even this rate is, no doubt, too low, as probably 25 per cent. of deaths are not reported, and the estimated population of 16,000 is supposed by the Consul to be too high by one thousand. Smallpox is chiefly confined to the poorer classes of natives, and to children, most adults of that class having had the disease. Their prejudice against vaccination precludes any effectual measures of prevention. Only one foreigner is known to have taken the disease this season, and the exemption of strangers and of the bettter class of natives is remarkable, considering the frequent exposure to contagion which they must encounter in all public places.

OBITUARY NOTICES.

Ford.—Dr. George Ford, who has for over thirty years been connected with the State Emigrant Refuge and Hospital, on Ward's Island, New York City, died at his residence, on the island, January 7th, of gastritis. Dr. Ford was born in County Leitrim, Ireland, in 1812. He graduated from the Royal College of Surgeons in London, in 1837, and came to this country in 1849. He received the honorary degree of Doctor of Medicine from the old New York Medical

College. Dr. Ford was a member of the County Medical Society and of the Pathological Society, as well as of the Society for the Relief of the Widows and Orphans of Medical Men, and of the Friendly Sons of St. Patrick. He was a man of very retired habits, attending strictly and conscientiously to the duties of his office, to which he gave his whole time.

Vattier.—Dr. J. L. Vattier, the last of the celebrated Seven Men's Society, died in Cincinnati on January 18th. The Society was formed nearly fifty years ago, between seven prominent citizens. They agreed to meet once a year, for a social dinner, so long as they lived. At the annual banquet the empty chairs of the dead were to be placed at the table, and dinner provided as usual, for the full number. A bottle of wine was locked in a mahogany casket and the key thrown away, with the agreement that the last living member should break the lock and drink the wine after the death of all the others. Dr. Vattier, the last survivor, broke the lock, and drank the wine, and has since annually sat down alone to a dinner for seven, the six empty chairs being still at the table, in remembrance of his six dead companions.

QUERIES AND REPLIES.

High Temperature.

Mr. Editor:—Permit me to ask a question. Is the temperature of a patient always a criterion of fever, and does high temperature signify anything serious with the patient? I ask because of doubt in my mind, and refer to the following cases: A patient convalescing from a protracted illness, consequent on subinvolution of the uterus after confinement; the thermometer in her axilla to day registered 104°, apparently without any increase of fever or any untoward symptom. There was some mental excitement just previous to the test. Another patient, last summer, convalescing from acute dysentery; the thermometer, during my visit, registered very high, without any apparent cause. The thermometer was not used again in this case, because of the alarm to her friends consequent upon the high temperature. Convalescence proceeded without interruption. I. S. C.

Ans.—A very high temperature may be registered without any fever present. The highest recorded temperatures have been in nervous diseases, where febrile symptoms were absent. See Reporter, November 6th, 1880, p. 418.

Spaying of Women.

Mr. Editor:—Is it true, that all, or nearly all Chinese women now living in this country have undergone an operation for normal ovariotomy previous to leaving China? Is it a custom among the Chinese in their own country to perform such an operation upon their women; if so, at what age; and what is the mortality resulting from the operation? Will you, or some others, please answer? B. R. F.

Pennsylvania.

Ans.—We have heard the statement, but believe it an error.

Psoriasis.

Mr. Editor:—Will you, or some of the many readers of your valuable Reporter, give me some light on a case of what appears to me to be well-marked psoriasis of the penis, involving nearly the entire organ? It is of about nine months' standing. Nearly all of the standard remedies have been used, but all without effect as relates to a permanent cure. R. C. G.

Editor Reporter:—The wife of a neighboring physician has been ill for some time. The principal difficulty is a pelvic tumor, probably a degenerated ovary, and ascites. There is some difference of opinion among the physicians who have examined her, as to whether the growth is malignant or not. Those who hold most tenaciously to the opinion that it is malignant, base their opinion principally upon the rapid growth and nodulated feel of the tumor. *Query.*—Is nodulation a pathognomonic symptom and positive evidence of malignancy. E. Y. N.

Ans.—Nodulation increases the probability of malignancy, but it cannot be regarded as a strictly pathognomonic sign, inasmuch as it occurs in certain benign tumors.

Dr. C. F. McB., Pa.—Pilocarpin costs thirty-five cents a grain. Chrysophanic acid costs about $1.00 per ounce. Both can be had of any first-class drug house in Philadelphia or New York.

MARRIAGES.

BLUMENTHAL—LOTTIMER.—In New York, on Thursday morning, December 16th, 1880, by the Rev. Charles C. Tiffany, of Zion P. E. Church, Charles E. Blumenthal, M.D., and Mrs. June C. Lottimer.

LONG—WINSLOW.—In this city, on the 6th instant, at the house of William C. Carrick, No. 1919 Vine street, by the Rev. N. J. Rubinkam, Howard Long, M.D., and Clara Winslow, daughter of Stephen N. Winslow, of Philadelphia.

REYNOLDS—MYERS.—November 25th, 1880, by the Rev. W. F. Hamilton, J. M. C. Reynolds, M.D., and Miss E. Elma Myers, both of South Strabane, Washington Co., Pa.

SIMPSON—EASLER.—In this city, on Monday, December 27th, 1880, by the Rev. J. M. P. Otts, D.D., Robert Simpson, M.D., and Alice, eldest daughter of the late John Easler, both of Philadelphia.

TIBBETS—MOCKBY.—In Cincinnati, Ohio, on Thursday evening, December 23d, 1880, by the Rev. J. S. Whitney, Earl Tibbets, M.D., of this city, and Miss M. Mockby, of New Richmond, Ohio.

DEATHS.

DORE.—Suddenly, at sea, on board of steamship City of Berlin, December 20th, 1880, Dr. David T. Dore, aged forty-one years, surgeon in the service of the Inman Steamship Company.

FORD.—At his residence, Ward's Island, George Ford, M.D., Physician-in-Chief of the State Emigrant Refuge and Hospital, of New York.

HOUGHTON.—In New York, on January 6th, 1881, Dr. Robert I Houghton, in the fifty-fifth year of his age.

HUDSON.—At Riverside, Conn., Friday, December 31st, 1880, of pleuro-pneumonia, Erasmus D. Hudson, M.D., of New York City, aged seventy-five years.

SAVILLE.—In New York, on January 11th, 1881, of pneumonia, Henry Martin Saville, M.D.

SELLERS.—In this city, on the 5th inst., Hiram F. Sellers, M.D., aged forty-five years.

TAYLOR.—In this city, suddenly, on the morning of January 3d, 1881, of apoplexy, William J. Taylor, M.D., formerly of Hunterdon county, N.J.

TODD.—December 14th, 1880, Ostrander D. Todd, M.D., of Allenport, Pa., in the seventy-first year of his age.

WELLS.—Surgeon C. P. S. Wells, United States Navy, died at the Washington Navy yard, January 1st.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1248] PHILADELPHIA, JANUARY 29, 1881. [Vol. XLIV.—No. 5.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CHLORAL HYDRATE AS AN ANTIDOTE TO STRYCHNIA.

BY H. H. KANE, M.D.,
Of New York City.

Liebreich was the first to demonstrate the physiological antagonism existing between chloral hydrate and strychnia, more especially the power of the former to save life in cases of poisoning by the latter. The power of strychnia to antidote the poisonous effects of chloral was also considered, but is by no means so well proven as the influence of chloral in strychnia poisoning.*

Since then chloral has been used as an antidote in a number of cases of strychnia poisoning. C. M. Worthington † reports one case where chloral was successfully used. Another is reported to me, by letter, by Dr. F. Delmont, of San Buena Ventura, Cal.

The following interesting case is reported by Dr. George Gray, in the *British Med. Journal*:‡

On December 30th, 1879, I was called upon to visit a man living about two miles and a half distant, who, the messenger informed me, had taken a poisonous dose of strychnia. When I arrived at the house, about half-past twelve o'clock, I found the patient, a man of 34 or 35 years of age, supported in bed in a semi-recumbent position, with his head thrown back, his eyes staring, and evidently suffering from the usual symptoms of poisoning by strychnia. The muscular spasm came on with a tremor like a jerky kind of convulsion, and recurred about every three minutes. During the spasm the breathing was irregular, and the breath came through the closely-clenched teeth with a hissing sound. The angles of the mouth were drawn down, and the peculiar Sardonic grin well marked; the skin was cold, and covered with a clammy perspiration. The pulse was very weak and quick, but not irregular. During the intervals between the convulsive attacks the spasm of the jaw did not pass off, and any attempt to open the mouth forcibly at once brought on a fresh attack, which was preceded by a peculiar sound—half groan, half cry.

Having brought with me a solution of two drachms of hydrate of chloral in two ounces of water, I poured half of it into a cup, and managed slowly to administer it with a teaspoon by inserting the point of the latter in a space where he had lost two molar teeth, and directed him to suck in the fluid. This he did in the intervals of the attacks, swallowing it with a gulp until the ounce of fluid was taken. After swallowing the chloral, he had only two severe spasms, the latter less marked than the former; and at gradually lengthening intervals they became less severe. In ten minutes the jaw so relaxed that I thought I could introduce the tube of a stomach-pump, but as doing so seemed to cause great distress, and increased the jerking of the muscles, I did not persevere, but gave him an emetic of thirty grains of sulphate of zinc and warm water, and when this had acted, I gave him a drachm of tannin; this he vomited also.

---

* "Ueber das Strychnia als Antidot bei Chloral-Vergiftung," vorgelegt von Herrn du Bois-Reymond, in der *Gesammtsitzung der Königl. Acad.* der Wissensch. zu Berlin, 9 Dec., 1869. "Strychnia als Antidot bei Chloral-Vergiftung." Ber. d. deutsch-chem. Ges., 1869, p. 673. "La strychnine comme antidote du chloral." *Compte Rendu* de l'Acad. des Sciences. 1870. t, 70 p. 403.

† *Pacific Med. and Surg. Jour.*, Aug., 1879.

‡ *Medical Gazette*, April 24, 1880.

After waiting for an hour, as there were now and then slight tremors in some of the muscles, as no doubt some of the chloral was removed by the emetic, and as there was not any drowsiness, I gave half what remained of the solution—that is, half a drachm of chloral-hydrate. and applied warmth to the skin. In another hour he was so much improved that I left, giving directions that if he had any more twitching, or if he had not any drowsiness—which had not yet appeared—to give him in three hours the remainder of the draught, and to let me hear of him in the evening. At *seven* o'clock I heard that he had the chloral draught at *five*, but had not slept, and was feeling comfortable, having no more vomiting or convulsions. I ordered him a dose of castor-oil at bedtime.

There is nothing further to note of the progress of the case, as two days afterwards he was at his usual work.

On making inquiry I found that for a fortnight before he had been drinking constantly, and was in bad spirits about losing his situation, and that about half-past ten on that morning he purchased some strychnia, ostensibly to poison rats. He then went into a public house, ordered a glass of whisky, stirred in the strychnia, and at once drank it off, adding water to the tumbler to suspend a few crystals that remained, and swallowed these as well, so that both the man who was with him and the patient assured me had taken all he purchased, which was sold to him for twenty grains. After taking the poison, he told his friend it was a powder he had bought to "put his stomach into good order." He then felt sick, went out into the yard of the public house and vomited, got on a car which was waiting for him, and drove home, where he announced what he had done. His friend at once melted a pound of butter and made him swallow it, and sent for me. As well as I can make out, the symptoms came on about an hour after he took the poison, and had continued about an hour when I saw him.

I have thought the case worth bringing forward, on account of the large dose of the strychnia, and also as showing well the antagonism between chloral-hydrate and strychnia, and the great value of the former as an antidote in poisoning by the latter. Although some of the chloral must have been lost when the patient first vomited, enough was given afterward to produce profound sleep in an ordinary man, and yet the physiological action of the drug was not manifested in the slightest degree, but seemed to be neutralized by the action of the strychnia. Living as I do in the vicinity of several demesnes, which are strictly preserved, and in which poison has been sometimes laid for vermin, I have frequent opportunities of administering chloral-hydrate to dogs which have accidentally picked up strychnia; and out of the number I have been able to save five. This is the first time I have had an opportunity of testing the value of the antidote in the human subject, and from the marked and immediate relief it afforded, I can speak very highly of its value. With regard to the enormous quantity taken, two things at once suggest themselves; was it all taken? And if so, was it pure strychnia? Both the patient and his friend affirm that he was most particular in washing every crystal out of the tumbler, with water which he swallowed, and that he must have taken it all. As to the purity, I applied the rough tests given for the purity of the alkaloid in the Materia Medica, and according to these it was pure. This, however, did not satisfy me; so having obtained from the same person a like quantity, out of the same bottle, through the kindness of Professor Cuming, I had it analyzed, and I think I cannot do better than read for you what Dr. Lefts, Professor of Chemistry, Queen's College, Belfast, says of it. "I have carefully examined the strychnia. Its weight amounted to 1.554 grams, that is, over 22 grains. That such a quantity, could have been taken without a fatal result is almost inconceivable, and I was much inclined to believe that the sample was largely mixed with some cheap alkaloid or with mineral matters. I have tested for brucine, quinine and mineral matters, but can find none. I have also made a quantitative analysis. Strychnia gives an insoluble chloroplatinate, and the chloroplatinate contains 18.3 per cent. of platinum. If the sample of strychnia you gave me consisted of pure alkaloid, 0.315 parts ought to give 0.510 of the chloroplatinate, instead of which, I got 0.462; the slight deficiency being due, probably, to the fact that the chloroplatinate is not absolutely insoluble in water, and thus some remained in solution. If we calculate from the weight of chloroplatinate found that of the pure strychnia taken, the result is 96.4 per cent. of the sample actually taken. In other words, the sample you gave me contains at least 96.4 per cent. of pure strychnia. To be quite certain that the salt which I obtained by dissolving the sample in hydrochloric acid and adding chloride of platinum was really the chloroplatinate of strychnia, I determined the platinum in it. It amounted to 18.3 per cent., whereas the calculated percentage of platinum is 18.3.

There cannot be the slightest doubt, therefore, that the sample of strychnia you gave me consists almost entirely of pure strychnia."

Now, that a man could take 22 grains of strychnia and afterward recover, is remarkable, and I think we can only attribute the result to a combination of circumstances. He had been drinking for some time, and his stomach was in an irritated state, which retarded absorption of the poison. The strychnia, being taken in crystals, was not dissolved for some time. The vomiting, in this instance, enabled him to get rid of some of it. The butter which his friend gave him further helped to delay the advent of the symptoms, but, notwithstanding all these, enough strychnia remained to produce very severe symptoms of poisoning; and I feel certain that the good ending of the case was owing chiefly to the action of the hydrate of chloral.

Professor Huseman,* of Göttingen, has been engaged in a long series of observations on the antagonistic and antidotal actions of drugs, and some of his investigations which relate especially to chloral are described in a recent number of the *Archiv für Experm. Pathologie.* Of these the following is a summary: Chloral hydrate is known to act as an antidote to strychnine, lessening the spasm, and even preventing death. It has a similar action in the case of the mixture of strychnine bases sold under the name of brucin, and also against the opium alkaloid thebaia, which simultaneously tetanizes and lessens sensibility. The spasms produced by chloride of ammonium diminish under the employment of non-fatal doses of choral hydrate, and can, indeed, be completely stopped. Nevertheless death occurs, probably from the paralyzing effect of both substances on the respiratory centre. The antidotal effect of chloral on the action of the poisons which cause convulsions by their action on the brain is not the same for all these substances. The quantity of the poison which can be counteracted by the antidote appears to be considerably greater in the case of picrotoxin than in the case of codeia. Of the latter, indeed, the fatal dose, and even a quantity half as much greater, can be rendered harmless, but twice the fatal dose cannot be counteracted, and is still fatal. Calabarin is counteracted by chloral hydrate in about the same degree as codeia. The symptoms produced in rabbits by poisoning with baryta are not materially altered by the action of chloral, which does not appear to prolong life. So, also, with carbolic acid; the spasms produced by it are not arrested by chloral, and the minimum dose fatal to rabbits still produces death. The combination of a fatal dose of carbolic acid with a non-fatal dose of chloral hydrate causes in rabbits a remarkable fall of temperature, which is not produced by the action of these alone. As a rule, when chloral antagonizes the action of these cerebral poisons, the respiration sinks in frequency much more than in the case of the analogous action of chloral on the tetanizing poison. The depression of temperature caused by the chloral is almost independent of any peripheral loss of heat. The elevation of temperature, due to division of the spinal cord, is hindered by chloral hydrate. The depressing action of thebaia and codeia on the cerebrum, which is distinctly perceptible in many animals in addition to their action in causing spasm, is the chief effect recognizable in man. On the one hand, thebaia has a distinct action in lessening pain; and on the other, in human poisonings with this opium alkaloid, chloral hydrate is of little use, and in the case of poisoning by codeia, on account of the collapse which is produced, it is positively injurious.

Mr. Groves* relates the case of a dog poisoned by an unknown quantity of strychnia. where chloral rapidly caused a cessation of all bad symptoms.

At Mt. Sinai Hospital, this city, a man aged twenty-seven years was being given, subcutaneously, one-fortieth of a grain strychnia, ter in die, for the relief of spinal difficulty. February 11th, 1877, at 11.10 A.M., he was by mistake given subcutaneously two-fifths of a grain of strychnia; at 11.45 violent convulsions. Was given fifty grains of chloral, subcutaneously, with the result of removing all spasm by 12.25 P.M. On the 24th of February he was again given one-third of a grain of strychnia subcutaneously. Convulsions again ensued. Again antidoted by fifty grains of chloral hydrate, subcutaneously, in divided doses. Very severe abscesses formed at the point of puncture.

Mr. J. Gilbert Candy† and W. S. Graves relate a series of experiments on animals, that afford evidence of the antidotal power of chloral over strychnia.

Dr. S. A. Turner, attending surgeon, Grand River Agency, D. T., records a case of poisoning by an unknown quantity of strychnia, given to an Indian by a jealous squaw. Spasms came on soon after partaking of poisoned food, of which he took but a mouthful. Intervals between spasms when first seen by doctor, some hours after, from thirty to sixty seconds. One hundred and five grains of chloral were given in divided doses in the course of three or four hours, after which no more spasms. Recovery.*

---

* *Lancet*, March 15, 1879

* *Pharmaceut. Jour.* HALF-YEARLY COMPENDIUM. July, 1870.

†*Pharmaceutical Journal*, August 21st and 28th, 1875.

The following interesting case histories are sent me by Dr. Delmont, of San Buena Ventura, California:—

CASE 1.—Mr. M., aged forty, while visiting friends, ate some watermelon on which strychnia had been put to destroy squirrels. An emetic had been administered before my arrival; the spasms were very severe; gave thirty grains chloral in syrup; kept the patient as quiet as possible; ordered the chloral repeated every two or three hours. He took one hundred and eighty grains chloral in all; perfect recovery took place; he went to his business next day. Could not ascertain the amount of strychnia taken.

CASE 2.—Mr. K., aged fifty-five, took strychnia with suicidal intent; in this case no vomiting took place, owing to the obstinacy of the patient in refusing to submit to any treatment; gave him forty grains of chloral, (the spasms were frightful). After that dose the spasms were less severe; repeated the chloral in thirty minutes, when the spasms became very light; kept up with the chloral every few hours until morning; two days after the patient went home. In this case fourteen grains of strychnia were taken. One hundred and eighty grains of chloral were given.

CASE 3.—Mr. F., aged forty-two, took strychnia with suicidal intent, a few doors from my office. As in the preceding case, he refused to take any antidote. I tried to use the stomach pump, but owing to the powerful strength of the patient and his obstinacy, could not make it work. Gave forty grains of chloral in syrup; the spasms stopped entirely within thirty minutes; kept giving chloral at intervals of two or three hours, for twelve hours; the patient made a good recovery. In this case seven grains of strychnia had been taken. The amount of chloral used was one hundred and sixty grains.

A most extraordinary case of recovery from strychnia poisoning, due to treatment by chloral hydrate, is reported in last week's *Lancet*, by Dr. Charteris,† Physician to the Royal Infirmary, Glasgow. On March 12th, a butcher of this city, in a despondent condition, bought from a chemist two sixpenny packets of Gibson's vermin killer. These contained two grains of strychnia in each. Then he adjourned to the parlor of a public house, bought some whisky, in which he dissolved the contents of the two packets, added some ginger ale and drank off the mixture. In order to make sure work of it, he bought another draught of ginger ale and drank it from the same glass, so as to dissolve any remnants of the poison; this was about 11.30 A.M. Then he walked across the street to a butcher's shop and asked to be allowed to sit down. A succession of tetanic fits ensued, and these seem to have continued for several hours. About 1 P. M. an emetic of hot water and sulphate of zinc was given, which, however, produced only partial vomiting. It was 3.30 P.M., when he was brought to the Royal Infirmary. He was in great agony; violent tetanic spasms followed each other in quick succession, increasing in severity. With great difficulty the stomach pump was passed, but only some sour, watery fluid was withdrawn. At 4.50 P.M. ten grains of chloral hydrate, in syrup, were administered; twenty minutes after the dose was repeated and at 5.30 twenty grains were given. Immediately afterward there was a severe and prolonged spasm, succeeded by a flaccid state of the muscular system, hurried respiration, quickened pulse and drooping eyelids, phenomena which indicate the effect of chloral. Three more doses, 10 grs. each, were administered between this and 9 P. M., the symptoms of poisoning subsiding. The patient was dieted on milk and rice, and in four days had completely recovered. He said if he wished to die again he would choose something other than Gibson's vermin killer. Dr. Charteris afterwards tried some experiments on rabbits, and found that the strychnine most decidedly checked the poisonous effect, though in one case, when a longer interval had been allowed to elapse between the poison and the antidote, the animal was paralyzed from the middle of the spine downward. It is stated, also, to account for the slowness of the action of the strychnine in the man's case, that he had previously taken a substantial breakfast of ham and eggs.

Dr. Wm. G. Wilson, of Shelbyville, Ill., sends me the following:—

On February 22d, 1879, about 11 P.M., I was called to visit a patient supposed to have intentionally swallowed poison. While making ready to attend to the call, I learned much of the following history of the patient from the messenger, a man:—

M. S., a woman about thirty-three years of age, of doubtful virtue, with whom he, the messenger, had for some months been keeping company; that night, after eating a very light supper, at a late hour, she expressed in his presence a wish to die. He having ascertained that she possessed a bottle of poison, and fearing that she might do some mischief with it, undertook to hunt it up from among her effects; while doing so he noticed her take something into her mouth from a paper, and becoming alarmed started for me. I arrived at the house about forty-five minutes after the supposed poison had been swallowed. Found the patient, a tall, large-boned, not very muscular woman, sitting on a lounge, very restless, hands cold, pulse weak and accelerated, respiration hurried, pupils somewhat contracted, and reticent when questioned as to whether or not she had swallowed poison, but willing to take remedies.

---

* *Medical and Surgical Reporter*, June 15th, 1872. *Practitioner*, 1874, p. 380.

† *Lancet*, April, 1875.

As there was no certainty as to what poison, if any, had been taken, I at once gave her, in about two ounces of water, twenty grains of pulv. ipecac. She had just swallowed the dose when her whole muscular system was convulsed with a tremor or shudder, so very characteristic of strychnia poison, followed by slight emprosthotonos, her neck coming in contact with my head as I sat in front of her. I immediately dissolved in about two ounces of water what I judged to be, without weighing, twenty-five grains of chloral hydrate (and I frequently administered it so, also, after weighing), manufactured by E. Schering. of Berlin, and gave it to her. The dose was not entirely in the stomach when she had a second emprosthotonotic spasm, that threw her off of the lounge, and a portion of the chloral regurgitated, which she spat out on the floor; but there was no emesis, nor was there at any time. I now had her placed on the lounge, on her back, and two men were directed to hold her there, where she had a number, perhaps twenty or thirty, of those emprosthotonotic convulsions, the most violent of which would throw her against the foot of the lounge, together with those restraining her, when the latter were off their guard at the time of attack.

There remained great restlessness between the convulsive seizures, but I could not discover that there was loss of consciousness at any time. Ten minutes after the first dose I administered a second dose (twenty-five grains) of chloral. There appeared about this time great irritability of the bladder, for which she had to be assisted to the night vessel every fifteen or twenty minutes, for the next hour, and less frequently for he next twenty-four hours. The quantity of urine passed, I believe, was greater than normal. During the last of the next fifteen minutes the interval between the convulsions would occasionally be greater, when it would sometimes be terminated by a more violent surge forward than the one preceding it. I now administered a third dose (twenty-five grains) of chloral.

Twenty minutes after the third dose, and forty-five minutes after the first was taken, general muscular tremors had taken the place of the emprosthotonos to a great extent, the latter not so violent when they did recur, when I administered a fourth dose (twenty-five grains) of chloral. In a few minutes, three or four, after the fourth dose was taken the patient became quiet, and apparently asleep, though occasionally there would be a general muscular tremor, when she would open her eyes for an instant. I then left the patient and returned at 4 A.M., on the 23d, when I found that she had rested as when I left her for about an hour, then was aroused by an emprosthotonotic spasm, though not so violent as heretofore; and since, for more than two hours, she had had four or five such, and perhaps as many general tremors. About three hours after the fourth, I now gave her a fifth (twenty-five grains) and last dose o chloral, and left until 9 A.M., when I learned that she had fallen asleep a few minutes after the last dose was administered, and slept for an hour and a-half, and since, there had been no violent tetanic seizures; but frequent general muscular tremors, which recurred for two or three days, gradually growing less in violence and frequency. Owing to the soreness, stiffness and twitching of the muscles, she could neither stand nor walk without assistance for twenty-four hours. I now learned that the patient was color-blind; all objects appeared to her a yellowish-brown color, and it was not until the 25th, that the color-sight returned entirely.

The patient was more communicative now, having given up, for the present, the idea of taking her life. She gave me a vial containing strychnia in crystals, from which some time during the day of the 22d she had taken, as near as she could judge, one-third of the quantity it then held, concealed it about her person until the aforesaid occasion, when she swallowed it. The messenger told me that then she attempted to take a drink of water, but he prevented her from drinking much. I carefully weighed the remaining contents of the vial, and there was seven grains and a small fraction. There were no remedies administered save those mentioned.

Liegois,* from a series of experiments on animals, concludes that chloral is of great service in antagonizing the effects of strychnia.

Bennet,† from his experiments, states that strychnia is of but little service in chloral poisoning, but finds chloral has greater antagonistic powers over strychnia.

Dr. Angus MacDonald has used chloral successfully in a case of strychnia poisoning.

In a case of strychnia poisoning in a girl of sixteen, Rivine,‡ a German practitioner, has found that 40 grains of potassium bromide and 10.20 grains of chloral hydrate were of great use, while 120 grains of potassium bromide or 40 grains of hydrate of chloral are necessary by themselves. He therefore recommends the combination of the two remedies in the treatment of cases of poisoning by strychnia. To test this theory, his pupil, Hessler, has carried out certain experiments on rabbits. For this purpose Hessler has investigated the mode of action of potassium bromide on the sleep produced by chloral hydrate. He finds that the simultaneous administration of the former drug does not appreciably prolong this sleep. That sensation and reflex irritability are never completely abolished. That the danger of a fatal termination would not be diminished in narcosis produced by the administration of four-fifths of the minimum lethal dose of chloral hydrate with the addition of potassium bromide in a small dose (about one-third of the lethal amount). In ten cases of the minimal lethal doses of strychnia, the method advocated by Rivine was not of more use than the simple chloral treatment; by both methods the tetanus which threatened life was allayed, and consequently life was prolonged. The duration and intensity of the attack were lessened to the greatest extent when the chloral mixture was given. When the minimal lethal dose of chloral hydrate was not exceeded, a sudden diminution in the frequency of respiration, and death from chloral poisoning occasionally occurred. The ultimate conclusion to which the experiments have led is that the simple treatment of acute strychnia poisoning by means of chloral hydrate is decidedly superior to the combined method proposed by Rivine.

---

* *Gaz. des Hôpitaux*, 1870, p. 191.

† *British Med. Jour.*, 1874. See, also, Article.

‡ *Practitioner*, *Pacific Med. and Surg. Jour.*, Jan., 1880.

—Much complaint is made of the bad air in ferry boats and cars, during this cold winter weather. Proper modes of ventilating these conveyances are still desiderata.

A CASE OF HERNIOTOMY.

BY JAMES MACFIE, M.D., C.M.,
Of Fort Covington, New York.

The susceptibility of the peritoneum to take on inflammatory action when injured has rendered all operations involving parts covered by that membrane extremely hazardous. Hence, surgeons have been always timid about operations involving a solution of continuity of that membrane. While it is undeniably true that operations upon the abdomen frequently result in peritonitis, it is no less the fact that operations such as ovariotomy, in which extensive adhesions have been broken down and large portions of the serous membrane of the abdomen wounded, have resulted, not only favorably, but without any marked symptom of peritonitis.

Some writers have maintained that the frequent tappings to which the cyst has been subjected and the pressure caused by the size and weight of the tumor, have rendered the peritoneum less liable to inflammation, and have, in short, established a sort of toleration of rough handling on the part of that delicate structure, and have thereby rendered safe injuries which in the healthy subject would have ended almost inevitably in a very serious if not fatal inflammation.

May it not be also that the same kind of toleration is established in the coverings of old herniæ, which have been frequently returned by taxis, either at the hands of a physician, or of the patient himself? I have been unable to find where any author has instituted any comparison between cases of herniotomy, such as have been published, with statistics on the difference in the fatal results between cases of amputation from disease and from injury; such statistics, could they be gotten, would be not only of great interest, but also of great value.

The case to which I desire to call the attention of your readers has been of very great interest to me, on account of the very rough treatment which the protrusion received from the patient himself, the peculiar circumstances of the patient, and the very favorable progress and termination of the case.

Alexander F. McR., a stout built Scotchman, of middle age, was married on the 4th of October, 1880. On the 10th, six days later, a hernia which had troubled him at times for many years came down, and McR. found himself unable to reduce it. However, as he had always succeeded in reducing after a time, he was not very much alarmed, but continued to use the means he had formerly found successful, till Tuesday evening, when I saw him, about 10 o'clock.

Found a right scrotal hernia, very large, and from the amount of manipulation to which it had been subjected very tender, and showing an ecchymosed appearance throughout. In addition to the local lesion, were the ordinary symptoms of strangulated hernia, to wit, an anxious, pinched and haggard appearance, with gulping, spasmodic vomiting. So great was the tenderness that before attempting taxis I applied hot opiated fomentations over the swelling for about an hour, and on attempting to reduce by taxis was enabled to reduce the size of the tumor quite materially. The vomiting also ceased and he expressed himself confident of completing the reduction in due time by continuing the application of the fomentations. Having another patient, whom I could not leave for any length of time, I left, with the understanding that I was to be recalled on the recurrence of the symptoms before mentioned, or on his failure to complete the reduction of the bowel. A messenger came for me about 1 P.M., who stated that his symptoms were no better, if not worse, than in the night. Taking with me my friend, Dr. Berry, of Westville, I visited him and found his condition to be about the same as on the previous night. Putting him thoroughly under the influence of chloroform we again tried taxis, but without success.

We were, of course, extremely desirous of reducing without operation. In view of his recent marriage, our inborn philanthropy and feelings of humanity would make us use every reasonable endeavor to spare the young bride the pain of seeing her liege lord thus prostrated, suffering and helpless. Having failed to reduce by taxis, I proceeded to operate in the usual manner.

On reaching the sac I found it bound down by deep adhesions, and on closer examination found that the patient, in his efforts to reduce, had actually ruptured the sac, and that this was the principal cause of the swelling in the lower part of the scrotum, it being infiltrated by the serous fluid from the abdominal cavity, which had thus found its way into the scrotum.

The sac was opened throughout and the bowel found to be of a dark purple color, but shining and resilient. It was returned to the abdominal cavity. The sac, which was quite firmly adherent, together with a small amount of omentum, was left in the wound, which was closed by sutures and dressed with a carbolic solution. He was given, every four hours, ¼ gr. of morph. sulph.

October 14. Appearance good. Haggard look gone. Slept well and flatus passed off freely. A very little tenderness over the right iliac region. Temperature $99\frac{4}{10}$, pulse, 96. Wound looks well, but swelling in scrotum still great, and increasing.

Oct. 15th. Symptoms unchanged; indeed, from this time there was no rise of either pulse or temperature. The scrotal swelling increasing. Wound does not look so well.

Nothing would be gained by giving a presentation of the case from day to day. As already stated, the pulse and temperature remained constantly below 100. The local symptoms, however, were not so agreeable, either to the patient or myself. The serum infiltrated into the scrotum produced an abscess, which occasioned the patient a good deal of anxiety, and discharged very freely. The portion of sac left in the wound sloughed out, after which the wound went on steadily healing, and the scrotum also regained its normal dimensions, till, to-day, Nov. 27th, when I saw him, the wound was nicely healed, and he was able to walk about quite extensively. In fact, I met him walking about three miles from home.

With regard to the operation there is nothing special to note, but the case seems to me an interesting one in view of the force used, which was sufficient to rupture the sac, and after the operation the sloughing out of the sac; and notwithstanding such severe usage to the peritoneum before, and so grave lesions after, there was no notable rise of either pulse or temperature. As to the marriage: was this severe hernial attack *propter hoc*, or was it only *post hoc?*

DIFFUSED TRAUMATIC ANEURISM OF THE FEMUR, WITH OPERATION.

BY W. H. HAWKINS, M.D.,
Of Rocky Comfort, Ark.

On the night of July 19th, 1877, was called to see R. L. N., colored, aged 14. Reached him at 11 P.M., and found him suffering from the effects of a gunshot wound of both legs and one thigh. The boy had been out with other boys on a hunt, and the dogs having "treed a coon," this youngster climbed up the tree to shake the coon out, when his companion below became anxious, and fired the gun at the coon, the shot taking effect in the person of the boy as above stated, to wit:—

Four shot, variety known as "duck shot," entered the outer aspect of the left leg, and passed, superficially and obliquely, upward and inward, being found beneath the cuticle at the inner and lower third of the thigh, were taken out. My attention was now directed to the right leg and thigh, and six of these shot were found to have penetrated the posterior and inner portion of the right leg and thigh, to wit: Two a little to the left of the outer border of the head of the gastrocnemius, and passed upward and obliquely outward in front of patella, and were extracted. Two entered the inner margin of the popliteal space, and two along the border of the Sartorius. These four passed obliquely upward, through the fleshy portion of the thigh, and were not extracted. It was noticed next morning that the right thigh was swollen and hot. Morphia, to allay pain, absolute rest, with legs and thigh elevated, with cold applications and liquid food, were ordered.

July 20th, 9 A.M. Found boy doing well. No increase in size of right thigh.

23d, 9 A. M. Doing well, thigh diminished in size ; slept well.

27th, 9 A. M. Still improving, thigh less.

August 1st, 9 A. M. Improving, thigh less.

August 26th. Parents brought boy to my residence in a road wagon ; said he had been walking about; that shortly after he had commenced to walk his thigh began to pain him and had swollen larger than at first.

Upon a minute examination found the thigh a little red and inflamed; ordered acetate lead and laudanum solution, and that he be carried home and not allowed to walk about.

On the 9th of September, 3 P.M., saw my patient and found he had not been doing well; complaining of great pain in the thigh, which had steadily and gradually enlarged. The enlargement was not uniform, but the greatest prominence occupied the muscles on the posterior portion, about the middle.

The parents had supposed the swelling to be what they termed a "rising," and had poulticed. Ordered a re-application of lead and laudanum, and instructed them when they thought the "rising" should be opened to send for me, and this they did on the morning of the 14th.

Dr. Alexander saw the case with me. After examining it we concluded to explore, before laying open the swelling. No pus was found. We then carefully divided the cuticle and exposed a blood clot. As we were not prepared for the emergency, a tourniquet was placed in position over the femoral artery, and the parents instructed how to act in the event bleeding should take place from the cut surface. The evening having been far spent, we left, but early next morning a messenger came for us. We found dark, grumous blood oozing from the opening. The swelling had pointed, and presented a soft, fluctuating tumor, the size of an ordinary hickory nut, between the sheaths of quadriceps femoris and vastus externus, but no rhythm could be heard in it. A lancet was boldly pushed into this prominence, when arterial blood escaped, with regular rhythm.

We now knew we had an extensive diffused traumatic aneurism to deal with, and the time had come to act. The tourniquet was turned upon the femoral artery, a probe inserted into the posterior opening, and moved in every direction. It was put into the more recent opening with like result. The muscles had been greatly destroyed. The parents were notified of what would have to be done, and that in all probability the patient might die on the table. They readily consented to the operation.

He was chloroformed. Dr. Alexander took charge of the femoral artery. We had but little sound tissue at our command for flaps; operated by the circular method, through the upper third, as high up as the stump could be made without interfering with the perineum. The arteries were admirably controlled, and no blood of consequence was lost. With great care in fashioning the stump, enough skin was obtained to cover the end of the bone. After securing the arteries, the stump was left open to glaze. Closed the wound with carbolized interrupted sutures, and anointed it with carbolized oil. The sutures were supported by the usual adhesive strips. Over the whole was placed cloths saturated with carbolized water, to be constantly renewed.

The wound healed by first intention, excepting over the bone, where there was too great pressure, owing to the peculiarity of the operation, viz: the muscles having been cut through at too much of a right angle.

On October 1st the patient was discharged with a good, sound, and nicely rounded stump.

Remarks.—There was nothing unusual about the operation *per se*, but I report it in full that I may call attention to the great care we should exercise in the management of such cases.

From July 19th to Aug. 26th nothing was suspected of a serious nature, but on that day I began to suspect the possibility of having an aneurism, "traumatic." I suspected it from the fact that as long as the boy was kept confined there had been no increase in the swelling of the thigh, but as soon as he was permitted to get up, the limb began to swell rapidly, and to show marked symptoms of inflammation. The parents said they thought it was owing to a fall he had received, and that it was a "rising," from the shots left in the leg; but I suspected otherwise, and hence the call for counsel and the careful exploration on the 14th of September, nineteen days after I first suspected aneurism.

By permission of parents, we carried the limb home, and Dr. Alexander made a careful dissection of it.

I herewith append the doctor's report:—

"In dissecting the amputated limb, I proceeded as usual, removing the integument, fascia, etc., and laying back the muscles. Upon removing the Sartorius muscle and the dense fibrous band extending from the vastus internus to the adductor muscles, a large clot, as much or more than would fill both hands, was discovered. After carefully removing it, a long straw was introduced into the open end of the femoral and profunda arteries, and the straw came out of each, nearly opposite where the profunda passes under the superficial femoral; so that one shot might have wounded both arteries. The opening was very small in each. I suppose the clot acted as a ligature, so as to prevent a rapid flow of blood, but allowed a constant oozing. The treatment also had a tendency to prevent a rapid flow. The wounds in the arteries were in the middle third, and the clot filled the entire third of the thigh."

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. JAMES H. HUTCHINSON.

REPORTED BY GEORGE F. SOUWERS, M.D.

GENTLEMEN:—I propose, this morning, to consider with you some cases of liver disease. It is not an uncommon occurrence in the practice of medicine for the practitioner to come in contact with certain diseases which, while they bear so close a relationship to each other, in both their symptomatology and prognosis, as to have been classed under one and the same grand head or name, yet present pathologically or in some manner a number of points of difference. In illustration of this proposition, I shall begin my lecture by exhibiting to you the liver and certain other of the organs removed from the body of a patient who has recently died in my ward. The following is the history of the case:—

E. B., aged 48, a widow, and by occupation a charwoman, was admitted to the hospital November 2, 1880. Her family history was good, and she herself enjoyed general good health till the onset of the disease which carried her off; menstruation was performed regularly till two years ago, when the menopause occurred; she had eight children, two of whom are now living. In searching for the original cause of her illness, we elicited the fact that seven years ago she fell from a step-ladder, striking heavily on her right side. From the time of the receipt of this injury to the time of her death the bladder seemed to be weak and irritable, the urine at times dribbling away, thus being a source of great annoyance to the patient. During the past summer she was weak and miserable, the appetite very poor, and a constant loss of flesh taking place; there was also present a great deal of pain in the small of the back. Nine days before her admission, after having been exposed to cold and wet, she was suddenly taken with purging and tenesmus, the bowels being, as she expressed it, drawn into knots, and the abdomen being very tender on pressure; the passages were sometimes milky and sometimes yellowish, and streaked occasionally with blood, and very frequent. (I may say here, however, that she has never passed any blood since coming into the hospital.)

The notes of her case, from the time of her admission to the wards up to the time of her death, read as follows: "Patient emaciated and weak, the skin and conjunctivæ yellowish in color. Tongue dry, coated with a white fur, and indented by the teeth; the skin very dry. She has a slight cough, there is dullness over the base of the left lung, a few râles are heard, with blowing respiration, crepitation, and bronchophony. The abdomen is very painful; the patient is unable to keep anything on her stomach; the bowels are loose, the passages being thin, yellowish, and frothy. Urine dribbles away, and is dark, cloudy, and alkaline in reaction, and contains an abundance of urates, but no albumen. Percussion during life showed that the liver extended three fingers' breadth below the arch of the ribs, and the liver dullness extended higher than normal; over its front surface no distinct nodules could be felt, but low down in the right lumbar region there was felt what appeared to be a nodular mass about the size of the fist. There was tenderness on pressure over the whole of the liver, but the patient made no complaint of lancinating pains, either in the hepatic region or elsewhere.

Before proceeding to discuss the pathological appearances, etc., I will speak of the diagnosis, prognosis, and treatment of the case. Taking into account the fact of tenderness over the liver, associated with the excessive diarrhœa, one would naturally assume that abscess of the liver was the disease with which we had to deal; the stools, however, I may here say, did not present a dysenteric appearance; further, there was not at any time any fluctuation present, nor was there any attempt at pointing, as we should expect if an abscess were present. Finding the liver enlarged and the nodular mass present in the right flank of the organ, I was tempted at first to conclude that I had to deal with cancer of the liver; but this conclusion I did not feel warranted to adopt positively, on account of the following considerations, namely: That though there was jaundice present, yet it was not of that intense character which, if the symptom is present at all, is apt to be associated with the other symptoms of this disease; although the disease had lasted for some months, the organ was not enlarged to that extent which it would have presented had cancer been at the root of the trouble; neither was the sharp pain of malignant disease present, so that, as I say, I was not able to convince myself that cancer was the disease to be contended with. There is a rare disease known as hypertrophic cirrhosis, with icterus, and I think that my patient fell a victim to this trouble; it is a form of cirrhosis not often seen, in which the contractile or retrograde changes of ordinary cirrhosis are not present; the hypertrophic changes seem alone to predominate; like ordinary cirrhosis its treatment is unsatisfactory and its prognosis unfavorable.

On referring back to the notes of the case I find that on her admission she was ordered pulverized ipecac, grain xx twice a day, and opium suppositories, to check the diarrhœa; liq. calcis, whisky and milk were employed, to allay the vomiting and to stimulate and nourish the patient. Being placed on this regimen we find the notes continued as follows: November 6. Diarrhœa somewhat checked, less vomiting; patient has been taking laudanum, gtt. xv, enemata, ⅛ of a grain of opium and 1 grain of tannic acid, every 3 hours.

November 13. Tongue much the same; more jaundice present; the liver extends to within one inch of the umbilicus. Has not had any diarrhœa or sick stomach for several days; lungs resonant; tenderness still present over liver.

November 16. Patient weaker and delirious; more emaciated; slight vomiting again present. She yesterday had a formed passage; several bed sores have formed, and abdomen is very tender.

November 17. Subsultus present; fast becoming weaker: ordered turpentine, gtt. x, three times a day.

November 21. Unable to swallow.

November 22. Died, about 5 A.M.

I here show you the post-mortem appearances of the case, and shall read you extracts from the notes of the pathologist of the hospital.

The examination was made nine and a half hours after death, rigor mortis being present. The left lung, over which you remember there was dullness, is bound down by old pleuritic adhesions, there being no effusion present; on the right side the same appearance is presented. Both lungs are emphysematous and full of small nodules, these being both soft and hard, those in the left lung being somewhat more coalesced; there is some gray hepatization present, and the condition known as chronic catarrhal pneumonia is well shown. The glands at the root of the lung are enlarged and calcareous. The heart, arrested in systole, presents a chicken-fat clot in its right cavities, black clot and some fluid blood being found in the left auricle; the valves are normal; in the great vessels going off from the heart ante-mortem clots were found. The weight of the organ is eight ounces. The left kidney is irregular in shape and granular in appearance; its capsule is more adherent than normal, and it weighs about 4½ ounces. The right kidney presents much the same appearance as the left, but weighs only three ounces. In some of these cases I have seen the kidney weigh but seven drachms. The spleen is enlarged, and shows evidence of a chronic capsulitis, it weighs 6½ ozs. The pyloric end of the stomach is contracted. The colon presents in its course a number of ulcers, its mucous membrane being softened and detached in places; at the same time the tube does not present the pathological appearances of dysentery. The most interesting organ yet remains for discussion, I refer to the liver, whose weight is four pounds four ounces, and whose fibrous tissue is greatly increased; the organ is enlarged, thickened, mottled, nodulated, and presents a nutmeg appearance; on pressing my thumb into its substance I find it to be hard and resisting; its capsule is adherent; the duct is perfectly patulous, but during life was obstructed by the enlarged glands in the fissure of the liver pressing upon it. The mesenteric glands are, as you see, greatly enlarged. The small intestines are inflamed, the mucous membrane being swollen and peeling off in places.

I have attempted to give you a description of this disease, in which, contrary to what occurs in the ordinary forms of cirrhosis, contraction never or rarely takes place. The hypertrophy continues, usually, as long as the patient lives; although I may mention here that hypertrophy of the liver is frequently observed in the first stage of the more ordinary form of cirrhosis, which we shall now discuss, as presented in the case of E. W., now before you. I shall give you, first, the history of the case as taken from the hospital case book. She is a widow, and a housekeeper, aged forty-two, and was admitted into the wards November 15th, 1880. Her father and brother died of phthisis, her mother of dropsy; she herself has been generally strong and healthy. Nine years ago she had inflammatory rheumatism, for which she was treated in this hospital; neither dyspnœa nor heart trouble of any kind followed this attack, and she has had no sickness since. She has never had any children, and menstruated regularly till nine months ago, when the menopause occurred; she presents no specific history. She claims to be temperate, but this we know to be questionable, as she has twice presented herself at the gate of the institution under the influence of liquor. About three weeks ago she got wet and cold; about a week after she noticed that her abdomen was swollen and painful, and that she had lost her appetite. A week previous to her admission to the hospital her feet commenced to swell, her abdomen being very much swollen and very painful at this time; her stomach rejected nearly everything swallowed; there was no headache nor pain in the back present; at and after the onset of the swelling of the feet she ceased to pass urine in any quantity; further, at the time spoken of jaundice was present.

Upon admission, the patient is spoken of as being anæmic, and slightly jaundiced; the abdomen is distended, tense, and very sensitive, the veins of the abdomen are decidedly enlarged, the lines of dullness over the abdomen shift with the position assumed, thus showing the presence of ascites; the liver, on percussion, appears rather contracted. Over the middle of the right lung posteriorly some friction sounds are heard; percussion elicits more or less dullness; in the left lung a few râles are present. A murmur is heard over the apex of the heart, and with the first sound there is some friction associated. Urine acid, dark, and contains urates and bile, though no albumen. She was ordered at once mist. Basham, half an ounce every three hours, and the infusion of digitalis, one drachm at the same intervals; the bowels being constipated she was directed to have an enemata.

November 17. Sounds over the heart more marked, and bear still more of a resemblance to friction sounds. As she was weak, she was ordered, to-day, four ounces of gin.

November 18. To-day no friction or murmur of any kind could be heard over the heart, but there was some increase in the pericadial dulness. The abdomen painful. The gin does not seem to agree with her, as it makes her sick at the stomach. Posteriorly, over the base of the right lung, there is dullness; respiration is bronchial and distant, fremitus diminished. Instead of gin, whisky was administered, and an ointment of equal parts of belladonna and iodine was applied over the abdomen.

November 19. Passes more water and abdomen less tense.

November 20. Dullness over spleen appears increased; fremitus is increased and bronchial breathing is more marked over the lower part of the right lung. She complains of bleeding piles, which give her a great deal of uneasiness, and for these five grains of tannic acid and ½ gr. of opium in suppositories is ordered.

November 22. Abdomen less tense, though still tender. She looks decidedly better. There has been no return of the friction murmur, and there is less sick stomach. As I look at her today I find that she is less jaundiced than she has been heretofore. This symptom is more marked and noticeable in the eyes than in the skin; you will notice that the conjunctivæ present a decidedly yellowish discoloration. At times we have a dirty discoloration of the skin, somewhat resembling jaundice, present in chlorosis and anæmia, but in these latter disorders the conjunctivæ usually present a peculiar pearly whiteness; the jaundiced condition of the skin can best be observed by making decided pressure upon the forehead, the blood being thus squeezed out, the integument presents a peculiar parchment-like yellowness; now you must not in any case regard jaundice as a disease, it is simply the expression or symptom of some morbid action taking place in the economy.

Upon looking at the abdomen we find it enlarged, and its integument deeply pigmented; on the right side, over the locality of the liver, the superficial veins are very prominent, and there probably exists in these vessels a reversed current: the portal circulation being interfered with, the superficial vessels must assume an unusually large share in the function of circulating the blood. At first, palpation of the abdomen gave exquisite pain, but I can now exert a good deal of force without eliciting any unusual sensation; upon palpation in the neighborhood of the liver I can discover no enlargement whatever; in fact, on the contrary, I find that the lower edge of the organ occupies a much higher position than it normally should. Fluctuation, while present, is not so marked as is generally the case in disease of the character under consideration; upon tapping on the abdomen there is a distinct wave propagated from one hand to the other, which wave is not propagated by the abdominal walls, as can be proved by letting an assistant place his hand upon the abdomen, in the line of the umbilicus, and then palpating. This, of course, prevents the transmission of a wave by the abdominal walls, but does not prevent its transmission through liquid contained in the abdominal cavity.

Again, by placing the patient in different positions, I find that the lines of dullness vary or shift, the dullness being always present in the most dependent position; thus, if the patient be placed on her hands and knees, the dullness is found in the neighborhood of the umbilicus; if placed upon her back or on her feet, the line again shifts, due, partially, to the different positions assumed by the bowels, their presence always being made manifest by more or less resonance; now, in ovarian dropsies the dullness is more stable, being bound down, as it were, it is not able to shift around from one locality to another, and, as a general rule, occupies the front of the abdominal cavity.

By these different examinations, I demonstrate that there is a peritoneal effusion present. Now, we may have other diseases than cirrhosis producing an ascites; thus cancer of the liver and peri-hepatitis may give rise to the symptom. But in all cases of dropsy dependent on liver disease the cause of the ascites is the same, namely, the compression of the portal vein and its branches, the connective tissue development in cirrhosis taking the place of the true liver tissue. When the organ begins to contract, an undue amount of pressure is exerted upon the veins; the blood being dammed back must thus relieve itself by an effusion into the abdominal cavity; or else there takes place a hemorrhage from the bowels, the delicate vessels of the intestines, unable to stand the pressure exerted, rupturing and allowing the extravasation of their thin contents.

In this case relief has been afforded to the engorged circulation by the formation of bleeding piles, and it is due to this fact that we have so little ascites present. A cancerous nodule pressing on the portal vein will produce a very marked ascites; in peri-hepatitis, also, we may and do have an effusion taking place, though this is within the capsule of the liver. If, however, the ascites present in this case were due to the presence of malignant disease, the hepatic dullness, instead of being decreased as it is, would extend over an enlarged area: we have here but little or no peri-hepatitis. Owing to the effusion, the liver is floated up very high, and probably less of its surface presents to the percussing finger than normally. The abdomen, on pressure, is tender; so I think that, perhaps, we may have here to deal with a certain amount of peritonitis (as well as cirrhosis) localized in different portions of the abdomen, but especially marked in the region of the liver; this is not an uncommon accompaniment of liver cirrhosis. I am inclined to this peritonitis theory from the fact that in this case two other serous membranes have been inflamed, as evidenced by the pleural and pericardial friction sounds; the dullness posteriorly, the enlargement discoverable on percussion in the præcordial region, and the presence of a few râles, all go to sustain me in this view. As to the cause of all this trouble in the liver there can be no question; she denies being a drinking woman, but I have had every evidence to the contrary; further, alcoholism we know to be the exciting cause and foundation of nearly all cirrhoses of the abdominal viscera; true, it may, perhaps, occur idiopathically, but it is then an exception to a well-proved rule. The prognosis of these cases is unfavorable, both as to life and recovery. I do not think that after structural changes of any kind have taken place in the liver there can be any remedy; the only thing to be done is to relieve the most urgent symptoms, and make the patient comfortable. The pathology consists, first, in an inflammatory condition taking place in the liver structure; this is followed by the appearance of connective tissue bands, substituting the true liver tissue; these bands, after some little time, beginning to contract, result in a shrinking of the normal size of the organ, which, in the first or inflammatory stage, seems to be hypertrophied.

As to the relief of symptoms, and the general treatment of these cases. If the breathing was greatly interfered with it might be advisable to tap the patient, and thus remove the water; but this proceeding is not entirely free from danger, as, instead of a localized, we might have a dangerous general peritonitis set up. If, however, the symptoms were urgent, which in this case they are not, the operation would be justifiable. If necessary, the bowels and kidneys may be called upon to perform extra duty, for the purpose of removing the effusion; one drachm of the infusing of digitalis, and a tablespoonful of Basham's mixture, every three hours, have produced very good effects in this case; the objection to the use of purgatives is that they produce too much of a drain on the system; elaterium, while it would rapidly remove the ascites, would at the same time further weaken our already debilitated patient. The diet should be light, easily digested, and nourishing; the patient being permitted, when possible, a judicious amount of out-door exercise.

MEDICAL SOCIETIES.

ACADEMY OF MEDICINE AND SURGERY OF KENTUCKY.

PROCEEDINGS OF THE MEETING HELD DECEMBER 2, 1889.

REPORTED BY A. H. KELCH, M.D.

Ophthalmic Pathology.

Under the call for "presentation of pathological specimens," Dr. D. S. Reynolds exhibited several eyes, and in presenting them made the following remarks:—

There is an interesting history connected with these specimens. This is the skeleton remains of an eye the vision of which had been lost many years ago, from a neglected inflammation of the iris. It is plainly perceptible, from the mass before you, that the globe must have been not less than two inches in diameter. About five years ago the last perception of light disappeared. The unfortunate subject from whom this specimen was taken was about 88 years of age, and had been living in a malarious district in the southern portion of this State. He suffered from an inflammation of the iris, which, as I remarked before, was neglected, until finally it involved the ciliary body and extended its ravages to the choroid. Dropsical effusion then took place, distending the globe so much as to make serious pressure upon the structures between it and the orbit and to produce such irritant effects upon the brain as to cause epilepsy, for which he had been ineffectually treated by prominent physicians and quacks in the cities of St. Louis, Cincinnati, Philadelphia and New York, within the last five years. He had been given nitrate of silver, bromide of potassium, atropia, nitrite of amyl, and all kinds of treatment known to the profession.

In the last two or three months previous to his visit to this city he had suffered as many as three attacks per month; and, probably on account of the excitement induced by the thought of an operation, after his arrival here had two attacks in twenty hours.

I enucleated the eye which I here present, and he has not had a particle of headache since. It is now three weeks since the operation was performed, and up to this time he has had no return of the epileptic seizures.

He is a man well nourished and of great muscular power, and had never been sick until about eight years ago, when he had what he considers an attack of neuralgia in the right eye. This was followed by the slowly collecting effusion, the pain becoming more of an aching character, often extending from the temple to the occiput. Five years ago he had an attack in the left eye, of a similar character, and shortly after that he lost the sight in this eye. I report this case to show that although the amount of pain and distention was something unusual, the nervous system was so influenced as to cause epilepsy. It is not common to see the ball so distended as to be almost immovable. In this case it was necessary for me to cut into the distended walls of the globe before the muscular and connective tissue attachments surrounding the ball could be severed. There was not sufficient room to seize the muscles between the distended globe and the orbit. The remaining eye is quite free from irritation, and in consequence of that fact, it was allowed to remain.

Specimen 2.—Here is an eye that was taken from a young lady two months ago. The eye had been injured in infancy, by a puncture with a pair of scissors. The remarkable feature of this case is that, although the puncture was made through the slero-corneal junction and ciliary body, and the eye shrunken to a mere stump, the young lady had gone to school and obtained an education, and had never suffered any inconvenience nor discomfort in the use of the fellow eye.

Here was a puncture inflicted when she was but three years of age, and she is now nineteen, the shrunken globe remaining all this time without causing serious pain or other morbid manifestation in the opposite eye. It is almost universally believed by specialists that an eye destroyed by a punctured wound of the ciliary body is certain, if allowed to remain, to set up what is known as sympathetic irritation in the fellow eye, which will lead to fatal results, so far as the vision is concerned. Mr. George Lawson, in the reports of the Royal London Ophthalmic Hospital for 1872 or '73, records the case of a man who had lost an eye from injury; the globe underwent atrophic changes, such as are shown in this specimen, and the man had gone on about forty-two years without suffering any inconvenience in the other eye, when suddenly a sympathetic irritation became manifest in the opposite eye, which soon began to grow dim, and in a few weeks he was admitted to the hospital, with bare perception of light. Though the lost eye was, on his admission to the hospital, removed, the opposite one went on to complete blindness, and Mr. Lawson was sure the one eye could have been saved by the timely removal of the blind eye.

Specimen 3.—This is the eye of a gentleman only twenty-eight years of age; it was destroyed by the kick of a mule, eight months before he came to have it removed. The calk of the shoe worn by the mule struck the man on the temporal margin of the cornea, and ruptured it. An intelligent gentleman, who was somewhat acquainted with the structure of the eye, told him there was a rent just within the cornea, on the temporal side. In this specimen, as you see, the whole cornea has been removed by absorption, and the atrophic changes which followed by continuity of structure, producing contraction of the whole globe. In September the eye became tender and painful, but it seemed to get well again, and about the middle of October it was again affected, and this time the sound eye grew sensitive and watery, which led him to consult a physician, who told him to consult a specialist. This attack subsiding, he waited another week, when he was again attacked, and with corresponding dimness and morbid sensibility to light in the fellow eye.

When he came I removed the eye, although there was considerable irritation at the time. The other eye remained a little sensitive to light, and was somewhat dim for two weeks. After that time a test of the vision revealed about the normal acuity. About six weeks after the removal of the eye he came back to get an artificial eye; and, though the structures seemed to have regained their normal condition, all signs of irritation having disappeared, the instant an artificial eye was introduced he suffered pain, and lachrymation of the other eye. I advised him to return home for the present and return in two months.

Specimen 4.—This eye has a much sadder history connected with it. The young gentleman to whom it belonged had the misfortune to contract a gonorrhœa on the 4th of July. About the middle of the month he discovered he had something the matter, but it did not occur to him at the time that it was due to the exposure on the 4th, and he paid little attention to it. He was spending his summer vacation in a general frolic, and came here to Louisville to look around. While here he came to my office to deliver a message from a physician in the neighborhood where he lives. He told me he believed he had gonorrhœa. I sent him to a medical friend and soon had forgotten all about him. About ten days afterward his physician called and told me he believed the young gentleman had lost one of his eyes, and he desired me to go and see him. I found the right cornea had sloughed out *en masse*, and the left was becoming hazy. Careful attention succeeded in saving the left eye, but the right affords the specimen before you. This shows the importance of early attention to gonorrheal ophthalmia. There is an important lesson to be derived from a study of these cases. They show, in the first place, that though an eye be absolutely blind, it may give rise to so much irritation as to cause epilepsy in a strong and vigorous man. Another specimen of an eye destroyed in a manner most likely to create serious trouble, is followed by no inconvenience or discomfort in the use of the opposite eye. Here is another case with only the cornea lacerated, no other part damaged, that gets well and in a few weeks after recovery he begins to suffer recurrent attacks of inflammation in it, which causes sensibility to light in the opposite eye, and the patient is threatened with a sympathetic ophthalmia.

Another, a young man in good health, contracts a gonorrhœal inflammation, and, failing to give prompt attention to it, remains in the obscurity of a boarding-house until the eye sloughs nearly out, and the remainder must be removed.

To-morrow will be three weeks since three gentlemen, on the Ash Creek Road, were out shooting birds. While they were considerably separated, a covey rose, and the gentleman at the extreme left fired toward the right, and a shot struck one of his companions in the right eye, passing through the cartilaginous portion of the upper lid and through the sclero-corneal junction, directly in the vertical meridian. He came to see me in less than an hour after the receipt of the injury. The anterior chamber was filled with blood, and there was a large rupture at the point indicated, showing that the shot had penetrated the globe. I gave him a purgative dose of calomel, and ordered a solution of atropia and morphia, and directed him to bathe the eye with cold water, and under no circumstances to cover it up. In a few days the wound healed and the blood disappeared. At present a normal condition of the aqueous chambers is present, except where the shot came through the wall above. Careful examination shows no detachment of the retina; the red reflex from the fundus may be seen all round, and the shot must be very near the ciliary body in the anterior and inferior portion of the globe. He has had but little pain in it up to this time, and, strangely enough, there has been no inflammation of the damaged iris except at the point where the shot entered. He was able to count my fingers yesterday with that eye; and while I have no hope of saving the vision, I have some hope of the shot being encysted and keeping quiet. If it does not, however, I propose, with his consent, to perform optico-ciliary neurotomy. It will probably save him what appears to be a good eye, which is much more convenient and better looking than any artificial eye can possibly be made.

Croup, with Tracheotomy.

Dr. F. C. Wilson. I may mention two interesting cases I have met with in the last five days. Last Sunday, I was called to see a little girl, eight years of age, who had been sick for two or three days, with what was thought to be croup. All the domestic remedies for such troubles had been tried, and when I saw her first she was breathing with great difficulty, both inspiration and expiration being labored. She had a muffled, croupy cough, and a temperature of 101½°, quick pulse and a tendency to cyanosis. I informed the parents at once that the child was very ill, as I felt satisfied it was a case of membranous croup. I ordered an emetic of turpeth mineral, and for the night five grains of Dover's powders, also, as a local application, cold compresses, to be frequently changed. I saw her again next morning at eleven. She had freely vomited, and had thrown up one or two little shreds of organized material, along with a considerable quantity of very tough mucus, and she was somewhat relieved. That night she rested easier until about six A.M., when there was much more obstruction, and a good deal of cyanosis. I administered oxygen, which restored the red color to her lips, and I then suggested to the family the necessity for tracheotomy, which met with great opposition, as I knew it would, the family being German. The next forenoon I called Dr. Octerlony in consultation, and we agreed at once as to the diagnosis, and the only change in the treatment suggested was the addition of five-grain doses of carbonate of potash every half hour. In the afternoon the obstruction had increased, the respiratory murmur was feeble on both sides of the chest, and a whistling murmur was present, from the obstruction. I again suggested tracheotomy. They still refused.

At 9 P.M. she was worse, and at 9.30 her father came and said if I thought the operation could offer any hope, they would consent. I thought the hope then a forlorn one, but I went at once, and, with the assistance of a druggist in the neighborhood and what few instruments I had at hand, and what I could improvise, I determined to open the trachea and insert a tube. I made an incision through the skin, and was delayed a good deal by the capillary hemorrhage. Finally, the trachea was opened, the lips of the wound separated, and the child breathed with comparative ease. I had suspicions, however, that the membrane extended below the point of incision, and these suspicions were confirmed by the introduction of the tube, which had to be immediately removed. I concluded to hold the edges apart, in order to let her breathe more easily, and I could distinctly see the yellowish-white membrane obstructing the trachea below the point of incision; but at no time did she breathe with that quiet ease which is noticeable in cases where the membrane does not extend below the point of incision. In this case it was merely temporary relief. I held the edges apart for three or four hours, when the necessity caused me to improvise a speculum, which I made out of a hair-pin. This I found to answer every purpose, but the child died at half-past four the next morning.

That afternoon I was called to see a little German boy, five years old, sick two days in the same way. I found his fingers and lips blue, obstruction in both inspiration and expiration, and the same kind of muffled cough noticed in the other case. I explained to the father the great danger the child was in. After prescribing an emetic of Turpeth mineral, I promised to see it again in the evening. Accordingly, at 8.30 I went out and found the child dying.

These were two fatal cases in the same day. I have met with twelve in all my experience, and of the twelve cases have succeeded in saving four. Two I saved, I believe, by the inhalation of oxygen gas, keeping the patient alive until the membrane was detached and expelled; in a third I attribute the relief to the inhalation of lactic acid, and in a fourth to the insufflation of pepsine, and inhalations of lime and bromide of potash and the carbolic acid spray, to which I attribute the most importance.

EDITORIAL DEPARTMENT.

PERISCOPE.

Artificial Respiration in Newborn Infants.

At a recent meeting of the Royal Medical and Chirurgical Society, Mr. F. H. Champneys read a paper to show the amount of respirable air furnished infants by the various methods of artificial respiration. The number of bodies experimented on was twenty-six; only such as had never breathed being used. Tracheotomy having been performed, a cannula was tied into the trachea, the cannula being connected by an India rubber tube with a V-tube filled with water, which thus registered inspiration and expiration by the rise and fall of the water, the results in the same body only being compared, and the highest effect being the standard of comparison. The methods used were nine, viz: those of Marshall Hall, Howard, Silvester, Pacini, Bain, Schücking, Schüller, Schroeder, and Schultze. The conclusions were the following:—

1st. Since the position of equilibrium of a stillborn child's chest is one of absolute respiration, airlessness, or collapse, no method which depends on elastic recoil of the chest walls will introduce air into its lungs. The methods of Marshall Hall and Howard are useless as means of directly ventilating the lungs of stillborn children. 2d. Silvester's method, and its modifications by Pacini and Bain, introduce more air into the lungs than any other method. 3d. In using Silvester's method, the arms should be held above the elbows, and everted. 4th. In using Pacini's or Bain's method, the legs should be fixed; the second half of Pacini's method, and Bain's second method, should not be employed, as the weight of a new-born child's body is insufficient counterpoise to the necessary traction. 5th. In using these two latter methods, the operator may face the subject, and lift the shoulders from below; by this means he is able to watch the child's countenance, and is able to introduce an equal quantity of air. 6th. Schücking's method is no improvement on Silvester's. 7th. Schüller's method is useless, and not free from risk. 8th. Schroeder's method is useless. 9th. Schultze's plan, although its power of ventilation is less than that of Silvester and its modifications, yet acts efficiently. 10th. In Schultze's method, the diaphragm does descend, though but slightly; its principal action, however, is on the thoracic walls, as in the Silvester group. 11th. In Schultze's method, it is important that the whole weight should rest (at the end of the inspiratory movement) on the index-fingers in the axillæ, and should not be distributed to the other fingers. 12th. The violence of the action of the method of Schultze is not in its favor. 13th. Opisthotonos always produces respiration by tension of the anterior body walls, and should be avoided. Behm's experiments, six in number, dealt with children truly stillborn in two cases only (one other having failed). His general conclusions spoke highly of Marshall Hall's and Howard's methods, which, however, in the two above cases were nearly or quite failures.

The Treatment of Typhoid Fever.

A debate at one of the London medical societies, recently reported, well illustrates the prevailing opinion on this topic across the water. Dr. Bristowe dealt with the subject under the heads of food, medicines, alcohol and baths. A milk diet was urged as of chief importance. Dr. Bristowe doubted if any remedies had direct effect in controlling hemorrhage. Alcohol was not necessary, except in a few cases, when it should be given for its stimulant effect. As to baths, he doubted their efficacy, and thought that if they were as valuable as statistics showed, their good effects should be obvious whenever they were tried. In two cases he had had, he thought fatal pulmonary congestion had been produced by the use of baths. He concluded his remarks by sketching the manner in which he himself would wish to be treated were he the subject of the fever. Dr. Broadbent, who followed, thought the diet should not be wholly restricted to milk, which it was important to give only as food, and not as a drink to relieve thirst, for diarrhœa was often produced by the undigested curds. Sometimes beef-tea set up diarrhœa. Besides correcting the diet when diarrhœa was present, he would use opium enemata. In cases of hemorrhage he gives large doses of opium to arrest peristalsis; ergot and turpentine were also useful. Opium was also of great value in the relief of tympanites. He described his attitude toward baths as one of gradually increasing confidence. Dr. Cayley read a letter from Dr. Brand, of Stettin, giving some remarkable statistics from the military hospitals of Germany in favor of the bath treatment—a chief element in success being the adoption of the method at the very onset of the disease. This was possible in private practice and in military hospitals, but not in the civil hospitals, where patients do not seek admission until they are compelled to do so by the advance of the disease. In Germany it had been found possible to carry out the bath treatment in private practice. The treatment was certainly not a dangerous one. Dr. Norman Kerr made some remarks, in which he admitted the need of the medicinal use of alcohol in some cases of the disease. Dr. Collie said that of 100 cases seventy-five would get well with simply good nursing, fifteen would die, and the remaining ten might or might not recover. Such was his experience, and he had abandoned the bath treatment, as not only useless but even dangerous. He could not put faith in continental statistics, and thought that many cases of mistaken diagnosis were included in them. Dr. Ord had certainly seen good effects from the use, not of cold but of slightly tepid baths in selected cases of high pyrexia, which he believed had a relative effect as well as a control over the whole morbid process of typhoid fever. Dr. Mahomed spoke in favor of the cold-bath treatment. He also mentioned a case of severe hemorrhage which he had recently successfully treated by transfusion.

The Effects of Varicocele on the Testicle.

At a meeting of the Clinical Society, of London, Mr. P. Gould described this subject:—

Two men were shown to the Society, each presenting a large left varicocele, with the testicle on the same side much smaller than its fellow, but retaining its usual firmness, outline and testicular sense. The one man, æt. eighteen, noticed the swelling in the scrotum accidentally, four or five months ago. The other, æt. seventeen, had noticed the varix for six or seven years. In neither case was there any pain or disturbance to be traced to the varicocele. Neither patient had suffered from inflammation of the testicle or any injury to the scrotum. They were both well made, robust, healthy-looking men. Mr. Gould quoted the views of Sir James Paget and Mr. Curling as illustrating the opposing doctrines on the question whether varicocele does or does not cause wasting of the testicle. After enumerating a list of authors who support Curling in his opinion that atrophy of the testicle does result from varicocele, he observed that many of the cases cited in support of this assertion must be excluded, on account of the traumatic origin of the varicocele; whereever there was a history of injury or inflammation it was impossible to say that the change in the testicle was not the direct result of such injury or inflammation. Again, cases where there was no mention made of the presence or absence of these conditions were also of doubtful value. With these reservations the alleged cases of atrophy were of three kinds. First, cases of arrested development of the testicle. illustrated by the cases shown. Second, cases of very slight lessening of the size of the testicle, said by many authors to be very common; a condition difficult to be certain of. Mr. Gould had never seen the left testicle larger than the right—its normal relation—when there was a large varicocele on the same side. Third, cases of morbid and extreme softening and wasting of the gland. Although cases of this kind are recorded by Curling, Richter, Landouz, and others, no mention has been made of the absence of previous injury or inflammation of the testicle, and they are not entirely free from doubt on that account. There is strong reason to think that varicocele may produce such wasting of the gland. Referring to the frequency of varicocele on the left side, Mr. Gould argued that neither the greater length of the spermatic vein on that side, nor its lying beneath the sigmoid flexure, nor mode of entrance into the left renal vein was sufficient explanation. It was maintained that the use of the valve at the mouth of the spermatic vein was to convert the direct opening into an oblique aperture, and by lessening its size caused the flow of blood over it to exert an aspirating effect. Many differences between varicocele and other external varices were pointed out, and the opinion was advanced that many cases of varicocele are nævoid in character; a primary abnormal development of the veins.

The Uterine Membrane in Menstruation.

In No. 13, *Centralblatt für Gynakologie*, for the year 1880, Dr. Möricke, of Berlin, contributes a short paper on the much vexed question of the condition of the mucous membrane of the uterus during menstruation. The author remarks upon the extreme difficulty which an unprejudiced mind experiences in accepting the view that during menstruation the mucous membrane of the uterus is completely or partially lost, since menstruation, which every one allows to be a physiological process, is made in that way to play the part of a degenerative process, and thus becomes essentially pathological. The author ascribes the results obtained by former observers, who maintain the complete separation of the mucous membrane, to the fact that they had examined preparations which were not quite fresh, and holds that the changes which they saw and declared to be characteristic of menstruation were post-mortem changes. Though this sounds rather strongly, it is, the author maintains, correct, and he thinks that every one who is acquainted with the rapid destruction of mucous membranes after death will readily believe the statement, more especially when he knows how soft and swollen the mucous membrane is during the menstrual process. The method adopted by the author to obtain perfectly fresh preparations, which might withstand the strictest criticism, consisted in introducing a sharp curette into the uterus and removing large portions at will at different times. Thereby a large amount of material was obtained, taken during the different days of menstruation, or before and after its occurrence. In every one of these the epithelial covering was completely retained. In no situation was it even partially destroyed; in many places it was sprung over a small extent, being raised up on underlying blood extravasation, but still it adhered together, and cell for cell of the loosened superincumbent portion was sharply outlined and easily to be recognized. These observations were found true on the fresh and on the prepared specimens. On the former no fatty degeneration could be recognized, even with the greatest willingness to detect it.

On the Occurrence of Albuminuria in Healthy Men.

Professor J. W. Runeberg, of Helsingfors (*Deutsches Archiv für Klinische Medicin*, Band 76, quoted in London *Medical Record*), reviews at length some of the principal contributions, which have appeared during the last few years, to the solution of the problem of the clinical significance of albuminuria. The observations of Leube, Ultzmann, Moxon, Dukes and Saundby have established the frequent occurrence of albuminuria in persons who do not present any other signs of kidney disease. A few years ago such cases of latent albuminuria were regarded as instances of granular kidney, but their frequency makes this improbable. Bull has suggested that the albuminuria indicated a Bright's diathesis or tendency to Bright's disease, and Johnson has stated that such cases, if not cured, pass on to organic kidney disease; but this can hardly be considered as finally settled. The transudation of albumen, according to Runeberg, depends upon an abnormal permeability of the walls of the glomeruli, and this permeability in its turn depends upon the blood pressure. As he has shown, the filtration of albumen through animal membrane is increased by low pressure and diminished by high pressure, so that the old dogma, that the amount of albumen is directly proportional to the pressure on the glomeruli, must be abandoned or reversed. It is well established that active muscular movements increase albuminuria, but this is probably due to the lowering of blood pressure in the glomeruli, a circumstance which is indicated by the diminished secretion of urine, and is supported by the physiological experiments of Ranke, which show that, owing to the large amount of blood flowing into the active muscles, the internal organs have their blood pressure lowered. Moreover, Bartels pointed out that in real cirrhosis the albuminuria is greater in the day than at night, which he attributed to the increased pressure due to the upright position.

Esmarch's Latest Improvements.

Professor Esmarch, in a recent address, translated in the London *Medical Record*, gives the latest improvements in his celebrated "bloodless" method of operating. He observed that it was now seven years since he brought under the notice of his colleagues his method of performing operations under the influence of artificial ischæmia. Since that time the great number of surgeons had tried this operative method, and there was reason to believe that some eminent and experienced persons who had employed it had abandoned it, wholly or in part, because they found that, after taking off the constricting band, the parenchymatous or secondary bleeding had been as abundant as with the old methods.

Esmarch regarded this as a fact to be regretted, for patients as well as for surgeons, since no one could deny the considerable advantages which ischæmia afforded during surgical proceedings. He asserted that the want of success attributed to ischæmia depended only upon the defective mode of employing it, and that the modifications which had been suggested on various sides were not of a character to reduce the number of failures. He had for several years continued to study the methods of obtaining bloodlessness during operations in his hospital practice, and of late years had succeeded in performing a great number of operations on the limbs without loss of blood, in the strictest sense of the word. He described his present mode of operating in three varieties of great operations performed on the limbs, in amputation, in resection, and in extraction of sequestra. In amputation, his rule was that, after performing the operation without loss of blood, he carefully tied all the vessels that were visible, but he did not immediately remove the constricting tube. He at once united the edges of the wound by the deep suture of Peltier, using catgut sutures. At the dependent part of the wound he placed a short drainage-tube, of material capable of absorption, and in cases of need caused it to emerge through an opening made in the skin. Finally, retentive dressing was then applied, and the limb was placed in a vertical position; then only was the compressing tube removed. The patient was carried to his bed, and so placed that, for half an hour afterwards, the stump remained directed upward and only at the end of that time was it laid horizontally. He had recently performed in this way twelve amputations—one of the forearm, one of the arm, nine of the leg, and a partial amputation of the foot—by Lisfranc's method.

In none of these cases did any consecutive hemorrhage occur; so much so that the dressing was left intact up to the fourteenth day, when it was removed. There was found only a narrow red streak stained with dry blood, corresponding to the cicatricial line. In resections he had, from 1873 to 1875, applied the dressing before the removal of the constricting tube, but he had observed secondary hemorrhages in consequence of insufficient compression; and he therefore abandoned this proceeding. From 1875 to 1878 he removed the tube before dressing, and performed the dressing only after having arrested all flow of blood. For the last two years, after having improved the mode of dressing, he had again endeavored to apply the dressing before removing the constricting tube, and he now proceeded in the following manner. After the operation, he tied the vessels which could be discovered. The edges of the wound were united by Peltier's suture, performed deeply with catgut, drains of absorbent material were introduced into the wound in a proper manner, and the final compressing bandage was applied. The whole limb was placed vertically, and the constricting tube was then removed. The limb in this position was secured on a splint with the aid of a bandage, and the patient was carried back in this position to bed; and not until half an hour afterwards was the limb placed in a more horizontal position. Since 1878 he had performed in this way fifty-six resections of the knee, the elbow, the tibio-tarsal articulation, and the radio-carpal articulation. In no case had secondary hemorrhage or death occurred. In thirty-three cases the dressing was left in place for three or four weeks; the progress of the wound was absolutely antiseptic. In cases of gouging, or of extraction of sequestra, the dressing was performed in the manner indicated by Esmarch some years ago; that is to say, the excavations of the bones were solidly plugged at first with carbolized cotton, and the end covered with salicylic acid dressing, and the whole firmly bandaged before removing the constricting tube. In 148 cases operated upon in this manner secondary hemorrhage followed, which passed through the dressing and made it necessary to renew it. In some cases, the compression of the bandage produced sloughing of the skin. In spite of these accidents, healing took place by granulation without abundant suppuration, but somewhat slowly. After disinfection of the cavity of the bone, carefully made with a solution of carbolic acid and chloride of zinc, the edges were brought firmly together by a catgut suture, absorbent drainage-tubes were employed, and the tube was not taken off until after the completion of the dressing. This method had been applied twelve times, and always with success. In no case did the escape of blood occur to such an extent as to make it necessary to renew the dressing. The wounds remained antiseptic. In the cure obtained by the first intention, the blood-clot, which fitted the whole osseous excavation, became organized in the way often described by Lister, and with enormous advantage to the patient—in reference especially to the rapidity of cure. The same dressing was applied in the same manner in other operations of extirpation of tumors, stretching of nerves, etc.; and Esmarch believed that this mode of procedure might ultimately be applied to amputation of the thigh and exarticulation of the hip and shoulders.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Pittsburgh *Medical Journal* and the *International Journal of Medicine and Surgery* (New York City), are new ventures on the sea of medical journals, with the incoming year. Both are edited by a combination of medical men, whose names are a sufficient guarantee that honest work will be found in them. The last mentioned is a transformation of the *International Surgical Record*, and makes a specialty of translations.

——The Annual Report of the Board of Health of the City of Pittsburgh, for 1879, is a very well prepared document, with maps and plans. It has an interesting special report on an epidemic of typhoid fever which appeared in the city during the year, attributable to bad water, etc. The committee also noted the prevalence of a disease simulating typhoid, but lacking the full character of that malady, a fact which has been observed elsewhere, and merits more attention than it has received. They say:—

> We are inclined to the belief that simultaneously a large number of cases of illness occurred which we will, because of its lack of identity, and because of its similarity to typhoid fever, and finally, because we lack a more expressive or truthful term, designate as *pseudo-typhoid.* We belive these cases last mentioned may be honestly attributed to the use of the river water at that time, or to the use of water from wells which, while full of impurities derived from excreta, *i. e.*, cesspool sewage, yet lacked the presence of the specific typhoid germs.

Intestinal catarrh also prevailed.

——The Annual Address before the Alumni Society of the University of Pennsylvania was delivered, last spring, by Dr. Traill Green, and has appeared in pamphlet form. It was an able paper, full of thought and well worded. What he says of medical journals is most true, and we quote it:—

> I doubt whether a number of any of them is ever read that does not furnish some useful hint to the practitioner who reads it; and in a consultation or an occasional conversation with a physician it is not difficult to determine whether he is in the habit of reading a medical journal, as much of treatment and the use of new remedies is learned from the journals before it is collected together in more permanent works.

——Dr. Boardman Reed, of Atlantic City, N. J., has given a condensed account of the merits of the climate of that part of the coast, in a recent reprint. He does not claim for it any special or peculiar powers, but only general hygienic advantages combined with accessibility. He observes:

> After comparing my own experience with that of others, I am convinced that the atmosphere of Atlantic City in summer (perhaps also in winter, but I do not know) will prove especially beneficial in the large majority of cases of diseases of the respiratory organs, and that the very common opinion that the sea-coast is everywhere unsuitable for cases of phthisis has little foundation.

——Part XIII of Klein & Smith's "Atlas of Histology" treats of the outer and inner ear, the nasal mucous membrane, the spleen and ductless glands. This part completes the work, and a title-page, table of contents, list of plates, etc., are added. In taking leave of this work we wish to express ourselves with unqualified praise of the thorough work and high artistic skill evident in its production. There is no other work on histology which equals it. It is in every way equal to the demands of science in this field. (Published in London, by Smith, Elder & Co; in Philadelphia, by J. B. Lippincott & Co).

BOOK NOTICES.

Practical Taxidermy, and Home Decorations, together with General Information for Sportsmen. By Joseph H. Batty. 125 illustrations. New York: Orange Judd & Co., 1880. 1 vol., cloth, 8vo, pp. 203.

Mr. Batty has been official taxidermist to various government expeditions in the Western territories, and his experince in this and its kindred arts is, hence, unusually full.

After some preliminary chapters on outfit, camping, trapping, the choice and care of guns, etc., he describes how to prepare animals' skins for mounting, how to prepare and mount skeletons, how to collect, prepare and mount bird skins and eggs, the preservation of the reptiles, fish and crustacea, the making of cases, chests, cabinets and stands, and adds a number of recipes for cements, glues and preservative fluids. A second part is devoted to the decoration of homes with natural objects, such as ferns, autumn leaves, grasses, feather work, ornamental flower crosses, etc. The work is a praiseworthy one in all respects, and must certainly interest a large circle of readers.

We mention in this connection the beautiful illustrated catalogues of the Orange Judd Co. One is of rural books, the other of standard sporting books. They present a most tempting series of titles to the agriculturist, horseman, horticulturist, or sportsman, and if our readers want to be sure to spend some of their money, we advise them to write for these catalogues and look at their contents.

Transactions of the State Medical Society of Wisconsin, 1880, pp. 207.

Proceedings of the Louisiana State Medical Association, 1880, pp. 111.

The Wisconsin Transactions contain some papers showing close study. That by Dr. N. Senn, on fracture of the rim of the acetabulum, is an able analysis of the reports of twenty-seven cases, supported by a series of experiments on the cadaver. Three cases of acute anterior polio-myelitis are well reported by Dr. J. Dorland. Dr. George Seiler writes an able defence of the method of delivery in pelves narrowed in the conjugate diameter, advocated by Profs. Schröder and Goodell. Dr. G. F. Hunt gives an extended study of the forms and causes of uterine hemorrhage. Other articles are on internal hemorrhoids, by Dr. H. T. Godfrey; on the presentation of the funis, by Dr. J. G. Meachem, Jr.; on medullary cancer of the kidney, by Dr. Geo. M. Steele; diphtheria, by Dr. B. O. Reynolds, etc. The annual address, by Dr. J. G. Meachem, is entitled "Honor to Medical Men."

The Louisiana proceedings contain a number of addresses and reports, by appointment, principally of a local character. Dr. T. G. Richardson gives the particulars of fifty-three cases of hydrophobia occurring in Louisiana. Dr. A. B. Snell has a thoughtful paper on the conservative influence of disease, in which he advances many just reflections. A useful contribution to medical hydrology is made by Dr. A. W. de Roldes, in an article on the use of cold water and the cold douche in algid and choleriform pernicious fever. The discussion on morbus coxarius, at the International Medical Congress, in 1876, is acutely reviewed by Dr. M. Schuppert.

Rocky Mountain Health Resorts; An Analytical Study of High Altitudes in Relation to the Arrest of Chronic Pulmonary Disease. By Charles Denison, A.M., M.D. Second Edition. Boston: Houghton Mifflin & Co. Paper, pp. 192.

Dr. Denison naturally writes in favor of high altitudes as a resort for consumptives, as each writer resident at a health resort writes in favor and not against it. But it is fair to say that he does so from considerable observation, with a good discrimination, and with a strong backing of authorities who recommend altitudes from a study of results. Not every case is benefited; some are injured, and should be forbidden even to try the experiment (p. 140). It is a strong point, which Dr. Denison considers well established, that if taken early, a resort to high altitude gives, on the average, better results than do less positive climates or means of cure. About one-half the cases who came to Colorado in the second stage, reported themselves "much improved," after an average residence there of a year and nine months. This seems to us a very good showing, and we do not know what climate can do better.

In the Swiss and Tyrolese Alps, very elevated stations are patronized, both winter and summer, by consumptives, with advantage, and no doubt our elevated plains at the base of the Rocky mountains will soon become popular sanatoria for numbers of invalids. His book will be found an intelligent and reliable guide for them.

Camping in Colorado. With Suggestions to Gold Seekers, Tourists and Invalids. By S. Anna Gordon. New York: Authors' Publishing Co. 8vo, cloth, pp. 201. Price $1.00.

This neat volume, composed by the wife of a physician, portrays a journey over the great western plains to the popular resorts of the Rocky Mountains. The events of the tour are narrated in an agreeable manner, and that the writer is a close observer is evident in every page. A great deal of general information about the country, the people, and their mode of life, will be found.

One chapter is devoted to the climate of Colorado, as one suitable for pulmonary complaints. Here the authoress acknowledges the, helping hand of her husband. That he should have seen fit to introduce a new variety of phthisis—"hepatic consumption"—might justly lay him open to criticism. But passing that by, we note he is by no means ecstatic about the Colorado climate. He reports the development both of phthisis and asthma in previously healthy persons in Colorado. He says: "Few persons with weak or diseased respiratory organs can bear the higher altitudes," (p. 75). Many are unable even to support the atmosphere of Denver. The benefit seems to be greatest in children and quite young patients.

The volume is neatly printed and bound, and gives one a very good idea of what such a journey has to offer—both its pleasures and its disagreeables, the latter by no means few.

Prevention and Cure of Chronic Consumption. By David Wark, M.D. Authors' Publishing Co., 1880. Cloth, pp. 108. Price 80 cts.

In this small volume the author advocates a system of passive movements, intended to develop the respiratory capacity, and thus lead to a better aeration of the blood, the absence of which he considers the cause of tubercle. The suggestion is by no means new, and it has been amply shown that although this treatment is a useful adjunct to other methods, it is by itself quite insufficient, and in every way inferior to free out-door exercise. The pathological acquirements of our author are indicated by his definition of tubercles; these, according to him, are "composed of particles of food which have failed to acquire life while undergoing the vital processes, because the person in whom they occur habitually breathed too little fresh air."

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., Editor.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. Brinton, M.D.,
115 South Seventh Street,
Philadelphia, Pa.

THE USE OF TOBACCO.

The last six months have given publicity to quite numerous contributions to the question of the injury wrought by the use of tobacco. Many of these articles arose from the publication, in the *Lancet*, of a letter from the late eminent Prof. Parkes, so well known from his writings on hygiene. In this letter he wrote as follows:—

"As to the effect on the young, even, it is curious, in Burmah, to see children smoking in their mothers' arms; and yet when I was serving in Burmah, many years ago, I often saw a woman walking along smoking her cigar of tobacco rolled up in a plantain-leaf, and carrying on her hip her child of two or three years old, who also had his or her little cigar, which was smoked with the greatest gravity. On talking to the Burmese (who smoke constantly), they would never allow that even children were in the least damaged. When I was in Turkey I tried to make inquiries of some of the intelligent Turkish gentlemen; one or two of them said they thought the Turks had learned to smoke from the Europeans, and had been growing apathetic and dull ever since. But others laughed at this, and the rural Turk, who smokes a good deal, is a fine, active, energetic fellow.

"I have talked to many Germans, who all stand out manfully for tobacco.

"In conclusion, I confess myself quite uncertain. I can find nothing like good evidence in books; too often a foregone conclusion, without any evidence to back it, is given.

"I think we must decidedly admit injury from excess; from moderate use I can see no harm, except it may be in youth."

Such an admission, from so eminent an authority, naturally excited, in no slight degree, the ire of the tobacco phobes. Cases of paralysis and convulsions, chronic dyspepsia, amaurosis and other ills and ails, were sent in, to such an extent that the moderate smoker might well become alarmed. One suggests that the Life Insurance Companies should schedule separately their tobacco users from those who shun the weed; while another proposes that some half-a-dozen gentlemen in good professional practice should be asked to institute an inquiry among their paralytic patients, so as to ascertain whether smoking had anything to do with inducing paralysis, and for that purpose to inquire whether the parties had been smokers of pipes or cigars, and to what extent; and if smokers of pipes, what sort of pipe. Likewise to inquire whether paralysis was more frequent among men than women, or more severe in the one than the other.

With many the question is evidently already disposed of. One such breaks forth in this strain:—

"Eminent authorities, in every country and in every department of science, concur in classing tobacco among the narcotic poisons, than which none are more deadly; indeed, like Aaron's rod, it has secure within itself the most magical and worst of all its rivals—nicotia, sulphureted hydrogen, hydrocyanic acid! What a den of deadliest poisons, all having their *habitat* in this colossal curse, termed tobacco."

Evidently, to such a mind future investigation can offer no evidence worth the naming.

The net result of the discussion, so far as we can see, is like that of most desultory arguments; isolated facts are stated, but no general truth is educed. It is brought into stronger relief, that on some constitutions the effect of even small quantities of the weed is noxious in the extreme; that some persons can use it freely during a long life, without perceptible bad effect; while with the majority the moderate employment of it appears to exert, as Dr. Parkes said, no positive toxic effect that we can unmistakably trace to this source.

The forms in which it is used have come in for a share of the discussion. One writer was of opinion that smoking a pipe is the least injurious, which is certainly contrary to the general opinion. The cigar, at any rate, is rapidly supplanting the pipe in civilized society. Snuffing, which was so fashionable a hundred years ago, and was probably less hurtful than smoking, has gone out of date in the better circles.

The whole subject is evidently one which could be advantageously studied again, provided the investigator divested himself of all partiality for or prejudice against the habit. For a long time we have had no report on the weed, of the author of which this can be said.

If we are willing to accept the opinions which sanitarians in other nations have formed, we have a very decided one ready to our hand in Switzerland. That intelligent republic enacted a law, last year, prohibiting the sale of tobacco to minors under fifteen years of age,and making it an offence against the law for such to smoke. Hence a boy of twelve or fourteen who parades the streets of Geneva or Bern with a cigar in his mouth is liable to be arrested and committed to the police station; and as they have a disagreeable habit in that republic of enforcing the laws they enact, such would be pretty certain to be the juvenile smoker's fate.

We recommend to our fellow-countrymen their manner of dealing with the habit, which, whether harmless or not to most adults, is unquestionably of great injury to young boys.

NOTES AND COMMENTS.

Complicated Presentation.—Spontaneous Delivery.

M. Tarnier, in a recent séance of the Academie de Medécinė, of Paris, presented an observation by M. Queirel, of Marseilles. It was the woman's fifth pregnancy, all the others having been regular; in this labor it was found that the head presented in the third position, while at the same time both feet presented with the head. The contractions of the uterus were of great energy, and the child was expelled in this doubled-up position, and, astonishing to say, living.

M. Tarnier rather deprecated the inactivity of M. Queirel, in allowing such a labor to proceed without intervention, as craniotomy generally has to be performed when the presenting parts become engaged in the pelvis.

In such cases, before the parts become engaged the feet should be pushed back, if possible, and if not, podalic version should be performed, and the child extracted, instead of allowing the labor to go on, for the chances of a safe delivery with such a complicated presentation, are more than problematic.

Excoriations and Fissures of the Nipple.

. Prof. Gio. Simula, 1880, Sassari, in a memoir on this subject, establishes the frequency of such troubles; 30 per cent. of nursing women being affected, according to Hinkel, 20 per cent. according to Schraden.

The nipples, are ordinarily affected in the first days of nursing, but rarely later on.

The causes are generally want of cleanliness, aphthæ in the mouth of the children, and the continual suction, which acts, says Joulin, like permanent cupping; the nursing of a child several months old sometimes induces these troubles. The accidents are of gravity, or not, according to the intensity of the inflammation.

The pain may be so excessive as to induce convulsions; the inflammation may extend to the mammary gland itself, whence abscess in this organ is accompanied by high fever. The nipple may be completely destroyed, and the resulting cicatrization prevent nursing thereafter from that breast.

As preventive treatment, Professor Simula prefers lotions of pure water to the astringent washes recommended by Trousseau and Cazeaux, which, in the end, he is persuaded cause the exfoliation of the epidermis. Against fissures of the nipple he recommends lotions of glycerine in a solution of bicarbonate of soda (Startin). He considers the application of compresses wetted in pure water, over the parts, as the best treatment in these affections, allowing the child to nurse as seldom as possible.

Antiseptic Dressings.

We have already given M. Championnière' s methods of using simple solutions of carbolic acid: he resumes, in the *Journal de Med. et Chirurg., Prat.*, saying that salicylic acid cannot be depended on, and thymic acid is too caustic for ordinary use. Nevertheless, the antiseptic of Pennès, diluted with water, may be used with advantage in the puerperal state. It is an acetic solution of carbolic acid, salicylic acid, and the essential oil of eucalyptus. This preparation is useful as a wash, but not in spray, as it is too irritating for the respiratory passages. As a topical application to wounds, carbolic acid, dissolved in olive oil, ten grams, and in a few rare cases twenty grams, of the acid to one hundred grams of the oil, can be very advantageously used, and, notwithstanding the large proportions of carbolic acid they contain, these solutions are not irritating; they may be directly employed, or the dressing may be saturated with them. Another excellent antiseptic topic is a solution of ten grams of carbolic acid in one hundred of glycerine. Whenever these solutions are used dressings should be covered with oiled silk, to prevent the volatilization of the carbolic acid. Sometimes such applications determine toxic symptoms, general malaise, gastric troubles, dark coloration of the urine. In such cases generally the liquid has been allowed to accumulate in the cavities of the wound, or there is a morbid susceptibility on the part of the patient to the action of carbolic acid; this is particularly true of children, and for them M. Championnière has found it best to use boracic acid, which, though less powerful, is a good antiseptic. A saturated solution of boracic acid in water or glycerine may be employed as the carbolic acid solutions, but an ointment containing—

℞.	Ac. boracic,	20 grams
	Ung. petrol.,	100 grams.

will be found of very great benefit when applied to excoriated and burned surfaces, or where there exists ulceration, after an attack of impetigo or eczema.

But there are other antiseptic substances employed by the older surgeons—alum, tannin, sulphate of zinc—which may yet be used with advantage. Turpentine and all the resins and tar are excellent antiseptics. All these substances were formerly used. What characterizes their use in modern surgery is, exact knowledge as regards their power, in destroying germs and their methodic employment.

Treatment of Eczema of the Fingers.

In the Dublin *Journal of Medical Science*, Dr. Finny divides the treatment into four heads:—1. Internal medication; 2. Diet; 3. Washing; 4. Local treatment. Eczematous parts are, as a rule, too often washed. Instead of soap, he recommends oatmeal tea, or rain or soft water, with the addition of one tablespoonful of glycerine and two of finely powdered starch to the pint. In the early and acute stage soothing measures and ointments must be employed. When induration exists he finds india-rubber finger-stalls, fitting moderately closely, to cause rapid improvement; but these may make the finger hot and throb, hence many refuse to persevere in their use. For the itching he finds the following ointment answer well:—

℞	Ung. aq. ros.,		℥j
	Ung. picis,		ʒiij–ʒvj
	Zinc. oxid.,		ʒij
	Hydrarg. ammoniat.,		ʒj
	Cosmoline,	ad	℥ij.
Ft. Ung.			M.

Testing for Sugar in the Urine.

In using Trommer's test, Salkowski, of Berlin, recommends that the urine should first be made alkaline by means of a solution of caustic soda, and that then the solution of sulphate of copper should be added, drop by drop, until, after strong agitation of the urine, a small quantity of the hydrated oxide of copper remains undissolved. The test used thus is very much more sensitive than by the ordinary method; but one must avoid boiling too long, as in that case a reduction takes place, even in normal urine, along with a separation of the yellow hydrated oxide of copper. For cases in which this test gives doubtful results Brücke's method is recommended, isolating the sugar and applying the fermentation test.

* * *

SPECIAL REPORTS.

IV.—PUBLIC HEALTH.

One of the most interesting recent contributions to this branch is a report on an investigation to determine the prevalence of

Adulteration in Food Supplies,

undertaken in accordance with instructions from the National Board of Health, by Dr. Smart. We shall give its principal results.

Tea.—Dr. Smart does not consider the so-called "facing" of teas with Prussian blue and silicates as injurious. Mixing teas is very common in this country, but is not harmful to health. His general results were as follows:—

The teas examined numbered 117, but of these two which were grown in Georgia, and six sent specially from Japan, may be excluded from present consideration. Of the 109 remaining, 90 were obtained from sources which presumably should have furnished a pure article, while 19 were purchased at such stores as might be expected to furnish an adulterated article, if adulteration was at all prevalent. In no case was a leaf observed which was not a true tea leaf. Of the 90 the only cases of debasement were those already mentioned as having probably originated before importation, while 5 of the 19 were so deteriorated that an analyst would have been warranted in reporting them as fraudulently adulterated—one, gunpowder (Y 2), from an excess of lime sulphate facing; one imperial (W 2), from admixture with sand, and three, imperials (Y 1, 2 and 3), from the presence of exhausted leaves. Whether these debasements were effected in China or in this country is an open question; but from the character of the English importations it is probable that exhausted leaves are dried and recolored in this country, for sale among the poorer classes of the community.

Coffee.—In this popular beverage something more positive was reported; but on the whole the examination did not yield serious results. The investigator says:—

> Most of the dealers with whom I have conversed have been strong in their belief that adulterated coffee is not to be found in this country, as the beans are either home-ground or ground by the supplying grocer. The results of H. B. Hill's examination for the State Board of Health of Massachusetts sustains this opinion, as ten samples of ground coffee, obtained in bulk, were found to be pure, while seven package samples consisted of one with no coffee, two with very little, and four with from fifty to seventy per cent. of coffee, the rest being roasted wheat, peas, beans and chicory. But the supplying grocer is not to be trusted in all cases, as out of the few purchased samples of loose ground coffee which have been examined during the present investigation, one contained a small percentage of chicory, while two consisted largely of chicory and roasted beans. Only one sample of package coffee was received, and it sustained the accuracy of Dr. Hill's results. Chicory, corn, wheat and rye were noted on the microscopic field as adulterants; but adulterants of what? for no coffee had been discovered, and half a dozen successive slides carefully examined failed to show the presence of the nominal article.
>
> Three extracts or essences of coffee were examined, one of which consisted of chicory and the two others of roasted starches. Two of these bore on the label an offer of a reward for proof that any other extract of coffee was as pure as they, which does not say much in a general way for the purity of extract of coffee. Two samples of chicory were examined, both of which were found pure.

Sugar.—Cane sugar seems widely adulterated by glucose manufactured from starch. On this point the result was as follows:—

> Among 47 brown sugars, most of which were furnished by dealers who knew that their samples would be examined, there were found 3 which contained glucose, while among 38 samples purchased for analysis no less than nine were thus adulterated. The glucose varied from a small admixture of 30 per cent. A remark by one of the dealers who furnished a 30 per cent. sugar is worthy of mention in this place: "*Oh!* they all have it, but they don't send any of it to *you.*" Another storekeeper from whom a degraded sugar was obtained remarked, as he was putting up the samples, that I was welcome to anything he had, as he did not suppose he was any worse than his neighbors.
>
> The white sugars, powdered, granulated, etc., were free from this adulteration; 24 of them were furnished by dealers and 15 were purchased. The syrups, of which 21 were sent in for examination and 12 purchased, were also pure.

Flour.—This important staple furnishes gratifying results. Of 58 samples examined, only one had any adulteration, and this was merely corn meal, probably introduced by accident. The same cannot be said of bread.

Bread.—Of 18 samples, 8 contained alum. Although it is by no means decided that the substance, as used by bakers, is hurtful, it is advised that it should be prohibited.

Cream of Tartar.—This substance is one of the articles which are subject to gross adulteration. Only eighteen samples were examined, but these were considered to be enough, in view of the character of the results. Six were of satisfactory purity. Eleven contained sulphate of lime, varying from seventeen to ninety per cent.; three having nearly the latter figure. Two contained no cream of tartar, but consisted instead, the one of sulphate of lime, alum, and acid phosphate of lime, and the other of alum, acid phosphate, and potato-starch. Corn-starch was also found in large proportion in one of the lime sulphate powders. Considering the use of cream of tartar in baking, its impure condition is a serious evil.

Baking Powders.—Contained alum and sulphate of lime, and were often decidedly impure.

Ground Pepper.—As ground spices in general are quite impure, Dr. Smart observes:—

> The examination of the ground black peppers and spices shows to what extent adulteration may be practiced when its detection by the public is a matter of difficulty. The dealer himself appears to have lost the knowledge of the characters of the pure article, as out of four samples sent in by respectable houses in this city for the purpose of being examined only one was pure. The others contained baked flour and rice with sand enough to prove the unclean condition of the pepper itself.

Out of 18 samples of ground cayenne pepper only two were pure. Out of 23 specimens of commercial ground mustard 21 were adulterated. Out of 26 samples of ground cinnamon only *one* was the genuine article! The usual adulterants are colored clays, roasted wheat, beans, rice, sawdust, etc., but, fortunately, no red lead.

In confectionery the red colors are generally harmless cochineal, but the yellows are often from salts of lead. Some yellow lemon balls yielded 7 grains of lead chromate to the pound of candy.

Relations of Epidemics.

At one of the meetings of the Epidemiological Society of London, last year, Dr. Longstaff read a paper on the relationship prevailing between scarlatina, puerperal fever, erysipelas, and other diseases, in which he deducted from the comparative death-rate curves and their annual fluctuations that the different causes of death should be classified into the *diarrhœal group*, relating to the heat of summer; the *bronchitic*, to the cold of winter; the *scarlatinal* group, and a provisional group comprising all the other causes of death not known to be much influenced by meteorological conditions. One object of the paper was to suggest the probability that the poisons of erysipelas and puerperal fever are identical, while diphtheria and croup are also due to but one poison, and to discourage the multiplication of species in the classification of disease. The paper was a valuable contribution to statistical medicine—a mode of studying disease which, pursued on an extended scale, enables the inquirer to arrive, by the numerical method, at the nature of the laws which regulate and govern the origin and diffusion of the disease. It had also bearings on the origin of diseases in zymotic or chemical poisons—now certainly one of the "burning" questions of the day in the medical world.

Impure Drinking Water

A meritorious crusade is made by the *Sanitary Engineer* (New York city), against the scandalous and increasing depravation of drinking water in this country, by the multiplication of factories which let their waste flow into streams, and similar causes. The *Engineer* properly remarks that "The questions connected with the pollution of the water supplies of our cities are fast becoming of great importance, and the day is not far distant when every State will be compelled to take such action as will prevent either individuals or corporations from discharging waste and foul products into running streams." The *Sanitary Engineer* has commenced publishing a series of papers upon impure water supplies, and it is certainly high time that the attention of the public is so called to this matter as to render such a public injury impossible in the future.

This problem is rendered, or is likely to be rendered, more difficult of solution by the expected diminution in the rainfall in this country, owing to the cutting down of the forests. That some change in this respect has taken place seems certain. Mr. Ashbel Welch, Vice President of the Society of Civil Engineers, thinks that the tendency of the improvement and clearing up of land in the water-shed of the Delaware river has been to diminish the dry weather flow, and to increase the volume of freshets; that is, that while the total annual volume of water might be unchanged, the distribution of it throughout the year had been materially altered during the last century. Such considerations have a direct relation to public health, and properly come as much within the province of a physician as of any professional man.

In this connection, we may refer to a well prepared article in the *Journal of the Franklin Institute*, January, 1881, by Mr. Reuben Haines. Among other matters, he touches upon the important question as to the significance of animalculæ in water.

The chief point to be considered is, what may be associated with these animalculæ and upon which they may feed, or in some way be the indication of its presence. Some of them, undoubtedly, live only in comparatively good water, in proof of which statement the reader is referred to the work of Dr. Macdonald on the microscopic analysis of water. Some of them require a polluted water, and one which contains sewage in not too great amount will often be crowded with some forms, as was the case with some of the London water, which in 1851, and for some years after, was taken from the river at the London bridges, where contamination with sewage was very great.

These animalculæ, therefore, may be an indication of organic filth in the water, and this filth may be excreted from the intestines of diseased people. The animalculæ themselves are probably no more injurious to a human being than raw oysters. In all probability they can be digested with equal rapidity, and there is, as far as we know, no possible way for them to get into the blood in a living state.

The Consumption of Diseased Meat.

A continued article on diseased meat and its consequences upon human health or happiness, written by Dr. Noah Cressy, of Hartford, has been appearing in the last two numbers of the *Journal of Comparative Medicine and Surgery*, (New York City). He justly remarks that some of the most dangerous diseased meat is the most inoffensive in appearance, and least liable, from its looks, to awaken suspicion. This is especially true of trichinous pork. On this meat he adds:—

> Our only safety from the use of pork, which is always more or less liable to contain trichinæ, in any portion of the country, is thorough *cooking*. Salting and smoking, unless long continued, has but little effect upon the vitality of these parasites. Raw ham or sausage should never be allowed upon a sanitary bill of fare; and even boiled ham, when large and fashionably prepared, as seen in many of our eating saloons to-day, not unfrequently contains these living worms. Hence our lives may be prolonged and our health improved by more attention being given to the domestic duties of the household. Then will all meats be served upon our table in a manner both to nourish and promote our happiness.

He mentions the curious fact that "braxied" mutton—that is the flesh of a sheep that has died from the most virulent form of anthrax—is not only harmless, but is a favorite article of diet with many! The flesh of cattle which have died of pleuro-pneumonia or "lung plague" does not seem hurtful. He says:—

> Our great dread of the extension of the lung plague is not on account of any infectious condition of the meat, for millions of those affected animals, according to Fleming, have been consumed as human food in various parts of the world, and no evil results have been known to follow. In Great Britain and France there has been for years a regular trade with the butchers in cattle affected with the contagious form of this disease, and yet the sanitary condition of the people remains unimpaired. But it is the immense loss to our live stock property that would be entailed by such a calamity.

Nevertheless, we presume the public would be better satisfied in mind to consume flesh of healthy animals, if the choice was given.

CORRESPONDENCE.

Observations at Hot Springs, Arkansas.

Ed. Med. and Surg. Reporter.

Although the literature upon these "wonderful" waters is by no means scanty, as standing articles extolling their virtues appear in both of the dailies issued here, and, thanks to the liberality of one of the resident physicians, pamphlets containing full information regarding their therapeutical value are distributed gratuitously all over the land, yet, I have thought it my duty to add my mite in the way of a few observations made during a two weeks' sojourn at this place.

Situated in a picturesque valley, surrounded by pine covered mountain ridges which, extending in various directions, give a characteristic grandeur to the scenery, that reminds the traveler of the dense pine forests of the Scandinavian peninsula, this famous health resort has many natural advantages that should not be overlooked. The climate is even and salubrious, the winters being usually mild, resembling spring in the North, though occasionally there are spells of severe cold, and since my arrival here the mercury has been down to 6° below zero, Fahr., and while the temperature in summer frequently runs up to 100° and more during the day, the nights are always cool and pleasant, and the atmosphere is rendered soft and balmy by the terebinthinous exhalations of the pine trees. The city, which numbers about 5000 inhabitants, extends over a considerable area, and consists chiefly of bath houses, hotels and boarding houses, gambling houses, doctor's offices, and brothels, none of which can lay any claim to architectural beauty, for with the exception of a few of the bath houses, that are fitted up in good style and provided with all modern luxuries, and one or two buildings under construction, nothing but miserable board shanties are to be seen anywhere. I must not forget to mention that an enterprising Chinaman has also opened a den, recently, for the accommodation of those addicted to the habit of opium smoking, many of whom come here to get cured of this vice. The streets and sidewalks are in a bad condition, and there is nothing to show for the vast amount of money spent here annually by visitors,* and the immense expense of the United States Government during the sojourn of her commissioners here.

Although the season has not commenced yet, one meets everywhere the lame and deformed, the miserable wretch whose nasal bones have disappeared and the victims of the worst forms of cutaneous diseases, all being here with the hope of getting cured, yet few having money enough to pay their physician, or even buy medicine, relying solely on the virtues of the waters, forgetting that the baths cost from $4.00 to $10.00 per course (21 baths). Thanks to the munificence of the United States government, the indigent may, however, bathe free, at the mud hole, after 6 P.M. The baths are usually taken at the temperature of 96° to 108° Fah., and the water drank at a much higher temperature—about 120°. Cold and warm douches, vapor baths and packs are also made use of, to great advantage, in certain forms of disease.

As regards the therapeutical effects of these waters, they have undoubtedly been over estimated by those who are pecuniarily interested in drawing visitors to the place; but judging from the large number of persons who have come here on crutches, the victims of rheumatism, and who are now enjoying perfect health, there can be no doubt of their potency in this affection. Their efficacy in the treatment of various forms of syphilis (when used in conjunction with mercurial inunction and large doses of iodide of potassium), is also a matter of every day observation here; but I am rather inclined to believe that this depends more on the eliminative effect of the hot water used, both internally and externally, enabling the patient to take anti-syphilitic remedies in much larger doses than could otherwise be borne, than on any specific virtue in the water, for, as Prof. Keyes, observes, "the water is certainly quite poor in mineral ingredients, while its alleged magnetic qualities are imponderable." Iodide of potassium is frequently given here in enormous quantities (an ounce and a half to two ounces daily), and mercury in proportionate doses, without producing any unpleasant symptoms whatever. One of the most marked effects produced by the use of these waters is a rise in the temperature, together with an increased activity of the circulation, and, of course, of tissue metamorphosis, the products of which are rapidly removed by the augmented action of the eliminative organs. Now, if the modern theory of the mechanical action of mercury be true, it is easy to comprehend how these waters may become useful as an adjuvant in the treatment of syphilis, especially in its later stages, when deposits have formed and nutrition is greatly impaired.

---

* The number of visitors who annually resort to the Springs has been variously estimated; thus one of the daily papers gives it as 25,000; a physician here told me that 45,000 invalids visited the place last year, while the superintendent of the railroad said that the number did not exceed 1000.

In such skin diseases as are not attended with active hyperæmia, the judicious application of these waters is often followed by excellent results, and patients suffering from an atonic condition of the nervous system, caused by over work, are invariably benefited here, while in all active congestions the waters are contra-indicated.

As some of my readers may desire to learn something of the standing of the medical profession at Hot Springs, I have taken great pains to ascertain how far the charges of unethical conduct preferred against most of them by their professional brethren abroad, and the ethical portion of the profession here, are founded on facts; and after careful inquiry I have been informed, by trustworthy, and disinterested parties, that up to within little more than a dozen years ago, when there was only one practitioner in the place, the violation of the code of ethics was never heard of. No sooner did, however, another Æsculapius appear upon the scene, than human nature asserted itself, an open rivalry arose as to who should control the practice of the place, in which the late arrival came out victorious, being a man of large means, which enabled him to buy the influence and good will of the principal hotels by putting $18,000 in the Arlington, $9,000 in the Grand Central, and $3,000 in the Continental, and having amassed a fortune he withdrew from the contest, selling out his practice to a couple of industrious young physicians, who have proved themselves his worthy successors.

Little by little a number of able and intelligent physicians were attracted to the Springs, many of whom came here for their own health, and finding it impossible to get a practice by legitimate means, as long as all the principal hotels acted as drummers for one medical firm, that wonderful production of American inventive genius, the commercial traveler, was taken into service and sent out upon the highways to bring in the cripple, the lame, and the blind; drumming became general; the practice of medicine at Hot Springs was from this moment established on a true commercial basis; the code of ethics became a thing of the past, a medical abortion, and, though constantly on the lips of a few of the "ethical" members of the profession here, it simply serves to tie the hands of the honest physician and let the quack loose. Attempts are, however, made to protect the unwary against the rapaciousness of the fierce and hungry wolves who infest the place; thus a philanthropic society has recently been formed by the oldest and best citizens, who have issued circulars and engaged the services of one of the most experinced drummers to distribute them among the passengers en route for this "world's sanitarium," giving them due warning to beware of quacks and cheap boarding houses, which may easily be avoided by proceeding directly to one of the principal hotels.

The agents of this society will also furnish a list of the reliable physicians in the place, or such a list may be had upon application at either of the bath houses or banks. Although it ill becomes me to interfere with so well-meant advice, yet I feel it my duty to state that board may be had here for from $4.00 a week to $1.00 day, and that the greatest comfort is usually to be secured for the smallest price, and though the bankers may be ever so reliable judges of who are the best doctors, I should be afraid to trust them with my money, lest I get back only 40 cents on the dollar, as was the experience of a large number of the visitors here in 1878. My advice to the invalid who comes here for his health is: Get a letter of introduction from your family doctor, or some one in whom you have confidence, to a physician here, and secure board and home comforts at a private house. To physicians who may desire to come here to practice their profession, let me say you have two courses to choose between: either establish your business on a fair and square up and up competitive plan, recognizing no other code than that which teaches "every man for himself and the devil for us all;" or if you value your professional standing, let the code of ethics, studied by the aid of that most valuable of all text books, "The Black Arts in Medicine," guide all your actions, and if you possess the necessary qualifications, a fair amount of brass and brains if you have plenty of the former article the latter may be dispensed with), a fine form, and an eloquent tongue speaking words of wisdom on all proper occasions, immeasurable success will be yours. It is also advisable for a new physician, in a place like this, to board at the best hotel, or should his purse not allow him to do so, let him eat at some cheap restaurant and at once proceed to the hotel and pick his teeth on the steps, where people will see him. Another ruse is to engage a number of loafers, whose services may be had for a song, to sit in the reception-room. personating patients, and if a real patient comes, let him wait a couple of hours before admitting him. Yours, truly,

JACK.

NEWS AND MISCELLANY.

Medical Society Items.

—At the approaching International Medical Congress in London, next summer, it has been decided that there shall be an international exhibition of medical and sanitary appliances of all kinds; and leave has already been granted for space for the purpose in the Exhibition Building at South Kensington. An active committee has been formed to organize and manage the exhibition. It will contain all branches of hygiene and medicine, together with surgical appliances and apparatus in use in the sick-room and hospital. It cannot fail to create an interest beyond the limits of the profession. Considering the novelty of the undertaking, and the wide-spread interest associated with its objects, the exhibition cannot fail to command general approval and ultimate success. It is proposed to inaugurate the exhibition about the middle of July, and to keep it open during the month of August.

—The "American Surgical Society," though organized last June, has not come prominently before the public as yet. At the first meeting, in New York, about forty persons were present. A constitution and by-laws were adopted, and the following officers elected: Dr. Samuel D. Gross, Philadelphia, President; Dr. L. H. Dugos, of Augusta, Ga., and Dr. James R. Wood, of New York, Vice Presidents; Dr. John H. Packard, of Philadelphia, Treasurer; Dr. T. R. Weist, of Indiana, and Dr. W. T. Briggs, of Tennessee, Secretaries.

—A Congress of Laryngology is announced for September, 1882, in Paris. The members of the organizing committee nominated are MM. Fournier, Gougenheim, and Krishhaber.

—At the annual meeting of the Centre District, N. H., Medical Society, the following officers were elected: President, H. A. Weymouth, Andover; Vice President, George Cook, Concord; Secretary, George C. Blaisdell, Contoocook; Treasurer, M. W. Russell, Concord.

—At the Annual Meeting of the Northern Medical Society, of Philadelphia, held at their Hall, 14th inst., the following officers were elected for the year 1881: President, Dr. James B. Walker; Vice President, Dr. H. W. Rihl; Treasurer, Dr. E. E. Montgomery; Recording Secretary, J. G. Heilman; Corresponding Secretary, Dr. J. T. Eskridge; Reporting Secretary, Dr. L. B. Hall; Councillors, Drs. M. Hatfield, W. M. Welsh, R. J. Hess, E. R. Stone, L. B. Hall.

The University's New Provost.

Dr. William Pepper, who was recently elected by the Board of Trustees of the University of Pennsylvania, Provost of that institution, has sent to the Board the following letter of acceptance:—

Hon. John Welsh, Chairman: Dear Sir:—I had the honor of receiving, to-day, a sub-committee, composed of Messrs. Rogers, Merrick and Mitchell, who informed me of my unanimous election as Provost of the University of Pennsylvania.

They informed me at the same time that the Board of Trustees had made certain modifications in the duties and power of the Provost, and had also enlarged the disciplinary and supervising functions of the respective Faculties. While rejoicing at what appears a marked improvement in the organization of the University, I am highly gratified at finding that these changes render it possible for me, while continuing to hold my Chair in the Medical Department, and to pursue the practice of my profession, to accept the important post to which I have been elected.

I shall esteem it the highest honor and privilege to be able to serve the University in this capacity, and I earnestly trust that with the cordial coöperation of the Board of Trustees, and of the various Faculties, the general welfare, and the efficiency of its administration may continue unabated.

I have the honor to remain your obedient servant. William Pepper.

The National Board of Health.

It is a painful commentary on the woful ignorance of and prejudice against public medicine, which exists in this country, that the National Board of Health has had so lukewarm a support from the public press. It has even met with not a few violent attacks, as witness the following quotation from a prominent daily newspaper published in this city:—

"Beyond entering upon the publication of a superfluous newspaper, the National Board of Health has, so far, not been known to the public as undertaking any work of sufficient importance to justify its existence. Revived and established in its present form by the demand for some competent agency to deal with the yellow fever, when that disease threatened to spread over the country, in 1878, the Board was expected to supersede the local sanitary authorities generally, and to nationalize especially the quarantine service of our ports of entry. It was very soon found that this design was wholly impracticable. While no one will be disposed to prejudge the case, therefore, it may be fairly said that the Board will have to make out a better showing than has yet been accredited by the public, before an appeal to Congress for more money and more power will be likely to receive favor."

These statements are a tissue of errors. It was never intended that the Board should take the place of local Health Boards; the yellow fever is by no means the only foe it was framed to oppose. The *Bulletin* published by the Board is a publication of great and increasing value, recognized as such by all statisticians. There is not another civilized country that does not give more attention to, and spend more money in proportion on matters of public health than ourselves.

Curiosities of Vital Statistics.

In a recent lecture the Rev. J. A. Nutting, of Fall River, Mass., quoted a series of vital statistics, to show the relationship between the birth rate and the number of divorces. He said:—

During the past twenty-five years the birth rate has decreased about as fast as the divorce rate has increased, and where the birth rate is lowest—which is where Yankees most abound—the divorce rate is highest. There is a close connection between a low birth rate and a high divorce rate," expressing his belief that "the relation between the two is that of cause and effect, the former being the cause, and the latter the effect. In the history of nations there never has but three times occurred such a breaking up of the family as is now taking place among people of New England blood. When the Greek and Roman empires were about to fall, and during the French Revolution of the last century, twenty thousand divorces were obtained in France in one and a half years. Bad as this is, when population is compared, it is not equal to what is true of Rhode Island and Connecticut of late years.

Without vouching for the entire correctness of these statements, we believe they are largely true, and their cause is not far to seek.

A Violent Listerian.

Professor Nussbaum, of Munich, is such a determined partisan of the antiseptic method, that he would extend the statute of the German penal code, dealing with bodily injuries and damage to health through negligence or malapraxis, to such a case as a surgeon examining a wound with a finger not disinfected according to the strictest antiseptic principles. He considers, also, that the duty of carrying out these principles excuses the medical man from making, in a medico-legal case, that thorough and searching examination of a wound formerly required.

Position of Resident Physician.

An examination for three resident physicians, for the Western Pennsylvania Hospital, to serve for one year from April 1st, 1881, will be held at the hospital building, Pittsburgh, Pennsylvania, on the fourth Wednesday of March, 1881, at ten o'clock, A.M. Competition open to all graduates in medicine. About 1000 patients treated annually. Clinical instruction given daily by the staff. By order of the staff. Examiners: Chas. Emmerline, M.D.; James McCann, M.D.; W. J. Asdale, M.D.

The City of Mexico as a Health Resort.

A private letter from Mexico, dated December 28th, says:

"This is the great health-resort of the country. You could not imagine a more equable climate. No hospital remains so nearly the same temperature. My thermometer was 61° this A.M. at eight o'clock, in my room, and 60° at the door. It has not been below 58 for several days, and not above 65, and I have seen it two or three times a day. To-day I rode to a great stone basin near the town, and had a glorious plunge in spring water from Chapultepec, in the open air. Yesterday I rode over the line of Cortez' entrance into the town—30 miles, in the middle of the day without feeling the heat. Sunshine is continuous. The spring leaves are pushing, the almonds and oranges are in bloom. The roadsides are lined with scarlet sage, and I can buy a dozen roses for a farthing."

Bills Presented.

Those subscribers who have not as yet remitted for the REPORTER, for the present year, will find their bills inclosed in the present number. Their prompt attention to them will greatly oblige the publisher. Such little matters, if deferred, are very apt to be forgotten.

Items.

—Dr. Livingstone's case of surgical instruments, which he carried through Central Africa, until his death, has lately been exhibited in a shop window in Glasgow, and attracted great public attention.

—In Providence, Rhode Island, last year, there were 276 persons who died over 70 years of age. They were in the proportion of 42 males to 58 females. The two oldest were both 99 years, but as both of these were natives of Ireland, where positive proof of age is not obtainable, some doubt rests on their ages.

—Nothing is so much to be deprecated as too much zeal in a good cause. Hence, we cannot applaud the action of the curé of Scudoni, Spain. He is an opponent of homœopathy, and has declared that any sick person belonging to his parish who has tried to cure himself by the system will, in the event of death, be refused the rites of the Church.

QUERIES AND REPLIES.

J. G., Jr., of Ala., asks: "Will not chlorate of potash and calomel, when given together, form the bichloride of mercury?

Ans.—The assertion that calomel is changed into corrosive sublimate by the chlorides of the alkalifiable metals has been asserted and denied. As a laboratory experiment it is true, but certainly to a much less degree as a clinical fact.

Dr. H. L. C. asks for suggestions in an obstinate case of *Eczema rubrum.*

Ans.—After the usual preliminaries of washing, removing scabs, etc., the following is used in the British Hospital for Skin Diseases:

℞. Zinci oleatis, ʒij
Adipis, ℥j M.

Much depends on general, constitutional treatment and hygiene. The tar preparations and the alkalies we suppose have been tried.

Dr. Ledgard.—If there is any depilatory the use of which is efficient, and free from pretty serious objections, we do not know it. Removing the hair by electropuncture has not proved satisfactory.

Dr. K. P., of Ill.—St. Anthony's fire is generally applied to herpes zoster or zona; at times, also, to erysipelas. "Hives" is usually urticaria: sometimes herpes. Such popular terms, of course, have no exact meaning.

MARRIAGES.

BECKWITH—HUNTER.—In New York, on Thursday, January 13th, by the Rev. Thomas S. Hastings, D.D., Frank E. Beckwith, M.D., and Miss Rachael B. Hunter.

BROWN—BOSWORTH.—In Lebanon, Vt, December 29th, by the Rev. J. M. Dutton, assisted by the Rev. J. E. Robbins, Dr. Frederick H. Brown and Alice Bosworth, both of Lebanon.

DEATHS.

CAREY.—In Fincastle, Ohio, on December 17th, at his residence, of paralysis, Dr. S. E. Carey, aged sixty years and four months.

DEYO.—At Newburg, New York, on the 21st inst., Nathaniel Deyo, M.D., in the sixty-fourth year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1249] PHILADELPHIA, FEBRUARY 5, 1881. [VOL. XLIV.—No. 6.

ORIGINAL DEPARTMENT.

LECTURE.

MALARIA.

BY T. S. BELL, M.D.,

Professor of the Science and Practice of Medicine in the University of Kentucky, at Louisville.

Reported for the MEDICAL AND SURGICAL REPORTER.
BY A. H. KELCH, M.D.

GENTLEMEN:—I wish to call your attention this morning to well ascertained truths. I show you, here, Johnson's Atlas of Physical Geography. We learn from the Epidemiological Society, of Edinburg, that from the equatorial line of maximum temperature, to the 23° of north latitude, the average mortality from one cause is fifty-three per cent. In latitude 35° north, with isotherm in July 77° near the boundary line of the other zone, the mortality from this cause is fourteen per cent., and in this domain are located many of the largest cities of the earth. In latitude 35° south the mortality from this cause is but three per cent. Now, if we look into this subject, we may get some facts for our consideration. In the first place, in this region of a mortality of fifty-three per cent. from that cause alone, we find seventy-five per cent. of that fifty-three per cent. due to yellow fever, cholera, tropical dysentery, and other malarial fevers. We find there is over this area a combination of temperature, aqueous deposit and vegetable growth; and this combination of conditions is adequate to the production of the effects I have named, while either of them alone would be insufficient. In the beginning of this century the people of Germany were perfectly astounded by the presence in their midst of a dysentery, that swept off thousands of people, and it even extended to Göttingen. There were large districts among the places assailed in which the disease did not prevail. A distinguished German physician who wrote an account of that endemic, when he spoke of the solar temperature, said there was in Germany the heat of Calcutta. What is it that gives to the Cape of Good Hope and all that region south of the thirty-fifth parallel south latitude an entire immunity from these devastating diseases? Everywhere in that region, though the temperature may run very high, there is very little rainfall. This, therefore, has something to do with the presence or absence of this poison. Then, again, I call attention to the fact that there are in Asia 4,000,000 of square miles where the solar temperature is abundantly high for the production of this poison, where none of its effects have been known to occur. At the lower border of this 4,000,000 of square miles are situated the cities of Bagdad and Bassorah, and here we have an immense amount of vegetable growth, which decomposes, in addition to the filth generated by the dense population, and moreover, the water must be kept out by dykes. At these points the virulence and activity of the poison are too well known to need comment.

Let us look nearer home. Suppose you travel in Kentucky, and reaching Shelby county stop to visit a friend. You find that friend and all his family pictures of perfect health. You find them preparing to attend a funeral at a house which you can see very plainly on the opposite side of the sluggish creek, between the two places, and you perceive that the creek is much nearer to the house of your friend than that of his less fortunate neighbor. Your friend has resided in his present situation from early childhood, and he and his family have been exempt from these forms of disease I have mentioned, while every year the place on the opposite side of the stream has been visited by disease, if not death, these visitations occurring very generally in the spring, summer and autumn.

Let us suppose another case; that you travel in Virginia, in the neighborhood of Petersburg and Richmond, and there you find a farm that has been celebrated for nearly two centuries for the perfection of healthy conditions. To it the wealthy citizens of Petersburg and Richmond were accustomed to resort during the heats of summer, to enjoy its pure, fresh atmosphere, and revel in the delights of a wholesome rural life. In order to utilize all the benefits of this situation, it was determined to build an immense mansion house here. This was done; it was filled with occupants, and the summer passed to the entire satisfaction of those who had resided there. The next summer the same thing was repeated, and with like results, until all began to think that at last a perfect health resort had been found. The third summer they went again, when in a single night every person in one end of the building, on one floor, was taken violently ill, many with vomiting, others with purging, and still others with chills. They were perfectly astounded. In all their previous experience nothing of this kind had occurred. They set themselves to the task of determining the cause of this attack. It was known there was no marsh in the community, and, in fact, the entire region seemed to be free from everything that could produce such a calamity. They were struck by the fact that there was a long row of negro cabins running at right angles to the wing of the house, and the occupants of these were entirely exempt from any disease whatever. They moved the inmates of that part of the establishment into the cabins, and then they began to inquire, why is it that only the inmates of one wing of this building, and of only one floor, were attacked. The inquiry and investigation went on, until some one thought of going into the cellar. There they found an immense amount of rubbish, which the carpenters had thrown there, and in addition a large number of bundles of shingles left over from the roof, and these all in a state of decay. There was no such rubbish in the cellar of the other wing. The place was cleaned and dried, and sickness ceased. Does not that indicate something?

Dr. Wootten, one of the most accomplished physicians of the State of Alabama, was summoned one morning, in great haste, to a plantation a few miles from Mobile, to see the negroes, who were all ill. When he arrived he found—what he had often seen before—a sluggish stream, running through a very fertile piece of land. It very often overflowed its banks, inundating the rich land covered with vegetable growth, yet the inhabitants had not suffered. Why should this change occur this season? A portion of the land between the huts and the stream, that had previously been covered with trees, had been brought under cultivation. Dr. Wootten made the proposition to have them all conveyed to the opposite side of the stream; when this was done they all recovered.

Let us suppose you meet Dr. Robinson in Manchester, in England, and in conversation with him you learn that on one occasion a vessel came into Liverpool, touched at one of the wharves, and that in the night every seaman on that side next to the wharf was attacked with violent cholera; not a case on the opposite side of the ship. The vessel was warped out to sea immediately after such unfortunate occurrence, and the sickness ceased. Late in the afternoon of the following day, another vessel from a distant port, the sailors knowing nothing of this occurrence, takes position at the same place, aud meets with the same misfortune.

Now what is this enemy to human life and health; what is its character? It eludes every one of your senses. It does not address itself to your nostrils, your eyes, your ears, nor your taste. It is a silent, quiet enemy, that has devastated countries and cities. Our country is an example of it. It has, within the last fifty years, been the terror and the pest of the farmers and planters about the junction of the Alabama and Tombigbee rivers. They have even been compelled to desert their farms and plantations. Now, gentlemen, if you study the manifestations of this poison you may be able to determine that it appears most active and virulent in the neighborhood of a sluggish stream or marsh. You go so far as to observe that it only acts in one direction every night, and that, therefore, those who happen to be in that part will be attacked, while others out of it are not. You have gathered one or two interesting facts concerning it; but do not rest there, in the imagination that you have conquered the enemy.

There is in Gascony, France, an immense region covered with white sand washed up by the sea, and it is so deep that the people go about upon stilts, which they have learned to do quite skillfully. For a long time the French Academy was very much astonished to find some of the worst forms of remittent and intermittent fevers in France about this spot. There was not a drop of water near it at this season, there was no marsh near it. Now this throws you all aback. You have satisfied yourself before that you have the solution of the case in the sluggish stream or a marsh, and you may be correct in that finding, but how are you to solve this case where there is no sign of a marsh or stream. When Julius Cæsar first visited it there were immense groves of olive trees growing there. These have all been removed and the sea has washed the sand all over this region and there is no living vegetation within it. I shall refer to this subject again presently.

Again, let us come nearer home. In 1850, on the 24th of July, between Tenth and Eleventh streets, in this city, an endemic cholera appeared. I was sent for, about 9 o'clock at night, and the messenger brought the information to me that there were then thirty bodies of those who had already died there, and that about twenty more would undoubtedly be dead before morning, and at that time this portion of the city was comparatively thinly populated. Now think of fifty people being thus destroyed, in so short a space of time. This began in the night,and on the next day there was not a single attack as long as the sun shone, but very soon after sunset there were fifteen new cases; and these, too, were cases of as deadly a disease as ever occurred upon the earth. These cases were attended by the ablest physicians of Louisville, and many of them were prescribed for at the very moment the first sign of sickness appeared. There was not a single individual of the whole number in any way benefited or improved by the medication.

There was a row of houses that extended from the southeast corner of Eleventh and Market, up half way to Jefferson, the lower floors of which were below the sidewalk. Immediately opposite, on the northwest corner, there was an old pond in connection with a hemp factory, and into this pond had been thrown the refuse matter until it came above the surface of the water, and absorbed it. It had been covered over with a thin surface soil, which at this season of the year appeared as dry as this floor. Upon a careful examination, with a view to determining the cause of this trouble, the apparent dryness we found to be far from real. Our walking sticks, when made to penetrate it, caused the water to ooze up around them, as if the ground was spongy, and filled with water. We next examined Tenth street sewer, which was designed to drain this region, and this was found totally choked. These conditions were speedily removed, and nothing of the kind has ever been known since, though at that spot there live now twenty people to where one lived then. When you come to practice medicine, gentlemen, it will be demanded of you to investigate such questions as this. and you must understand them thoroughly, if you would hold your place in public esteem. It is incumbent upon you that you be able to investigate, and remove conditions tending to the death of individuals in your community.

Let us now return to the subject of the sandy district I have previously spoken of. A distinguished gentleman from the French Academy of Medicine was sent down there to determine the cause of this fatal sickness reigning there. After many other investigations were made he finally bored down in the sand until he came to what gardeners call "hard pan," a layer so hard and solid that it does not permit water to pass through it. As soon as his auger struck that it showed immense quantities of vegetable material washed down through the sand; and that was the case all over this region of sand, wherever these intermittent and remittent fevers were so prevalent. The rains of the winter soaked down to this, and in the summer the solar heat brought about that condition necessary for the development of this poison by decay.

On the second day after the pestilence broke out at this place, we moved everybody out, not permitting any one to sleep there. The injunction was given those who remained to minister to the wants of the sick, not to sleep, not even five minutes. Heeding this injunction, after this frightful mortality not a single individual engaged in the care of the sick suffered any inconvenience. How were they protected? No medication was addressed to them, nothing but their abstention from sleep saved them. How do we know that? We will see. There was an old lady visiting there, who knew nothing of the warning about sleeping there, on Monday night, and on Tuesday she went home, where she remained in perfect health for three weeks. On the twenty-first day after she had slept there she was taken precisely as those who were affected on Monday night. She died in just about the same number of hours, in the same way, and there was not another case of that sickness in Jefferson county. What are we taught by this? She had been where the cause was, and she had acquired that cause in a sufficiently potential form to destroy her life, though it seemed to have remained latent for a time.

A young man who had been boarding in one of these houses at the time the calamity occurred escaped for the time being, and went to Preston street. Between three and four weeks after he was attacked in the same way the others had been, and he died in just the same manner, and he was the only individual on the street thus affected. Had he removed before the calamity occurred, and not slept in that locality, he would probably have escaped. He might have slept there all day with immunity, but five minutes' sleep after sunset, when the dew point is reached, is sufficient to decide a fatal destiny. These two individuals I have mentioned were the only ones in their locality who had anything like the disease. A man with his entire family moved from this district to Oldham county on the next day. He called to see me a few days afterwards, to determine if it would be safe to go back there. I found he had slept there, and I asked him if he had done anything for himself and family. He replied he had not. I feared it was then too late. I advised him, however, to take some salts of Peruvian bark as quickly as possible. He did not deem it advisable, as he, and all his family felt well. The advice was superfluous, as the next morning every one of the family was dead. The period had come for this latent cause to become a very active one. Those whom we moved were taken to the city hospital, and every man, woman and child was given the salts of Peruvian bark, and of all that number not a single one showed the slightest evidence of the disease. A Baptist minister, who had lost the whole of his family in the first onslaught, came to see me the next morning, to ascertain whether he could do anything to protect himself from the misfortune his family had suffered. I told him to take ten grains of quinine every two hours, until he was thoroughly under its influence, and to keep himself in that condition for two or three weeks. He did so, and was alive years afterward.

Some of you may travel in Italy after awhile, and when you reach Rome, a short time after sunset, you will find every gate is closed on the west side. You inquire the meaning of this, and you are told that the Campagna di Roma is a very fatal spot. You call up your history, and discover that in the time of Augustus Cæsar that was said to be the garden spot of the earth. At that time Rome did not close her gates on that side at sunset. At the time when the Goths and Vandals invaded Rome, they converted this beautiful spectacle into a desert, and now, no mortal man dares sleep there a single night.

Go back to Florence, that beautiful city of flowers, and from the tower of the Cathedral, in former times, you could have seen, shortly after a few strokes of the bell, 100.000 armed men marching through the streets of the city; you look down the beautiful valley of the Arno, until it looks like a distant thread of silver, winding its way among the cultivated fields that border its banks; and in all this region you will find that not a single inhabitant attempted to stay there at night after the latter days of June, until November. Along the Mediterranean coast the inhabitants built watch towers for the use of those who guarded their property while the terrific strength of this poison kept them away from it. These watchmen alternate with each other at night. If they keep awake until they get up to the top of the tower they are safe. It is an interesting fact that these people have no difficulty in employing watchmen to attend these places, so well do they understand the conditions of existence there. But a mighty change has been effected here. The subject of that change will engage our attention at the next lecture.

COMMUNICATIONS.

CLINICAL STUDIES OF INEBRIETY. THE TREATMENT OF INEBRIETY EMPIRICALLY.

BY T. D. CROTHERS, M.D.,
Superintendent Walnut Hill Asylum, Hartford, Conn.

Some years ago I was informed by a physician that the treatment of inebriety was most successful when the patient was given alcohol in all his food and drink, until both body and mind repelled it, or he was so thoroughly disgusted as to be forever weaned from it. Later, when I began to study this subject, and became connected with an asylum for this class, I was surprised not to find, or hear of any one who had seen this theory put into practical operation. Friends of patients frequently inquire if this was not the means used in the treatment, and when questioned could give no authority for their belief. For years I have occasionally noticed statements of this plan of treatment, in both the secular and medical journals, and made many inquiries as to its origin, without finding any intelligent answer. An editor of a medical journal wrote an editorial on this subject some years ago, which, from inquiry, I found to be based entirely on the supposition that such a plan of treatment had been tested frequently in both hospital and private practice. A physician in Ohio wrote me that a lady in his neighborhood had attempted this plan of treatment with her inebriate husband, which resulted in developing a furious mania, five days after, and his commitment to an insane asylum as a dangerous person.

Dr. Beike, a Swedish physician, gave me the following account of the only test of this plan of treatment which I have been able to find, and which I think is the foundation for all the stories of this theory that have appeared. In 1856, a clergyman in Stockholm, Sweden, who was also a physician, and wealthy, obtained permission from the authorities to receive inebriates in his home for treatment on this plan. Three chronic cases were put under his charge, and were given brandy in all their food and drink, and not allowed to take any food that was not saturated with some form of alcohol. Each patient was given that kind of spirits which they had used commonly, in addition to the brandy. In the course of two months six patients were received and treated on this plan. One of them died two weeks after admission, of apoplexy or cerebral hemorrhage; two developed dangerous cases of delirium tremens, and were sent to the hospital; the fourth patient became violently delirious, and destructive in his mania, and was committed to an insane asylum; the other two seemed to have gone on quietly, in a condition of semi-stupor, or alcoholic narcotism. The authorities interfered, and the clergyman was forced to move away to escape persecution from the indignant friends of the patients. In a copy of the London *Times*, of 1860, I find a letter from a Dr. Brown, stating that he tried this plan of treatment for two days in three cases, and the effects were so alarming that he gave it up.

Another plan of treatment practiced by an irregular physician is claimed to be very successful, which is, to place the patient in a room and give him a large quantity of the kind of spirits which he has formerly used, and teach him to graduate the dose down to nothing, acting entirely on his free will and judgment.

The impression prevails that inebriety comes, in a large degree, from the use of adulterated spirits; also, that the real remedy would be pure forms of alcoholic drinks. A physician placed his son, an inebriate, under my care, advising me if the reaction from the withdrawal of alcohol was attended with any degree of exhaustion, to continue its use again, only securing the best and purest forms of liquors. This I declined to do, and the son was taken home; the father purchasing a large quantity of the best forms of brandy, attempted his cure at home by the means of pure spirits or liquors.

The dangerous properties of alcoholic drinks come from the different kinds of alcohols, depending on the processes of manufacture and the chemical changes which come from it, and not on the adulterations or presence of foreign substances which the retailer may combine. What is called the purest alcoholic drinks, such as old brandies and wines, are always the most dangerous, from the presence of those complex alcohols whose effects are as violent as they are uncertain. New wine is the purest and safest of all drinks that have any form of alcohol in them.

The advice, not unfrequently given to inebriates, to change the form of drink used, is attended with dangerous results always, for the probable reason that the use of new forms of alcohols may not only increase the degeneration produced by the former drinks, but excite new pathological changes in the nerve tissue more profound and fatal than before. A good example of this was that of an inebriate, of wealth, who had drank brandy and was considered a typical moderate drinker. He was advised by his physician to use whisky, as being less dangerous. He procured a choice article, of age, and so called purity; and some months later he was taken to an asylum, a hopeless case of softening of the brain. I think it by no means improbable that the use of a new form of alcohol precipitated the final result. This has been noticed in beer drinkers, who after a certain stage begin to use the stronger alcohols and develop, shortly after, conditions of profound degeneration.

Another grave mistake is often made in advising patients to go abroad or travel, supposing that they can by this means more effectually break up the desire to drink. The irregularities of living, and the nervous strain consequent on travel, always more than counterbalances the advantages of change of scenery and surroundings. Travel in Europe is especially dangerous for all inebriates and opium takers. The opportunity for securing all forms of stimulants, and especially alcoholic drinks, is so great that it is almost impossible to get along and not use them. Many inebriates give up the stronger alcoholic drinks of this country when they go to Europe, and use wines, and as they rarely suffer toxic symptoms, are deluded with the hope of ultimate recovery, by the gradual reduction to less and less dangerous spirits, until they are able to give up its use altogether. Invariably, on their return, they fall back on the stronger alcohols, and go down precipitately to more chronic conditions than before. The use of wine or beer in all cases of inebriety as a substitute for stronger drinks, is, in my experience, always attended with very bad results. In opium cases, travel to Europe for the purpose of breaking up the use of opium is almost invariably followed by the excessive use of alcohol. Wine and lighter drinks are found in a large degree to take the place of opium, and the latter is, after a time, given up. The transition from inebriety to opium eating, and *vice versa*, is very easy and rapid, and the diseased condition of the system may demand, any time, either one or the other. Experienced physicians are very careful in using opium as a remedy for inebriety, or prescribing any form of alcohol to opium takers. The use of chloral as a stimulant has often begun in inebriates, as a substitute for alcohol, and later, when such cases came under medical care, they are often regarded as *sui generis*. and their alcoholic origin overlooked.

All reliance upon certain specifics or special treatment will end in failure and disappointment. Efforts to find some class of foods which shall antagonize the disordered craving of the inebriate, will of necessity fail, because the complex diseased condition of which this is but a symptom cannot be reached by single remedies or forms of treatment.

An enthusiastic physician received two chronic cases into his family, some years ago, and treated them exclusively on the Graham system, with frequent hot water baths. Both cases recovered, but relapsed in a few months and became worse than ever. The physician had, in the meantime, published his experience as evidence of the value of this system of treatment, and he is even now quoted as having great success in this method, although he never treated any more cases.

The power of prayer and faith, urged by many clergymen, and used in some asylums as an exclusive method of treatment, has been followed by no satisfactory results, and, as an exclusive remedy, has no basis, in either science or religion. This teaching or theory, urged by Mr. Moody and his followers, has done much harm, by appealing almost entirely to the emotional nature of the patient, which sooner or later results in reaction and a greater degree of degeneracy than before.

The legal methods of treatment by punishment in jails is, in spirit and theory, identical with the efforts to suppress witches, and the persecution of the insane, by legal whippings and burnings.

The following case, which came under my care a few years ago, illustrates many points which have been presented, and indicates the true spirit upon which the treatment should be carried out:—

H., the only son of a prominent physician, came under my care for chronic inebriety, of five years' duration. He had evidently inherited an insane neurosis, and, from exposure in the army, became an inebriate. He drank constantly, was full of delusive plans and schemes for the future, seemed anxious to recover, but made no personal exertions to accomplish it. He was rarely intoxicated, but always under the influence of alcohol. Two years before coming under my care he had an attack of delirium, and was taken to Dr. Kirkbride's, in Philadelphia, where he remained six months, and came out in good health. A few months later he relapsed, and began to grow gradually worse up to the time of his admission at Walnut Hill. He was discharged three months later, at his father's request, that he might engage in business. He relapsed within a year, and, by the advice of a physician, went to Europe with an attendant, expecting a change of scenery and living would bring on restoration. He returned much worse, and was placed in the country, and the cinchona specific tried fully; this compound took the place of alcohol, but when abandoned, alcohol was resumed again. He was converted at this time, signed the pledge, and started out very confidently on a life of total abstinence. A few months after, all these hopes were abandoned, and he drank more impulsively than before. The next year was passed alternating between the seashore and mountains and various mineral springs, consulting both regulars and irregulars, using all forms of remedies and means to restore his health, without any results, except that he was steadily growing worse. The following extract of a letter to me, from his father, clearly indicates the principles of treatment which should apply in nearly all cases:—

"I have decided to trifle no more with H.; his disorder must be met by means adequate to reach it. I have had him legally committed as an inebriate, and shall send him to such an asylum and endeavor to keep him there until he recovers, even if it requires a lifetime to accomplish it. He has promised to remain one year in an asylum, and if he relapses after coming out, I shall send him back another year. I am convinced that the only hope for such cases is in long continued residence in special asylums for this class, where medical care and restraint can be constantly applied. I do not mean that years of permanent residence in such places are essential, but I would return every case that relapses, for longer or shorter intervals, depending upon circumstances, extending through a long lifetime, if necessary."

All inebriate homes or asylums are nothing more than hospitals, where the patient can recover, and where all the means which science and experience indicate can be concentrated to make restoration more or less permanent. Failure to cure every case is no fault of the hospital, but usually from the want of the persistent use of the means necessary.

CASES OF WOUNDS OF THE CORNEA, WITH REMARKS ON THE USE OF SULPHATES OF ATROPIA AND DUBOISIA.

BY D. B. D. BEAVER, M.D.,

Of Reading, Pa.

The following cases of wounds of the cornea are presented as possessing some features that are peculiar, and of infrequent occurrence, and others that, although common, are often overlooked.

W. Y., aged eight years, was brought to me in October, 1879, with the statement that a week previously his right eye became sore, for which he was taken to an apothecary, to ascertain whether or not a foreign body was in it. The apothecary, after examining the eye, assured the mother that there was nothing in it, and that there was no need of consulting a physician, and, as is usually done, sold her a bottle of medicine.

Upon opening the eye I found pieces of five prickles of a chestnut burr in the cornea, of which four had pierced it entirely and presented their points in the anterior chamber, barely free from contact with the iris and lens. Three had gone through the cornea at right angles with its surface, near the centre, in the area of a moderately dilated pupil. The other struck the cornea at a more acute angle, in an outward and downward direction, about two and a half lines from the corneo-scleral junction, and extended into the anterior chamber, with its point just free from the iris. There was slight pericorneal congestion, with some photophobia and lachrymation, but not pain sufficient to disturb the child's rest at night, and no opacity or inflammation of the cornea, nor implication, in any way, of the iris. One of the less unfortunate features of the injury was, that none of the prickles broke above the surface of the cornea. If they had, the contact of the moving lid with the exposed ends would probably have moved them back and forth so much as to enlarge the apertures in the cornea, and thus allow the aqueous humor to exude and their points to puncture the capsule of the lens. This accident was the main danger in the case, and was to be guarded against in the abstraction of the foreign bodies. In order to do so, the first step taken was to make an incision, about one line long, over the prickle which pierced the cornea slantingly (of which the broken end was so far below the surface of the cornea that it could not be reached with a needle, without almost certain danger of opening the anterior chamber), in the direction of its length, and through more than half the depth of the corneal tissue, so as to lessen the resistance to the forward pressure of the point by the iris and lens during the loss of aqueous humor which would necessarily accompany the extraction of the others. Then, that one of the others, which extended furthest toward the lens, and almost touched the capsule, was picked out with the point of a Graefe cataract knife, and the others in the same way, in quick succession, before enough aqueous humor was lost to bring the lens in contact with any of them. During and after the extraction of these the aqueous humor discharged until the remaining (slanting) prickle was drawn flat against the membrane of Descemet, by the iris and lens, as was desired, without wounding either of them. After the anterior chamber was refilled the point of the prickle receded from the surface of the cornea, to about midway between it and the iris.

Believing that it could cause no harm there, that it would probably be drawn closer to the cornea again by the contraction of the inflammatory matter, which would form around it during the healing of the incision, and that consequently it would be more dangerous to extract so sharp-pointed a body than to leave it where it could not injure important structures, it was left there, and further results awaited. The vascular injection and other signs of irritation subsided in a few days, and the eye got well, with full vision, and has remained so to this time. The father of the child informed me, a week ago, that the prickle is still there, with its point drawn a little nearer to the cornea, as was expected, and that it appears to have lost somewhat in length, which is owing to the solvent action of the aqueous humor.

If a rupture of the capsule and opacity of the lens, with considerable signs of intra-ocular irritation had been discovered, different operative interference would have been required.

It would then have been better to remove all the foreign bodies, even if it had been necessary to extract some through an incision in the cornea, because the swelling of the lens consequent upon the permeation of its substance by the aqueous humor would have pressed the iris forward against any remaining one, and thus aggravated existing irritation.

But as things were, the first consideration was to save the capsule and iris, and the best method of doing this was to remove as many prickles as possible with safety at once, and change the position or mobility of the remaining ones, so that they could effect no harm in the event of the loss of aqueous humor.

It did not seem probable that all could be taken out before the anterior chamber would be emptied, so the one which appeared most difficult to extract, and yet easiest to keep from injuring the parts behind, was allowed to remain.

This was the one that had pierced the cornea slantingly. It could, of course, also have been taken out, but not without opening the anterior chamber, either by an incision and the use of forceps, or with a needle introduced, and pressed against its point. The first method would not have been practicable until after the anterior chamber had become filled again subsequent to the extraction of the other prickles, when it would probably have been too late to prevent the injury the operation was intended to avert; and the latter would have been exceedingly difficult to execute, because the point of the foreign body was so close to the iris that it would almost certainly have been wounded with the needle, which would have given rise to hemorrhage, and interfere with the further progress of the operation. With these views the course here described was taken, with the intention of removing the remaining prickle if all irritation would not subside; but the result did not indicate any necessity of doing so.

It might be questioned whether a puncture of the capsule so small as would be made by a single prickle of a chestnut burr would endanger the lens. There are on record many cases in which larger ruptures of the capsule healed without leaving changes in the lens sufficient to impair vision, but they form the exception rather than the rule.

In the fall of 1877 I was consulted by D. H., æt. thirty four, from a neighboring village, who, while out chestnuting ten days previously, had his right eye struck by a falling burr. The eye was painful, the pericorneal vessel intensely injected, the iris cloudy, and the pupillary edge adherent in points to the ruptured capsule, the lens swollen enormously, and tension increased.

This condition continued, in spite of medical treatment, and hence I deemed it best to extract the lens.

The result was good: $V = \frac{15}{20}$ with $+ \frac{1}{8}$. Upon close examination of the cornea with oblique illumination, only one very minute punctate scar could be detected on the cornea. Evidently, then, a single pin of the burr did all the mischief. In such cases, as in many other injuries of the eye, the importance of examining carefully the cornea cannot be overrated. The diagnosis and prognosis often turn upon the presence or absence of a scar on this part of the ball. This is well illustrated in the following case: Mr. H. came to me in February, 1879, saying that two days before, while he was driving a nail into the lid of a wooden box, he felt something going into his left eye. When I saw him he had no pain and the eye did not appear sore. Oblique illumination revealed a small linear scar, not over half a line in length, in the cornea, over the edge of the contracted pupil. The sight was somewhat impaired, but no wound could be seen in the iris nor the pupillary area of the capsule. Upon dilatation of the pupil with atropine, a rupture was discovered in the anterior capsule, a little higher up than in the cornea, and another in line with these, in the posterior capsule, from which a grayish white linear opacity was seen to extend upward and outward, until lost in general haziness, near the retina. The foreign body had evidently lodged somewhere near the retina, and would probably, sooner or later, cause disturbance. If it had gone directly through the posterior layers of the eyeball, there would, probably, not have been more diffuse cloudiness in the posterior than in the anterior portion of the vitreous, except in case of hemorrhage from a wounded retinal and choroidal vessel, because all the parts of the body are homogeneous. There was no effusion of blood from any of the vessels.

An unfavorable prognosis as to the ultimate result was given, notwithstanding the entire absence of all symptoms of irritation, and the patient advised to lose no time in seeing an eye surgeon, if pain or inflammation should appear in the eye.

Four months later his medical attendant informed me that the lens had been entirely absorbed, without any bad symptoms, but that the capsule had become opaque, and obstructed vision. Since then I have been informed that later another person performed a needle operation on the capsule, and that it was followed by soreness of the eye and atrophy of the ball.

In this case the foreign body struck the eye in an upward and outward direction, while the patient was looking down, with the head inclined and the brim of the hat shading the eye, which induced dilatation of the pupil to such a degree that the foreign body, probably a small piece of iron from the nail or hammer, passed through the lens without injuring the iris, so far from the centre that the wound was entirely covered by the iris when the patient presented himself. The small scar in the cornea could very easily have been overlooked in a cursory examination, but with the aid of oblique illumination, it was at once discovered and its depth observed.

This method of lighting up the anterior part of the eyeball is so simple and effective that every one who is called upon to treat injuries of the eye, can and should use it in every case in which a lesion becomes not at once apparent with unaided vision. It must have been the experience of every person who sees many cases of wounds of the eye, to have met frequently some in which no lesion or foreign body was visible until after a convergent stream of light was directed obliquely upon the cornea. It occurs most frequently in cases of injury by pointed instruments, pieces of gun cap, and specks of iron and emory.

Mydriatics, in the present fashion of using them for all sorts of pain in the eyes, are often applied very improperly in wounds of the cornea. This is well shown in this case: W. F., aged three years, was sitting on the front door-step while some one was cleansing the glass in the window directly overhead. The noise attracted his attention, and while he was looking up a pane was accidentally broken, and a piece of it in falling struck him in the right eye. When he was brought to me, ten days later, there was a linear cicatrix, one and a half lines long, in the inner lower quadrant of the cornea, extending from the sclero-corneal junction, upward and outward, to which the pupillary edge of the iris was attached by inflammatory matter. The irritation which followed the injury had disappeared, and the wound was healed; but the pupil was very much displaced toward the scar, causing an unsightly deformity. And, in consequence of the peripheral position of the pupil, vision was somewhat impaired. The pupil was partially dilated by a solution of atropia, which the attending physician had ordered. Here a grave error was committed in dilating the pupil. The result of it was a deformity and loss of vision, which could be remedied only by an operation upon the iris. A directly opposite method should have been employed. Eserine should have been instilled, and the pupil kept in a state of contraction until the corneal wound was healed. If the part of the iris opposite the wound had then become adherent, the natural position and shape of the pupil would yet have been preserved. If there had been a protrusion of a portion of the iris through the wound, which would have resisted the action of the constricting fibres under the influence of eserine, a gentle effort should have been made to reduce it with a blunt instrument, and this failing, it should have been abscised.

On the other hand, we meet frequently cases of perforating wounds of the central part of the cornea, in which the first effort of the attendant should be directed toward dilatation of the pupil, and yet, in which he has entirely failed, although there may not have been iritis or intense inflammation of any part of the eye. In most cases this is owing to the use of too weak solutions of mydriatic medicine. If atropine be the remedy, a solution of not less than four grains to the ounce should be used, to obtain dilatation, which, when once produced, can generally be maintained by weaker ones, unless severe iritis supervenes. In that event stronger ones, six to eight grains to the ounce, will be equally uncertain, unless supplemented by mercury to the extent of touching the gums, and leeches or cups to the temple. In quite young children, and in adults who are peculiarly susceptible to the influence of belladonna, the instillation of the four-grain solution is sometimes followed by the general physiological effects of the drug. In the case of children under two years, it is well to make pressure upon the lachrymal sac with the end of the fore-finger, covered with a fold of a linen handkerchief, while the medicine is being dropped into the eye, to prevent the passage of the whole quantity into the nose and throat; or keep the patient under observation until after its full effect upon the pupil is produced, especially in cases in which there is not much inflammation and lachrymation. Under such circumstances there is more absorbed by the conjunctiva, and more finds its way to the throat, than when there is conjunctivitis and the tears flow freely immediately on opening the eye.

Duboisia is commonly used in about half the dose of atropia—that is, a solution of two grains to the ounce of the former is used for the same purposes as a solution of four grains to the ounce of the latter. This practice seems, however, to be based upon the similarity of the general effects of these two solutions, rather than upon their action on the pupil and ciliary muscles, the object of their use being always to impress the accommodative apparatus of the eye as much as possible, without producing discomfort in other parts of the body. They are both about as strong as can be used without causing, frequently, dryness of the throat, giddiness and flushed face; and in my experience, one has produced these effects about as often as the other. It is probable that the full mydriatic effect of either medicine could be exhibited by the use of weaker solutions in eyes free from inflammatory disease, and that their true relative power to paralyze the ciliary muscle through local application could be better determined thereby.

I have not made any precise experiments regarding this point, but frequent use, in practice, of both articles, in weak solution, one-fourth to one grain to the ounce, leads me to believe that the mydriatic properties, as Ringer and others have found the general effects of duboisia, are very much more than double those of atropia. That it possesses any advantage over atropia, in the treatment of diseases and injuries of the eye, remains yet to be proved. I have used it during the last year and a half about as often as atropia, without finding any difference in its favor, except in several cases in which atropia seemed to aggravate the existing irritation. In one of these its beneficial influence was very marked.

W. K., aged fifty-five years, came to me with a small round ulcer near the centre of the left cornea, which had been treated six weeks with atropine drops, by his physician, under the advice of a specialist, without improvement.

The ulcer was about one line in diameter, ex cavated, with regular edges, nearly clean base, and surrounded by a narrow opaque zone, which shaded off gradually into the healthy cornea. There were a few blood vessels running to it from the periphery of the cornea, which indicated a tendency to separate action. The conjunctival and pericorneal radiating vessels were intensely injected, and there was lachrymation, a high degree of photophobia, and pain that had disturbed his sleep during the last week. Tension was normal. The disproportion between these severe symptoms and the appearance of the cornea was so prominent a feature of the case as to lead to suspicion that the long continued use of atropine was prolonging and aggravating the disease. The atropine was discontinued and one drop of a two-grain solution of duboisia sulphate instilled every four hours, and one-fourth grain of morphia ordered to be taken often enough to relieve pain and induce sleep. Improvement began at once and progressed so rapidly that on the fourth day the patient was sent home, with instructions to return upon the appearance of any unfavorable change. At the end of a week he returned with the eye free from pain and congestion, and a small opacity occupying the site of the ulcer. A mercurial salve now completed the cure.

REPORT OF A CASE OF TUBERCULAR MENINGITIS.

BY D. A. HENGST, M.D.,
Of Pittsburgh, Pa.

The following case is reported, not on account of any unusual symptoms presented, but on account of its rapid course and the age of the patient, the disease being extremely rare during the first year of life. I was called September 17th, 1880, to see Alice B., æt. nine months; the child's mother stated that she had been vomiting since the 13th, four days ago. She had always been bright and healthy up to within three weeks ago, when she had a severe attack of diarrhœa, lasting about one week.

The child looks pale and emaciated, eyes sunken but pupils natural, tongue coated, temperature normal, pulse one hundred and twenty. Upon examination of gum, find that it is hard and swollen over the left upper incisor tooth.

The family history is good, with this exception: its mother informs me that her mother died of phthisis.

I cut the gum, and ordered one-eighth grain of calomel to be given every hour until vomiting stops.

September 18th: vomiting has ceased, but patient not any better in other respects; is very dull; does not notice anything; respiration sighing and very irregular; pulse one hundred and eighty, temperature 102°; head thrown back; face pale at times, and at others it is flushed; bowels moved several times since yesterday, but discharges natural in appearence. I ordered for it the following:—

℞. Potass. citrat., gr.ij
Mist. neutral, ℥j. M.

Sig.—To be given every three hours: also to apply a mustard plaster to the back of its neck every two hours.

September 19th. Very little change in her condition since yesterday. Continues very dull; wakes with a sudden cry at intervals of half an hour; retraction of the head continues; pulse 140, temperature 101°; respiration irregular and about ten per minute; pupils natural but very sensitive to light. Child will not nurse; directed that it be given one teaspoonful of beef tea every hour.

September 20th. Not so well; more comatose than yesterday; pulse 130, temperature 102; sighing respiration; pupils slightly contracted, the right smaller than the left; bowels not moved for two days; retraction of the abdomen. Tendency to convulsions of an epileptiform nature; the forearm of the left side contracted upon the arm and the thumb flexed within the hand, the left leg partly flexed upon the thigh; there is also a great deal of muscular twitching. There is no cough and the respiratory sounds are normal.

I ordered one teaspoonful of castor oil, to move bowels, also the following:—

℞. Potass. bromid, gr. ʒ i–ss
Spts. nit. dulc., ʒj
Tr. belladon., gtt. viij
Syr. simp., ℥ss
Aquæ menth., ad ℥j. M.

Sig.—One teaspoonful every three hours; and directed that the child be put in a warm mustard bath every two hours.

September 21st. Not improved; pupils irregular; morbid strabismus; flexion of both thumbs into hands; muscular twitching continues; more comatose; respiration sighing and about ten per minute; pulse 140 and irregular; temperature 102½°; tongue coated with a whitish coating, and abdomen still retracted.

The oil moved bowels freely. Now I ordered the following:—

℞. Quinia sulph., gr. viij
Ammoniæ carb., gr. vj
Syr. acacia, ʒij
Aquæ menth. ad ℥j. M.

Sig.—One teaspoonful every two hours; also twenty drops of spirits frumenti every hour.

September 22d. Has been very restless all night; more unconscious than yesterday. Pulse one hundred and fifty, fluttering and very irregular; respiration nothing but a drawn sigh every now and then; temperature 104°; pupils contracted but irregular, firm strabismus; epileptiform spasms more than any time before. Death occurred at two o'clock this afternoon.

Post-mortem examination made some hours after death, assisted by Drs. March and McNeil. Found about four ounces of fluid within the dura mater and upon the substance of the brain. The pia mater over left middle lobe of the brain highly congested, and slightly so wherever examined. At base of the brain the same membrane was found greatly thickened, and infiltrated with miliary tubercle, having a peculiar sand-like feel and appearance. The medulla and pons presented nothing abnormal, the substance of the brain being congested throughout its entire extent.

MEDICAL SOCIETIES.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Paralysis Agitans.

Dr. Caldwell. A man, aged fifty-five, suffered in an extreme degree with this disease. Potass. bromide, electricity, etc., were used without benefit. I gave him tinct. nuc.' vomicæ, gtt. x. four times a day, gradually increasing until nearly a drachm was given at each dose. After using for about eight weeks he had a very violent seizure, showing the symptoms of strychnia poisoning. I feared a fatal issue, but by the free use of chloroform the convulsion was controlled, and the man has been free from his old malady ever since.

Dr. Rennolds. I treated a case of spermatorrhœa with strychnia. I gave him one-fortieth of a grain, thrice daily, gradually increasing until the daily dose was over one grain. It was continued in this quantity for over one week. The man improved rapidly, but no symptoms of poisoning appeared.

Membranous Croup.

Dr. Taylor. Some weeks ago, a gentleman in this society recommended iodide of potassium in large doses. Shortly after I was called to a case, and immediately put it upon fifteen grains, every two hours, and the child got well. Since then I have had several cases in which I used it, and all recovered. In one case tracheotomy was performed, with recovery. One of the patients expectorated a large quantity of false membrane.

Diphtheria.

Dr. Percivall. Some years ago an epidemic of diphtheria occurred in the town where I lived. The first case died before I saw it. Fourteen days after another child was attacked; sulphate of copper was used locally, but as it did not seem to answer the purpose, nitrate of silver (ʒj-aq. ℥j) was used instead. As prophylactics, the best of food and brandy were used freely. I had fifteen cases, and not one of them died. This disease is most prevalent among the poor, and I believe its great mortality is largely due to improper and insufficient food, and that if stimulants and tonics were used as prophylactics, a large number of the cases would be rendered more mild, if not prevented entirely.

Dr. Erich. Prophylaxis may be of some use, but I doubt whether we can do much with it. Since I read Oertel in Ziemssen's Cyclopædia, I have been a believer in the parasitic origin of this disease, and what I have seen since confirms his statements. I have ceased to dread diphtheria since I adopted my present mode of treatment. Formerly I used nitrate of silver, but the struggling of the child seemed to do as much harm as the application did good. I think it highly important to use the medicine frequently. I use—

℞. Quiniæ sulph., gr. viij
Tinct. ferri chlor., ʒj
Syr. simp., ℥iv. M.

Sig.—Teaspoonful every hour, day and night.

Since I have adopted this method the results have been astonishing. I have used it four years and have only lost three cases. When I see the disease in an advanced stage, I alternate this mixture with a solution of benzoic acid, which seems to relieve the constitutional symptoms.

Dr. Arnold. The treatment of diphtheria is the opprobrium of medicine. Age has much to do with the prognosis; under two years it is an extremely fatal disease. Those cases associated with croup always die. If the patient be over two years and no formidable complications appear, any form of treatment may show good results. Different epidemics also show different rates of mortality. The profession is divided as to its pathology, but the paralysis of the pharynx, heart, etc., show that it is more than a local disease, at least in its secondary effects. The treatment mentioned by Dr. Erich is rational, though not novel, but I would not be too sanguine as to it curing bad cases.

Dr. Morris. During the last two years I have used no iron, quinine nor local applications in this disease. I use ice, food, and lemon juice freely, and have had better success than formerly.

Hydatiform Mole.

Dr. Opie. On December 26th I was called to see a lady with the following history: Was confined January 12th, 1880; menstruated April 30th; missed menstruation October 30th; had a flow begin November 14th, which continued until I saw her. On December 27th I found her bleeding quite profusely, and on examining some of the clots I found hydatiform cysts of the chorion. The uterus was as large as at the sixth month, and the os sufficiently dilated to admit the index finger. I removed the mass gradually so as to allow the uterus to contract as it does in natural labor. There was not much loss of blood, but little pain, and firm uterine contractions followed.

Aortic and Mitral Regurgitation.

Dr. Chambers. A colored boy, who had had rheumatism, complained of pain over the cardiac region. The pulse was weak, and upon examination aortic and mitral regurgitation was diagnosed, for which iron and tincture digitalis were prescribed, with the effect of making him worse. Digitalis was then combined with aconite, without benefit, and finally aconite alone was used, with marked improvement. It is a question whether digitalis might not do harm in aortic regurgitation, lengthening the period of rest, and thus cause greater distention of the ventricle.

Dr. Lynch. Digitalis is less useful in aortic regurgitation than in any other form of valvular disease. In mitral regurgitation it is our best remedy. There are two periods in cardiac trouble in which it is useful: in the beginning, before ventricular hypertrophy takes place, and in a later stage, when there is dilatation and debility of the ventricle.

Cancer of Stomach.

Dr. Brinton. I bring this man before you to get an opinion as to the diagnosis, my own belief being that it is a cancer of the stomach. He is fifty-seven years old, miller, but for the past two years has been working on mill-stones. Two years ago last autumn had stomach trouble, vomiting, flatulence, etc. Now he has attacks of pain to the left of the ensiform cartilage, lasting for two or three days, followed by vomiting of a dark, grumous matter, which gives relief, and then a repetition of the attack after a rest of one or two days. The bowels are open, without medicine, about every seventy-two hours. His weight has decreased from 147 to 121 pounds. His present attack has lasted two weeks. Solid food gives more pain than liquid, and cold water is not taken, on account of producing pain. There is no family history of cancer. The treatment has been dietetic, lime water and milk, and ten grains of lactopeptine and twenty grains of bismuth, four times daily.

Dr. Opie. I had a case very much like this about six months ago. I was of the opinion that it was cancer of the pylorus, but he passed from my notice and I do not know whether there was a post-mortem examination. I found that by restricting him to liquid diet and using one grain of carbolic acid and half a drachm glycerine, pro re nata, the vomiting was much controlled.

Dr. Cathell. In a case of mine, I met much the same symptoms. The post-mortem showed a strictured condition of the pylorus and seven inches of the small intestine. The orifice was not larger than a crow quill.

Dr. Chambers. The length of time this patient has been suffering in this way is against the belief that it is cancer. Two and a half years is a long time for a case of cancer of the stomach to last. This man has been a drinking man and may have had gastritis in the first instance. I should use nourishing enemata, as milk, blood, etc., and give the stomach rest. For the pain, morphia, dry on the tongue or hypodermically, would be the best remedy.

Diphtheria in Russia.

The United States Consul at Moscow sends a report of Dr. Bulewsky concerning an epidemic of diphtheria at Samara, a city on the Volga river, about 900 miles from Moscow. Children attacked under one year of age, not fed from the mother, died, almost without exception, while sucklings generally recovered. Of those between 1 and 5 years 86 per cent. died. From 5 to 10 years the mortality was 80 per cent. of the cases. The cases among males and females under five years were about equal, but between 5 and 20 years, more than twice as many females as males were attacked, owing to the confinement of the former in infected houses, and their duties as nurses, while the males were at work in the fields.

EDITORIAL DEPARTMENT.

PERISCOPE.

Two Cases of Disease of the Pancreas.

Affections of the pancreas are very rare. Grisolle, during thirty-five years of practice in the Paris hospitals, did not observe a single case of pancreatitis. M. Dethier, Physician to the Civil Hospital at Namur, reports two cases in the *Journal des Sci. Med. de Louvain*, Dec. 1880.

The first was a case of chronic pancreatitis, terminating in suppuration. A woman, sixty-six years of age, became very feeble, and lost flesh rapidly; there was intense jaundice, the urine containing large proportions of the coloring matter of the bile, the fæces were clay-colored. Digestion was difficult, vomiting of aliment occurring from time to time. The liver was enlarged and hard, with no irregularities on its surface; painful on pressure. There existed evidently some obstruction to the passage of bile; as the patient had never suffered from colic, this evidently was not due to the presence of a calculus. By careful palpation, a tumor was discovered, situated deeply in the epigastric region: it extended transversely in the place occupied by the pancreas, and was painful under pressure. M. Dethier was of the opinion that there existed inflammatory disease of the pancreas, the head of this organ, by its increase in size, causing obstruction at the orifice of the common bile duct in the duodenum. The patient died four months later, in a state of marasmus. At the autopsy the liver and gall-bladder were found gorged with bile; the thumb could be passed into the enlarged ductus hepaticus, while its orifice in the duodenum was impermeable. The right half of the pancreas was enlarged, red, and hard, and the head being incised, a cavity, containing a spoonful of pus, was found.

The second case was one of primary cancer of the pancreas. The patient, a clerk, thirty-five years of age, had never had jaundice, but for five years he had been subject to attacks of gastralgia. He lost flesh; his skin took on an unhealthy, pale-yellowish tinge; he never vomited, and was rather constipated until shortly before his death. By careful palpation of the abdomen, a small, deeply-seated tumor was found in the epigastric region; it gradually enlarged and invaded all the right half of the abdomen, and became nodular and irregular on the surface. As there was no vomiting, M. Dethier was of the opinion that the tumor had its seat in the pancreas, and the correctness of his supposition was proven at the autopsy. On opening the abdomen a large, white tumor, of scirrhous nature, came into view; it extended from the liver to the vertebral column, involving in its mass the pylorus and the upper part of the duodenum, the common bile duct remaining free. By dissection it was found that the tumor had invaded almost the entire pancreas, the pylorus was transformed into a rigid, dilated canal, into which three fingers could be passed, thus explaining the profuse diarrhœa, a veritable lientery, which came on shortly before death.

Mental Failure, from Strain.

The *Medical Press and Circular* states that Dr. Maclaren, superintendent of a prominent insane asylum, has observed among the patients sent to that asylum a form of insanity which is not melancholia, and which is not dementia, although it may, at first sight, be taken for one or other of these, but which seems to be grave nervous exhaustion. It persistently appears in men who belong to the skilled artisan class. It must be remembered that the intelligent workman of the present day is a very different person from the laborer of a former one, and uses, and probably overtaxes, his brain nearly as much as professional or business men do. The attack to which Dr. Maclaren refers especially affects the middle-aged, whose previous history is that they have been steady, hard-working men, who have saved a little money and who have always been of an anxious turn of mind. In almost all instances they have been men of aspiring temperament, but without the intellectual ability which has enabled a few of their class to rise entirely above it. Yet they are not content to remain in their station, and so they plod and toil, and become a prey to anxieties. Ultimately the prospect of attaining a high position is lost, and then they concentrate their desires on accumulating money. Their whole time is occupied in laboring and planning to increase their store, and they are vexed by apprehensions lest their schemes should miscarry. The hours which should be devoted to sleep are given up to work, or miserly calculations, and then when an illness or a grief comes upon them they break down miserably. They are reduced to a state of utter and complete prostration, mental and physical. The surface of the body is cold and pale, the pulse is feeble, and the mental condition is listless to an extraordinary degree. Power and force seem gone forever, and the stalwart, well set up, acute looking artisan of a short time ago is reduced to a gray, bent, nerveless invalid. In this utter loss of physical power is one of the marked distinctions between this variety of mental disease and melancholia. The cases of this kind which Dr. Maclaren has seen improved under treatment, but never recovered the tone of former days.

Stretching the Facial Nerve for the Relief of Spasm of the Facial Muscles.

At a meeting in November, of the Clinical Society of London, Dr. Allen Sturge and Mr. Godlee presented a paper on this subject. The patient, a lady, æt. seventy two, had been sent to Dr. Sturge by Mrs. Garrett Anderson. She had enjoyed good health until the death of her husband, six years ago. After this her nervous system suffered much; she had fits of depression and debility, and before long twitching began round the right eye, extending subsequently to all the muscles supplied by the right facial nerve. She had gone through various courses of treatment without result, and she finally consented to have the facial nerve stretched. This operation was performed by Mr. Godlee on July 20th, by means of an incision behind the ear, from the external meatus nearly to the angle of the jaw. The sterno-mastoid and the parotid gland were pulled in opposite directions, exposing the upper border of the digastric close to which the nerve was found, as it emerged from the stylo-mastoid foramen. The nerve was raised on a hook and pulled with moderate force. After a few such pulls the right side of the face was completely paralyzed. The wound was dressed antiseptically, and healed without a drop of pus, or the slightest constitutional disturbance. The face remained paralyzed for two months, and for some days after the operation there was a good deal of pain on the right side, and also in different parts of the head, which returned at intervals during these two months. When seen on October 19th, three months after the operation, the face at rest was nearly symmetrical on the two sides, but there was still a good deal of deficiency of movement in the muscles on the right side. She was, however, rapidly improving, every week making a considerable difference. The operation has now been performed five times, three times in Germany by Baum, Schussler and Eulenberg, once in America by Dr. James J. Putnam, the present case being the first operation of the kind in England. In all these cases there was temporary paralysis after the operation, varying from two weeks in Baum's case to five months in Eulenberg's. It was remarkable that in every case in which the facial nerve had been stretched for spasmodic tic the operation had been successful, while in several cases of spasmodic affection of other parts, as of the arm, etc., stretching the nerves of the part had produced no good effect.

Prof. Esmarch's Antiseptic Methods.

Mr. Little, a London surgeon, who lately visited Esmarch's hospital, at Kiel, contributes to the *Medical Press and Circular*, December 1st, a description of what he saw there. We make the following extract, as of general interest, and as an appendix to what we quoted last week:—

The most noticeable feature is the success achieved by Professor Esmarch under the system of infrequent antiseptic dressing, it being a by no means uncommon event for the first application to be left undisturbed for a month, and thus one of the objections to the antiseptic method, viz., its expense, is removed. In all cases the temperature is carefully watched, and the exterior of the dressings examined daily. On the slightest sign of discharge soaking through, or serious rise of temperature, the dressing is removed and reapplied.

The temperature of the patients, is, as a rule, taken in the rectum, and hence some deduction must be made in comparing the cases with those in which it is taken in the axilla.

The antiseptic method of Lister, or a modification of it, is, wherever practicable, employed. In place of antiseptic gauze, large pads of carbolized jute (enclosed in antiseptic gauze), or of carbolized hydrophil cotton, which readily absorbs discharges, are used, with carbolized varnished paper over all, and starched gauze bandages; protective is not used. The bone drainage tubes invented by Prof. Esmarch's senior assistant, Dr. Neuber, are extensively used; and, indeed, without some such self-removing drain, the dressings could not, in resection and other cases, be left untouched for so long a time as they are left with its help. The tube is kept in its place by being simply transfixed at its outer end with a common safety pin; and when, after two or three weeks, the first dressings are removed, these pins are usually all that remains to show where the decalcified bone tube has been. The tubes, as used here, are quite soft and flexible, not brittle.

The solution of carbolic acid used for the spray is of the strength of one in forty, and it is not thought necessary to have the sprays playing immediately on the wound, but this latter is thoroughly and often washed out with carbolic acid lotion; and in the operating theatre, which is exceptionally well fitted up, two powerful sprays, worked by compressed air, conducted in pipes from the engine-house, are kept going, throwing the pulverized carbolic acid solution over the table and above the heads of the operators.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Philosophy of Restoratives," is the subject of a reprint from the American Medical Association Transactions, by Dr. John R. Uhler, of Baltimore.

——In a reprint, Dr. N. H. Chapman, of this city, records a case of extensive scalding from prolonged exposure to steam at a high temperature. In spite of the large area of the lesion, the patient recovered.

——The various eruptions produced by medicinal agents have been studied in a thorough manner by Dr. Arthur Van Harlingen, of this city. His results are embraced in a reprint from the *Archives of Dermatology*.

——"Sclerotomy in Glaucoma," is the subject of an article in one of the German journals, a reprint of which we acknowledge from the author, Dr. M. Landesberg, of this city. It will be found a succinct exposition of the question.

——The *Popular Science Monthly* is always welcome, but the February issue is especially at tractive. It always contains articles of moment to physicians, and it will be found an admirable repertoire of the latest discoveries in modern science and exploration.

——*Godey's Lady's Book* for February is well filled with matters of interest to ladies. Each number now contains a complete novel, at the same time that all the old departments are retained. The price is only $2.00. Published at 1006 Chestnut street, Philadelphia.

——Brooklyn has still another medical journal, *The Pathologist*, monthly, $1.00 a year. Vol. I, No. 1, has 12 pages. No editor is named. Several of the articles are well written, and the editorial is a very determined declaration of independence from the medical control of New York city.

——The *Annals of Anatomy and Surgery*, published in Brooklyn, is a continuation of the *Annals of the Anatomical and Surgical Society*. The present editors are Drs. L. S. Pilcher and Geo. R. Fowler. They intend to extend the scope of the journal, and improve it in various ways. We have, on previous occasions, expressed our high esteem for this publication.

——Numbers IV, V and VI of the "Photographic Illustrations of Cutaneous Syphilis," by Dr. George Henry Fox, have appeared (Published by E. B. Treat, No. 757 Broadway, N. Y. Price per number, $2 00). We can continue to refer to them in the highest terms, as admirable illustrations of the disease in question; better than anything that the art of the engraver can furnish, inasmuch as they are absolutely faithful to Nature herself. The particular lesions represented in these numbers include papular and pustular syphilides, onychia syphilitica, pemphigus iris, eczema squamosum, and ulcerative tubercle. The text contains descriptions of the photographs and also a well prepared chapter on the classification of the syphilodermata.

——Those who have to treat cases of consumption might derive benefit from the perusal of a pamphlet on Phthisis Pulmonalis, and its Treatment with Hypophosphites, by Dr. L. De Bremon, late clinical assistant to Dr. Churchill. (John Newton, Publisher, New York city.) He makes some useful points, as this one:—

"A suggestion that I would offer to my professional brethren is that the doses that are recommended for general use are too large, and sometimes enormous, surpassing three times the doses that Churchill has given as a general limit to obtain good therapeutic effects.

"My own experience of more than twenty years in the treatment of the disease corresponds entirely with his directions.

"It is true that at the beginning large doses will work marvels, but it will soon be shown that they aggravate in place of curing, and in the end will do more harm than good."

——A report on vaccination, to the South Carolina Board of Health, by Dr. S. Baruch, of Camden, S. C., contains much interesting matter, and especially points out the decreasing power of vaccination as a prophylactic. He writes:—

> "In the epidemic prevailing in Switzerland from 1825 to 1829, only two per cent. of the deaths were among the vaccinated; in France only one per cent., and that the average per cent. of deaths among the vaccinated in all the epidemics alluded to, up to 1859, is 4.32 per cent., while the average per cent. of deaths among the vaccinated in the epidemics of later years is 12.52 per cent. This difference is so great in favor of the earlier vaccinators that ample allowance can be made for possible errors, and still leave us no alternative but imperfect vaccination to explain the increased mortality among the vaccinated in the last ten years."

Probably the older humanized vaccine matter had lost its effects. The true remedy lies in the general use of bovine lymph.

BOOK NOTICES.

Hernia, Strangulated and Reducible. With Cure by Subcutaneous Injections. Together with Suggested and Improved Methods for Kelotomy. Also, an Appendix, giving a short account of various New Surgical Instruments. By Joseph H. Warren, M.D., etc. Boston: C. N. Thomas, 1881. Cloth, 8vo., pp. 280. Price $8.00.

From various articles which have appeared in this and other journals, the medical public is pretty generally aware that the operation for hernia practiced by Dr. Warren is a modification of that of Dr. Heaton, and described in a work written some years ago by this surgeon. It is not to him, however, that Dr. Warren gives the credit of its discovery, but to Dr. Joseph Pancoast, of Philadelphia. It is true that the latter never brought the method to practical perfection, nor did he carry out the line of investigation which he commenced; therefore he must divide the credit of the discovery with Drs. Heaton and Warren. The latter has made many improvements in the forms of the instruments used, in the details of the procedure, and in the after treatment. These are fully described in the volume before us, and it is recommended to all who wish to study up this apparently highly satisfactory method for the radical cure of a large class of herniæ.

We regret to have to add that Dr. Warren's book is very indifferently published. The illustrations are wretchedly printed, the type blurred, and the presswork singularly careless.

Revelations of a Boston Physician. By Charles Wistar Stevens, M.D. Boston: A. Williams & Co. pp. 253.

The title of this little volume is hardly fair to its contents. The word "revelations" leads us to expect some indiscreet communications, some introductions to the coulisses and bed room business of the modern Athens. Nothing of the kind. We are treated to a number of little stories, generally pleasant and all harmless, incidents in the actual life of a physician of the poor in a large city. They are agreeably narrated, and are concerned with such subjects as "A Case of Poisoning," "Swallowing a Frog," "The Rag Picker's Death," "What my First Patient Cost me," etc.

Hand-book of Urinary Analysis; Chemical and Microscopical. For the use of Physicians, Medical Students, and Clinical Assistants. By Frank M. Deems, M.D. New York: Industrial Publication Co. 12mo., limp cloth. Price 25 cents.

This manual presents a plan for the systematic examination of liquid urine, urinary deposits, and calculi. It is compiled with the intention of supplying a concise guide, which, from its small compass and tabulated arrangement, renders it well adapted for use. It is a manual which will serve to lessen the difficulties in the way of the beginner, and save valuable time to the busy practitioner. The arrangement of the matter, and the small though clear type in which it is printed, has enabled the author to compress a great deal into a very small compass.

Elements of Practical Medicine. By Alfred H. Carter, M.D. Lond., etc. Philadelphia: Presley Blakiston, 1881. 1 vol., 8vo. Cloth, pp. 374. Price $3.00.

Dr. Carter is favorably known as a London physician of learning and experience, and a clear writer. His present volume is not at all an ambitious one. He states his object to be to provide the student with a general introduction to the study of medicine, and to bring its essentials within the grasp of those who are not disposed to read large and complete works. In other words, he aims to give a judicious epitome of practical medicine.

After an introductory chapter on general pathology, he takes up the various diseases, pretty much in the order laid down by the nosology of the London College of Physicians, giving in turn the causes, morbid anatomy, symptoms and treatment of each. The extent of the work may be judged from the space occupied by a few prominent diseases. Pericarditis covers two pages, pleurisy four pages, Bright's disease six pages, and measles one and a-half pages.

The work of condensation appears to be judiciously done, and as much is inserted as the restricted space permits. Of its kind, and for its purpose, it is a well prepared book.

Wood's Library of Standard Medical Authors.

Minor Surgical Gynæcology. By Paul F. Mundé, M.D.

A Treatise on Albuminuria. By W. Howship Dickerson, M.D. Second edition.

The energy displayed by Messrs. William Wood & Co., in publishing standard medical works in serial form, is highly to be commended, and we believe is appreciated and rewarded by an extensive patronage from the profession. Some of the works they have chosen for this purpose have been criticised, and we think justly, as representing a period of medical science which belongs to the past rather than to the present, and is of interest historically rather than practically. But this would not hold good of the two works which are mentioned above. They are both by active workers in the profession, and describe the portions of the field they are intended to survey, thoroughly and ably. Dr. Mundé always studies a subject exhaustively; some might say that his book might profitably have been reduced, as a good many of the instruments he describes are tentative and imperfect. But to many this is a praiseworthy fault, if one at all.

An Elementary Treatise on Practical and Analytical Chemistry and Qualitative Inorganic Analysis. By Frank Clowes, D. Sc. With Illustrations. From the Third English Edition. Philadelphia: H. C. Lea's Son. 8vo, pp. 372.

The intention of the author of this work is to furnish a course of instruction in practical chemistry in the laboratories of public and medical schools. It is extremely compact, the text clear, and a system of exhibition by tables adopted, which renders the differences manifest to the eye. Many will find this work sufficient for the chemical knowledge needed in medicine. The present edition has been thoroughly revised and is presented in clear type and on good paper.

THE
Medical and Surgical Reporter,
A WEEKLY JOURNAL,
Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA

THE ALLEGED HIGHER RATE OF MORTALITY IN THE MEDICAL PROFESSION.

A number of recently constructed mortality tables, showing the average length of life in different trades and professions, unite in seeming to indicate a gloomy prospect to physicians. For instance:—

Hecker confirms by his statistics a fact, indeed already known, that the duration of life among medical men is notably less than the mean. From Escherich's statistics it results that, in Bavaria, of one hundred individuals, fifty-three Protestant pastors, forty-one professors, thirty-nine advocates or magistrates, thirty-four Catholic priests, and only twenty-six doctors, reach the age of fifty.

Kayser, writing from Breslau, finds in that region the average age at which the physicians die is at fifty-six years, priests fifty-eight years, professors fifty-nine years, higher office holders sixty-four years, apothecaries sixty-four years, lawyers sixty-four years.

There is, however, an element in these calculations to which considerable weight must be given, and that is the large number of men who leave the profession of medicine in early life to seek a living in some other vocation. If out of one thousand graduates, five hundred seek other employments, and of the remaining five hundred only one-half reach fifty years, it is obviously incorrect to say that out of a thousand duly graduated physicians only twenty-five per cent. reach the age of fifty years. Yet this is the error which it seems to us Escherich has committed.

It may be that a similar error vitiates Kayser's figures. In comparing physicians with the higher office holders, for example, we must remember that physicians begin their professional life early, holders of important offices late in life. Suppose that there are no high office holders under thirty years, while one-fourth of the physicians are below that age; evidently this would greatly reduce the average duration of life of the latter as compared with the former, even if after thirty the chances were the same. The average age at which people die after fifty is, of course, higher than the average mortality at all ages; but, for all that, their probability of life is materially diminished, and is much less than the average probability. In London, the average age of public house keepers is quite advanced; but their average mortality is high; apparently conflicting facts, which are explained by remembering that in that city public houses are usually kept by domestics, who retire from service at an already late period of life and open a bar with their savings.

Much depends on whether a business is such that an elderly man is prompted to retire from it early. Our army, in time of peace, has a very low death rate; but the average age at which the soldiers die is very low, something like 38 years, we believe. This is simply owing to the fact that the great mass of the soldiers are young men, and when their period of enlistment terminates, they leave the army and are replaced by still younger men. The disturbed hours, long drives, and irregular meals inseparable to a physician's life lead many to lay it aside for retirement or other occupations when they reach that age at which these infractions of comfort become exceedingly onerous.

It is clear, from the above, that neither the average age at death nor the percentage remaining alive at a given age will alone acquaint us with the risk to life of any trade or profession. Not even when the average age of those living is taken into account, will either of them do so, because this average age depends upon accidental causes. In Kayser's tables the average age of the living lawyers is the lowest of eight professions; while their average age at death after 30 years is the highest; which he explains by the great number of mere students of law who were included.

The problem is a more complicated arithmetical one than is usually supposed. Its factors are 1. The total number of graduates. 2. The number who leave the profession, and at what age. 3. The average age of those remaining in the profession. 4. The average age at which the latter die.

These factors obtained and reduced by the rules of compound proportion, we should get at the truth about the alleged higher mortality of the medical profession, which, we believe, has never yet been correctly stated.

THE VARIATIONS IN PHARMACEUTICAL PREPARATIONS.

The position which should be occupied by non-officinal drugs and preparations, with reference to a fixed standard of strength, is one of the problems which confront both physicians and druggists. When they are not in the Pharmacopœia, every manufacturer makes them of the strength—or weakness—best suited to his own interests; and as the physician cannot possibly keep the run of the proportions adopted by all the manufacturers, he either has to "trust to luck," or else write the name of the firm whose preparation he wishes dispensed. To this direction the prescription clerk pays no attention whatever, but puts in whichever of the different preparations he has "in stock."

The variations often are very great. Thus, a druggist, at the last meeting of the British Pharmaceutical Association quoted the tincture of gelsemium, for example, which, according to a recent article in the *British Medical Journal*, varies in strength from 1 in 5 to 1 in 10, or 100 per cent., and there appears no evidence to show whether the stronger or the weaker is correct. Tinctures of jaborandi, eucalyptus, boldo, etc., may vary similarly. A dozen or more formulæ exist for the syrup known as "chemical food" (the original formula of Parrish not yielding satisfactory results), hence it varies in color, density, acidity, and strength.

Medicinal hydrobromic acid is now largely prescribed, and for its preparation several formulæ have been published. Dr. Wade, who originated the idea of using it internally as a medicine, provides for 10 grains of combined bromine in the drachm; Dr. Fothergill's preparation is about half that strength, and Dr. Squibb's is a purer acid, containing 33.4 per cent. The weaker acid is the one generally used in that country, but it is not that with which the original experiments were made.

Fluid extracts are in the United States so prepared that, as a rule, a fluidounce shall as nearly as possible represent one ounce of the crude drug. In Great Britain both officinal and non-officinal extracts vary so much that when a new drug is introduced half a dozen manufacturers may prepare fluid extracts from it, of as many different strengths; the physician who prescribes and the pharmacist who dispenses it both being ignorant of the exact relation it bears to the drug; and, unquestionably, to a less degree the same holds true of the United States.

To meet the difficulty in France, the Paris Société de Pharmacie, publishes from time to time a series of unofficial formulæ, such as are of most current demand, and which are looked to as assigning a standard strength by all the pharmacists of that country.

As we have in this land the National Pharmaceutical Association, it could do, and in a measure has done, the same thing. But its authority is too little recognized outside of its immediate membership. More frequently produced editions of Pharmacopœias have been suggested. We have a new Pharmacopœia every ten years, and there is a party who thinks we ought to have one every five years. Professor Maisch and other eminent pharmacists are, however, of opinion, that a new Pharmacopœia every five years would give too much trouble to the pharmacist and the physician, but they propose to meet the difficulty by appointing a standing committee, with power to consider the value of newly introduced remedies, and issue a Pharmacopœia *appendix* every two or three years, and to give a place to the new remedies that proved worthy of survival in the decennial Pharmacopœia.

This, too, would be a practical method of overcoming the difficulty, though it would be, of course, necessary to let the new remedies be dispensed as either of uncertain strength, or else as properties of certain forms for a term of years.

When we add together the almost universal adulteration of drugs, the unavoidable variations brought about by exposure to light, keeping for long periods, and chemical changes, the substitutions effected by prescription clerks, and the difference of proportion, process and quality used by manufacturers, one of the uncertainties in therapeutics is accounted for.

Notes and Comments.

Transverse Fracture of the Petrous Portion of the Femoral Bone.

M. Gosselin, in a recent clinical lecture (*Le Concours Médical*, Dec. 18th, 1880), called attention to a young man who, after a fall on the head, had presented as salient symptoms, at first, hemorrhage, and then discharge of a watery liquid from the right ear, in which the hearing was completely lost. This liquid was abundant, containing little albumen and a greater proportion of chloride of sodium than the serum of the blood. In the space of twenty minutes about two or three grams of the liquid were collected, so that in a day two hundred grams might be discharged. Then, in this case, we have discharge of cerebro-spinal fluid and rupture of the tympanum; again, in order that this may occur, there must be, says M. Gosselin, a transverse fracture, on account of the anatomical conformation of the parts (the arachnoid accompanying the two nerves of the seventh pair forms a cul-de-sac in the internal auditory canal). When there is longitudinal fracture there is rather hemorrhage than clear liquid discharge, and the prognosis is by no means so grave. M. Gosselin has observed twenty-two recoveries in twenty-seven cases, while of four cases of transverse fracture, three terminated in meningo-encephalitis and death.

Effect of Vaccination on Skin Diseases.

Several interesting observations on this subject have lately appeared:—

In the *British Medical Journal*, September, 1880, p. 414, Dr. Drury records several cases in which vaccination was performed during the height of eczematous eruptions in children, with the effect of curing the eczema. Several other observers confirm the value of such treatment from their own experience. In the London *Medical Record*, November, Dr. R. Neale, describes the case of a lady, advanced in years, suffering from a maddening attack of chronic eczema, that had resisted a variety of treatment. Vaccination was performed, and the eczema at once improved, and vanished at the end of the week; whether permanently, remained to be seen. In the *Medical Times and Gazette*, March 1868, p. 283, is a very interesting paper by Dr. Grant, reporting cases of psoriasis palmaris, tinea nummularis, tubercula syphilitica, and psoriasis lepraformis, all quickly and radically cured by revaccination.

On the other hand, in the *Gazette des Hôpitaux*, for last May, Dr. Padieu states that he vaccinated a boy, aged eight months, on the 21st of March. On the 26th of March, at the same time that five vesicles appeared on the arm at seat of inoculation, there appeared on the face and scalp, on parts which were eczematous, a confluent eruption of vaccine pustules. These pustules, about two hundred in number, were entirely limited to the parts which were the seats of eczema. They were attended by great swelling. The child became very ill, but eventually recovered. Eight days after the vaccination of the child, a vaccine pustule developed on the right cheek of the mother, and became very large. Two days afterwards a second, then a third, appeared on the same cheek. On the 3d of April a pustule appeared on the right lower eyelid, then two other very large ones, one on the base and the other on the point of the tongue. These were attended with serious symptoms. A large vaccine pustule appeared on the 2d of April on the left eyelid of the nurse, a girl aged fifteen, attended with considerable swelling of the eyelids and intense congestion.

The Eucalyptus as an Anti-Miasmatic.

Much and deserved attention has been attracted by the plantations of Eucalyptus, located by the Trappists on the pestilential Campagna, near Rome. A correspondent writes:—

I learned that the malaria, which had hitherto at this spot been singularly pernicious, has of late years become comparatively mild in type. This improvement is attributed entirely to the growth of the eucalyptus trees, which to the number of 25,000 have been planted within the grounds of Tre Fontane. The shrubs are protected by wicker-work against injury, during the first few years of growth, after which they are left to care for themselves. Those planted ten years ago have now reached a height of over thirty feet. The Trappists prepare a spirituous extract and an elixir from the leaves, both of which are strongly redolent of the odor and acrid taste of the eucalyptus. The extract they are accustomed themselves to take daily as a preventive rather than a remedy for ague. When the attack is actually imminent, nothing is found to answer so well as quinine combined with some purgative. My informant was evidently himself thoroughly saturated with malarial poison, the virulence of which in this particular locality may be judged of by the fact that it proved fatal to all the eighteen friars who first attempted to plant the eucalyptus in the district. As it is, the health of the fraternity has so far improved, that all thoughts of abandoning the monastery and the work have now been given up.

Enteric Fever without Lesion of Peyer's Patches.

Dr. J. W. Moore, at a late session of the Dublin Pathological Society, showed the lungs and intestines of a young woman, aged twenty-two years, who unfortunately caught typhus in the hospital when convalescing from a mild but undoubted attack of enteric fever, and whose death was caused on the twelfth day of typhus, and the forty-sixth day from the commencement of the enteric fever, by an intercurrent attack of croupous pneumonia affecting the right apex. The enteric fever was characterized by a typical range of temperature, moderate ochrey diarrhœa, marked splenic enlargement, an abundant crop of *taches bleuâtres* across the back, and a few rose spots. The fever subsided gradually; a temporary intermission, on the twenty-fourth day, being followed by a moderate recrudescence, lasting until the thirty-second day. On the thirty-fifth day the temperature rose abruptly, and within sixty hours an eruption of maculæ appeared. On the forty-third day (the tenth day of typhus), a pneumonia of the right apex showed itself, which proved fatal in about seventy-two hours. The *post-mortem* appearances were, briefly, typical croupous pneumonia of the right apex, very considerable enlargement of the spleen, which was in a state of putrilage. Peyer's patches were indistinct, and apparently perfectly healthy. There was no "shaven-beard" appearance, nor any trace of recent cicatrization. The case illustrated the doctrine of the essential nature of enteric fever, and of the inconstancy of its secondary intestinal lesions.

Dumbness After Measles.

Dr. Van Hassel states, in the *Presse Med. Belge*, that he was consulted about the case of a boy, four years of age, having all the appearance of good health, who, a month before, had a rather severe attack of measles, since when he had lost all power of speech, uttering only some inarticulate sounds. His gestures were abrupt and somewhat choreic. He heard and understood all that was said to him. Since the measles his digestion had been troubled, and there was frequent disposition to fugitive somnolence, with flushing of the face. The pupils were dilated, and there was tenderness over the cervical vertebræ. After some doses of calomel the iodide of potassium was prescribed, and the child was continually exercised in hearing and endeavoring to pronounce monosyllables or short sentences. In a week he was able to articulate some short phrases, the number of words being as yet few; but in a month's time he had completely recovered his usual power of speech.

The Pharmacology of Chloral Hydrate.

M. Dmitrieff, in a recent inaugural dissertation, published at St. Petersburg, states that he has tested the effect of chloral hydrate, both clinically and experimentally, on unhealthy, badly granulating wounds. By excision of a piece of skin in dogs, and infection of the wound with putrefying matter, he produced unhealthy ulcerating surfaces. Some of these he dressed with one or two per cent. solution of chloral hydrate, while the rest were simply covered with a moist cloth. The first very soon became healthy, and cicatrized before the others. The ulcers, on microscopic examination, were found covered with a layer of micrococci, which disappeared after two or three days' dressing with chloral hydrate. These results were confirmed clinically; and the writer has also shown that an equal quantity of a one per cent. solution of chloral hydrate destroyed, in twenty minutes, all mobility of the bacteria in a putrefying infusion of flesh.

Effects of Electric Light on the Eye.

An unexpected objection to this light arises from its effects on the eye. European observers state that the frequent variations in intensity to which this light is subject give rise to sudden and frequently repeated changes in the pupil, and, consequently, in the accommodation, of the eye. A light of this kind, therefore, causes not only simple muscular fatigue of the eye, but also a considerable degree of blurring and indistinctness of the retinal image. The eye suffers both when the light is too dim and when it is too bright. In the former case, the object looked at must be brought close to the eye to be clearly seen, and an increased accommodative effort is thus called for, which in most instances results in myopia. In the former case the simple intensity of the light produces undue contraction of the pupil, and consequently an increase in accommodative tension within the eye.

Classification of Lung Diseases.

In an address before the British Medical Association, Dr. Octavius Sturges condemned the present accepted classification of lung diseases, and proposed another one. The old arrangement and the one he proposed differ as follows:—

OLD ARRANGEMENT.

1. Pneumonia: acute, lobar, croupous; or acute sthenic exudative pleuro-pneumonia.
2. Broncho, catarrhal, lobular, pneumonia; secondary pneumonia.
3. Chronic pneumonia.
4. Acute (pneumonic) } phthisis.
5. Chronic (pneumonic) }

NEW ARRANGEMENT.

1. Pneumonia.
    Pleuro pneumonia.
    Broncho-pneumonia.
2. Secondary pneumonic consolidation.
3. Pulmonary (alveolar) catarrh.
4. Fibroid phthisis (fibrosis).
5. (Secondary) pulmonary consolidation.

Some of the advantages he claims for this are:

1. It would distinguish by a cardinal term, pneumonia, a disease having well-recognized phenomena, and one which it is important to identify and separate in order the better to observe and record the many points of interest in its natural history, as regards especially its varying frequency and mortality, epidemic prevalence, and response to treatment.

2. It would group together, along with pneumonia, and apart from other inflammations, certain allied conditions—pleuro-pneumonia, broncho-pneumonia—wherein the essential features of the primary disease are maintained with such modification as the names express.

3. It would separate from the aforesaid group, by the use of the word catarrh, other pulmonary inflammations which have no definite or uniform clinical course, but arise in such various associations that no name can be rightly applied to them save one that merely describes an anatomical condition.

Position in Palpitation of the Heart.

In the *Lyon Médical* Dr. Bouchut states that by the assumption of what he terms the "congestive attitude," nervous palpitations, not dependent on organic disease of the heart, may be instantly arrested. His directions are these: The patient stands erect, fixes his lower limbs, and then stoops over rapidly in such a way as to touch his toes with the tips of his fingers. The head thus falls forward, and its vessels are at once rendered turgid. If the hand be now placed on the cardiac region, it will be found that the palpitation ceased, the disordered impulse being replaced by a regular and rhythmical beat, which indicates that the organ has resumed its normal action. It is obvious that this treatment is not applicable to the case of the aged or those who indulge in alcohol, or, in short, those in whom the integrity of the arterial or venous system is doubtful.

Statistics of Cancer of the Breast.

In a communication to the *Archiv für Chirurgie*, Drs. Torok and Wittelhöfer have utilized the large amount of material amassed at the Vienna Pathological Institute from 1817 to 1879, in order to investigate some points of the statistics of cancer of the breast. Among 72,000 bodies there was found cancer of the breast in 866, or about 1 per cent. of the 30,000 female bodies. In 851 instances the side was indicated, this being the left in 144, the right in 161, and both sides in 46. While in 184 cases that had been operated upon there were 105 in which metastases occurred; these were absent only in 41 of 182 that had not been operated upon. Metastatic secondary cancer occurred most frequently in the lymphatic glands (192), in the respiratory organs (132), and in the digestive organs (139, of which 127 occurred in the liver).

Iodoform in Gynæcology.

Dr. Kurz, in *Allgem. Med. Centralzeit.*, February, 1880, states, that he has employed iodoform, and with excellent results, in the treatment of chronic metritis, perimetritis and periuterine phlegmon, as also in ulcerations of the cervix.

In treating such cases, a tampon may be saturated with a solution of iodoform, one part in ten parts of glycerine, and then introduced; or an ointment of the same strength may be used. These applications are much superior to those of tincture of iodine, as they calm the pain, and even sometimes induce a slight degree of general narcosis.

The iodoform tampon should be introduced twice a week, and at the same time inunctions with an ointment, containing one part in ten, should be made over the abdomen.

Nerve Stretching in Locomotor-ataxia.

This treatment has been tried in Charcot's wards in Paris. According to the late reports, one of the cases continued to improve, and a month after the operation remained free from pain; the gastric crises disappeared, and the motor incoördination, also, nearly entirely disappeared from both sides. Another case, under the care of M. Debove, was operated on; the median and musculo-cutaneous nerves of the right arm were those stretched. After the operation the pains diminished in the right arm and disappeared in the left arm and the lower limbs. The plantar anæsthesia also much diminished in the left side: the motor incoördination improved; walking became possible without support. The patient regained regular sleep, and refused morphia, as his pains "are nothing to what they were."

An Epidemic of Orchitis.

During an epidemic of mumps Dr. Heller observed, in the garrison of Dantzig, a concurrent epidemic of orchitis (*Berliner Klin. Woch.*, 1880, No. 38). There were in all twenty-nine cases, whereas the usual number in a year in the garrison is but two or three. Only two of these twenty-nine had mumps at the same time. The symptoms were characteristic—pain and swelling of the testicle, the skin of the scrotum not being implicated. Fever was present in most cases, lasting four or five days, after which convalescence required about the same length of time. In fourteen cases the left, in twelve the right was implicated, and in the remainder both suffered, but only one at a time. Atrophy of the testicle followed in a number of cases.

Treatment of Paralysis of the Accommodating Muscle.

In case of paralysis of the ciliary muscle (accommodating muscle) and of the sphincter of the pupil, Dr. Yvert recommends repeated instillations of a collyrium of neutral sulphate of eserine and fomentations of aromatic spirits. If needed, electricity may be employed, applied locally, as may also subcutaneous injections of strychnine. If these measures fail, there is no recourse left but palliative treatment, that is to say, the use of convex glasses adapted to the degree of paralysis. Generally, it is only through repeated trials that the defect of refraction can be exactly corrected.

Salicylic Acid as a Foot Powder.

As a protection to the feet, in the Russian army, salicylic acid is used. It is in the shape of a powder, and is a great preventive against perspiring and sore feet.

COMPOSITION.

Acid salicylic,	3 parts.
Amylum,	10 "
Powder of talcum,	87 "

It is applied dry; on a march, daily; in garrison, every two or three days. It takes off the irritating influence of the perspiration of the feet, and prevents, in consequence, the soreness.

In the Italian army aniseed is similarly used, in hot weather.

The Dioscorea Villosa.

A correspondent in Iowa speaks highly of the fluid extract of this indigenous plant in bilious colic, and he relates a very severe case in which a teaspoonful dose gave immediate relief.

The wild yam has long had a reputation as a "colic root." It is mentioned in the appendix of the United States Dispensatory, but as Prof. Stillé remarks, in the last edition of the National Dispensatory, "Time has not added to our knowledge of its properties." He thinks its active principle is allied to ipecac.

CORRESPONDENCE.

Curious Affection of the Nails.

ED. MED. AND SURG. REPORTER:—

A few weeks ago there visited me a young lady troubled with bronchitis. While treating her my attention was drawn to a most peculiar condition of her finger-nails, with a request that I would attempt a cure of the trouble. The affection is of such a character as to make me think it an isolated case. I bring it to the attention of the REPORTER and its readers, with the hope that there may be offered a method of cure. The history of the case, little of which will suggest a cure, is as follows:—

Miss H., aged sixteen; with the exception of bronchial trouble, the patient enjoys general good health. Her cheeks are red and her skin fair and unspotted. Both parents are living and well. She has several sisters and a brother, all of whom enjoy good health.

When about thirteen years of age Miss H. was engaged in the warping process in the manufacture of organzine silk. She soon began to notice a change in the appearance of the nail on the index finger of the right hand. The nails appear to have been naturally long and well-shaped. But the one referred to began to separate from the matrix and leave a correspondingly large free edge. This change, which was slow and attended by inflammation and pain, proceeded inwardly from the outer border of the matrix. During these three years the remaining fingers on that hand, as well as those of the other hand, became similarly implicated, the action in each being the same as on the index finger indicated. On some of the nails, instead of the fine parallel lineation generally found on the surface of a normal nail, there are several indentations and irregularities. The nails of both hands have now succumbed to the change, as have, also, two nails of each foot.

The difference between my patient's nails and those of a normal condition, is very striking. The free border is not very thin, nor apparently very brittle; as, though engaged in an employment requiring the steady use of the fingers, none of the nails are broken off. The pink hue of the matrix, as seen through the nail, is fast disappearing. The work in which the patient was engaged was of a poisonous character. She believes that none of the silk was dyed with deleterious coloring matter. Two sisters were engaged in the same work, but neither they nor the rest of the operators have had the faintest change in their nails or fingers: nor have they suffered in any other way from poison.

From boyhood, up, the father had some inconvenience with one toe, arising from the appearance, almost periodically, of a spot of soreness on the nail, which was always followed by an inflammation of the entire nail and its subsequent loss. It is not, however, probable, that any heredity exists between the father's nail trouble and that of the daughter.

The patient has sought advice from various sources, and has used several ointments, and many other forms of treatment, but without avail, as the affection gradually becomes more serious.

The social position of the patient renders the annoyance of having her otherwise well-shaped and comely hand so strangely altered one not to be lightly regarded. But thus far I have not been able to determine a remedy which will be likely to check the disease and cause the nails to cling more closely to the matrix.

If, from what has been stated, any of my brethren can suggest a cause for this singular disease, and a course of treatment, it will greatly relieve my perplexity.

G. M. MAXWELL CHRISTINE, M.D.

2121 *North Eighth street.*

Placenta Previa—A Forced Delivery at Eight Months—Mother and Child Saved.

ED. MED. AND SURG. REPORTER:—

Mrs. E. H., æt thirty-eight years, a strong woman, the mother of nine children, all natural presentations—but most labors were severe and children had to be delivered with instruments—became pregnant about the first of May last, and was perfectly well up to December 6th, when she was suddenly seized with quite a profuse flow of hemorrhage from her womb, which, however, soon ceased of its own accord, and she continued to do her usually heavy household work; but a few days later she complained of malaise, a sense of weight and of numbness in the pelvis, etc.; she was suddenly aroused in the middle of the night by the escape of blood from her genital parts. When I was first consulted, the hemorrhage, which was but moderate, had soon ceased, and as the woman was not plethorous, I did not perform venesection, merely recommended the horizontal position, rest, restricted diet and cool, acidulated drinks. She was soon up and about, to be again taken with hemorrhage, which was readily stopped on resuming the recumbent position. She had quite frequent attacks of a similar nature, but always in moderate amounts, up to the night of January 1st, when I was very hastily summoned to her bedside. Hemorrhage now very profuse indeed; vaginal or digital examination revealed uterine orifice almost completely closed, and the child very high up. I now advised absolute rest in the horizontal position, emptied the bladder per catheter, with elevated hips, refrigerants, etc., and administered vinum ergotæ ℥ss, in three doses, at intervals of ten minutes, which had a very salutary effect upon the hemorrhage, when I left my patient. Was called again at noon the same day, when I found the flooding had become much more profuse, but no uterine pains or contractions had manifested themselves all the time. I now found the orifice slightly more dilated. Demanded a consultation. Dr. K. was now telegraphed for, but replied that he had another engagement and could not possibly come. I now had to choose between two resources, the tampon and rupturing the membranes. I chose the latter. I now administered several (gtts. xxx) doses of ext. ergotæ fld., applied frictions over the abdomen, introduced my index finger into the uterine orifice, tittillating the os, and attempted to dilate the same. I soon found the parts became dilatable by these manipulations. interrupted by intervals of rest from time to time. She now experienced slight pains; slight contractions followed. I found the membranes becoming tense and engaged at the upper part of the cervix: these I soon ruptured. The head being the presenting part, I carefully pressed it up with the finger, so as to permit all the liquid to escape, when soon all hemorrhage ceased. Woman now felt several pains, bringing down the head into the excavation of the pelvis, and the soft parts being perfectly dilatable by this time, I found the flooding had been caused by an insertion of the placenta over the posterior orifices of the internal cervix. I applied the forceps and delivered the child very hastily, which, much to the surprise both of myself and family lived(having been asphyxiated but soon commenced to breathe). Both mother and child were,as a matter of course, very weak, but are doing admirably well at this writing, and may be fairly considered out of danger. W. P. Kistler, m.d.

Schencksville, Pa.

Open Confessions.

Ed. Med. and Surg. Reporter:—

In some recent numbers of your journal articles have appeared on the above subject, and *apropos* of the same I do not hesitate to unburden myself also.

About a year ago, I was excitedly "rung up" at two o'clock in the morning, by Mr. W., announcing that "his wife was vomiting blood, urging me to hurry, before she was dead." Without making the usual stereotyped inquiries, I immediately responded, and was soon at the bedside of Mrs. W., whom I found blanched and well nigh pulseless, at intervals giving a short hysterical cough, and scarcely able to articulate, by reason of dyspnœa. The room was crowded with anxious friends of both sexes, and in a room adjoining I was shown a large pool of blood upon the floor, as one of the voluble females present expressed it, "just as she had thrown it up."

Not being the family physician ot Mrs. W., although a regular attendant upon her husband, I had, during a previous visit to him, been consulted by his wife concerning her weak lungs, and the propriety of taking cod-oil therefor; and owing to her present exhausted condition, I asked no further question, but at once began administering ergot and iron,with applications of ice bags to the chest, followed by much apparent benefit, leaving her, an hour or so later, quite comfortable, announcing that, inasmuch as I had been called in an emergency, I would turn the case over to her own physician, and would not repeat my visit.

Some months later one of the ladies who was present on the evening of the hemorrhage rather knowingly asked me "What was the matter with Mrs. W.?" and, of course, I responded "hemorrhage from the lungs." Assuming a still more wise appearance, with a twinkle in her eye, she said, "Well, doctor, the blood did come from her body, *but not from that end*—she had a *miscarriage*. Exit m.d. Who will cast the first stone? A. T. VanVranken.

West Troy, N. Y., Jan. 20th, 1881.

A Query in Ethics.

Ed. Med. and Surg. Reporter:—

I am not in the habit of writing articles for publication, nor do I now propose to ask much of your valuable space for such a purpose. As a good deal has lately been written about bogus colleges and the diploma traffic, I would call your attention to another subject somewhat germane, I think, to those just mentioned.

There are some highly respectable medical colleges in our land who propose to receive a certain number of worthy, poor, young men, whom they call "privilege students," at a less rate of tuition than they charge others. They send out their private letters and also publications to the physicians of the country,asking their coöperation in the good work of educating the "worthy poor" who are to be known only to the professors of the college as "privilege students."

Now, this may be all good enough in itself, but I ask if it is in consonance with the ethics of our profession for these same philanthropic and charitably disposed college professors, when one of these privileged ones is so unfortunate as to get sick in their midst, to charge him the regular fee for prescription and attention that they are in the habit of charging their patients ordinarily. Surely "the legs of the lame are not equal."

I may not be abreast of the times on this subject, having graduated in medicine a quarter of a century ago, but one thing I do know, the professorship in my "alma mater" never charged a medical student, rich or poor, for prescription or attention when sick. If I am behind the advanced ethical position of the profession, as indicated by these luminaries, I would like to know it.

Enquirer.

[We should entertain a very small opinion of any Professor who would charge a student for professional services.—Ed. Reporter.]

Substitute for Tobacco.

Ed. Med. and Surg. Reporter:—

In looking over the back volumes of your Journal, I noticed in January 3d, 1880, number, a question by a Dr. B. L. L., of Illinois, asking, "Is there any harmless substitute, or drug, which will induce a distaste for tobacco?" And in reply, would say, that about eighteen months ago I was attending a young man who had used tobacco to such an extent that it was affecting his nervous system, and having used it for a number of years he found it difficult to do without something to chew, as he stated it, when I suggested that he try common chewing gum for a while, until his system could rebuild itself again. After having used the common gum (that is, no particular make), for two or three weeks, he has had no desire for tobacco, and has not taken a chew since he first began using the gum.

In the last six or eight months I have recommended it to several tobacco chewers (one of thirty years' standing), with like success, and I begin to think it is a cure that at least only costs a trifle to try it, and is not an unpleasant experiment. I am sincere when I say to the medical profession that it is the nearest a harmless, and I think, a successful, antidote for tobacco of anything that we have ever had.

It was discovered by the merest accident, and by giving it to the profession I am desirous of hearing of their failures and successes elsewhere with it. FRANK B. BULLARD, M.D.

Chesnut, Illinois, January 14th, 1881.

Letter from Southern Illinois.

ED. MED. AND SURG. REPORTER:—

Southern Illinois seems to be seldom represented in the columns of the REPORTER, although we know that it has many readers in this locality. This lack of representation in your columns does not arise from inactivity, or want of due appreciation on the part of the profession here, for a more active, wide-awake, intelligent set of medical men cannot be found in any other locality.

We have just returned from the regular annual meeting of the Southern Illinois Medical Association, held at Du Quoin, where the above assertion was fully verified.

This Association now numbers about two hundred members, which includes about every medical man worthy of recognition in its legitimate territory, and is doing a good work for itself and the cause of medicine. It was one of the active factors in originating and promoting the existing medical law in the State, which is quite generally commended for its thoroughness and efficiency. The Association is one of the strongest medical organizations in the State, and its transactions will compare favorably with those of any other in the country.

The medical law above referred to has done much to purge the ranks of the profession of the illiteracy and incompetency that hitherto encumbered it, but unfortunately, the last clause of the act—its caudal appendage, we call it—permits men who have practiced, or pretended to practice, ten years in the State to continue unmolested, regardless of their good, bad, or indifferent qualifications. We personally know of two men who are using that privilege, so illiterate that they are not only unable to write their own names, but fail to read the plainest English print. However, our efficient State Board of Health refuse to give such practitioners certificates, and they are thus practically ostracised by the profession and the more intelligent communities.

It is hoped that our State Legislature, during its present session, will perform a capital operation by amputating the aforesaid caudal appendage to the otherwise satisfactory law regulating the practice of medicine in the State.

JAMES I. HALE, M.D.

Anna, Ill., Jan. 25th, 1881.

—A New York dealer in bad milk has been fined $150, and it is suggested that if the law is generally enforced the city will realize sufficient in fines to pay the interest on its debt.

NEWS AND MISCELLANY.

Experiments in Hypnotism.

Dr. Wm. A. Hammond recently delivered an interesting lecture on this subject, in the New York University Medical College, from which we allow ourselves a few extracts:—

He stated that persons could be put in a hypnotic condition through different senses, but a simple way was to hold a piece of glass before a subject—glass from a chandelier, for instance—and he would pass into a hypnotic state. This faculty was not confined to men and women, but existed also in animals.

Last summer, continued Dr. Hammond, I hypnotized crabs in Fulton Market. I stroked a dozen of them and soon had them all standing on their heads. You could then have clipped off their fins and they wouldn't have known it. You can hypnotize a frog, and, laying him on his back on the palm of your hand, rip him open with a pair of scissors and it won't hurt him. Mr. Bergh might try to stop such an experiment, although I think he hasn't the power to do it. I have a hen here that went into a hypnotic state yesterday without having anything put before her to look at.

Dr. Hammond then took a hen out of a bag and pressed her head down on the table; she remained motionless. He said hypnotism was not a good name for the condition he was describing, as it was not an induced sleep, but a condition capable of being effected by the mind of another person. He suggested the word "suggignoskism," which he had worked out with fear and trembling, as expressing the condition of agreeing with some other person's mind.

H. S. Gray, a slight, light-haired man, was then chosen from among the subjects for the first experiment. Dr. Hammond held a piece of glass before his eyes, and he followed it around the room as if it were a magnet.

"You have read of serpents charming birds," said Dr. Hammond. "It is the same principle as this. The glittering eyes of serpents hypnotize the birds."

"Look here," he continued, bringing a bottle quickly to the subject's face. "Here is a pretty girl. Ask her to take a walk with you."

Gray gazed at the bottle with admiration, and, encircling it, strutted up and down the room, requesting of his imaginary companion the pleasure of an extended promenade. Dr. Hammond ran a needle through Gray's skin, and left it sticking in his hand, but Gray was wrapped up in the young girl.

"That's not a young girl," exclaimed Dr. Hammond, taking the bottle from him, "it's an old woman, seventy-five years old, if she's a day."

Gray recoiled quickly, and a look of intense disgust overspread his features. He was next given a slice of lemon to eat, being told it was a Florida strawberry. He pronounced it excellent, and then munched a piece of aloe, which he was informed was chocolate caramel, with great relish. A sulphur match was burned under his nose. Dr. Hammond said it was cologne that he was smelling.

"It's first-rate cologne," answered Gray, "although it's pretty strong."

Ammonia was placed to his nostrils, and he was informed that it was water. He poured some on his hands, smelled the liquid, and said it was undoubtedly water. A number of other experiments illustrating this condition were made.

Chemical Examination of Drinking Water.

We quote the following from the *Bulletin* of the National Board of Health:—

A careful study of the chief methods in use for the chemical examination of potable water, so far as organic matter is concerned, has been undertaken by order of the National Board of Health. It is particularly requested of the correspondents of the Board, of medical men throughout the country, and of others interested in sanitary matters, that any well-marked case of disease which may seem, on medical grounds, fairly attributable to organic impurities in drinking water be promptly reported to Dr. J. W. Mallet, University of Virginia Post Office, Albemarle County, Virginia, with a few lines stating clearly the medical nature of the case, and the character of the evidence on which the water in question is suspected of having actually caused disease in persons who have used it.

It is further desired that a sample of each such water be forwarded for examination, but not until notice has been received from Dr. Mallet that the analysts are ready to proceed with it, since it is important that no useless delay should occur between the shipping of the sample and its investigation in the laboratory. In notifying any one who may be able to furnish specimens of suspected waters that may be forwarded, clear instructions will be sent as to the quantity of water required, and the mode of collecting, packing and shipping it.

It is particularly desired that no case be presented on doubtful or vague evidence, since one important object of the inquiry demands that all such be rejected, and only those cases examined which involve the strongest grounds for believing that mischief has really been caused by organically foul drinking water.

The cost of packages and transportation for samples will be borne by the Board of Health.

The Medicine of the Talmud.

A French writer gives some curious extracts from the medical portion of the Talmud. Most of the opinions expressed by its authors indicate, as might be expected, very imperfect observations. For instance, they believed that the urethra presented throughout its length a fine septum which divides it into a spermatic and a urinary canal. They believed that by long retention of urine this septum might be rent, and a fistulous opening between the two canals result—a "spermatico-urinary fistula"—which would render a man sterile. Hence they drew the useful lesson that there should be no avoidable delay in micturition.

The physiology of the Talmud is grotesque enough in some particulars. "The kidneys give advice, the heart understands, the tongue produces articulate sounds, the mouth completes them, the œsophagus receives and rejects food, the trachea produces the voice, the lungs absorb liquids, the liver is the seat of rage, and the gall-bladder throws bile upon it and calms it, while the spleen is the seat of laughter." Among other duties of the learned doctors was the superintendence of the slaughtering of animals. Arguing from their physiological knowledge that the trachea and œsophagus are the structures most essential to life, they ordered that all animals should be slaughtered by the division of these only. A certain Rabbi, having observed that this was not a very speedy mode of death, suggested the division of the blood vessels of the neck, but his advice was overruled.

The therapeutics of the Talmud consist almost wholly of hygienic rules, although one sage recommended bleeding every thirty days, as a preventive of disease, and he also indicated certain days of the year and week on which venesection was most advantageous. The opinion ascribed to Rabbi Banaah may, perhaps, have been general. He said: "Wine is the best of remedies; it is only where there is no wine that drugs are necessary."

The Night Medical Service in New York City.

Dr. Henri Nachtel, to whom is due the night medical service in New York City, has just addressed the Academy of Medicine, in Paris, in regard to our system of ambulances. Dr. Nachtel, who has thoroughly studied the method of transporting those suffering from accidents in New York to the hospitals, is loud in his praises of the rapidity and efficiency with which the system is carried out. In France, the method of transporting the wounded through the streets seems to be of the most primitive kind. In Paris, when a wounded or ailing man is found, policemen take charge of the person, and he is carried to the nearest apothecary. Though Police stations abound in Paris, a person suffering from an accident is never carried there. A litter has to be hunted up, and then porters found, who transport the person either to his house or to the hospital. Before all this can be accomplished, minor accidents, for want of immediate attention, become of the most serious character. Dr. Nachtel thinks even that deaths frequently occur in Paris from want of celerity in the transporting of patients. In dwelling on the many advantages of the New York ambulance system, Dr. Nachtel expressed the hope that our method might be adopted in Paris. A commission, composed of MM. Larry, Legouest, Vulpian, and Chereau, was appointed by the Académie de Medicine to study the whole subject. It will be pleasant to know that Dr. Nachtel has been the means of introducing into Paris the New York ambulance system.

Shall We Shave or Not Shave?

It seems, from a note in the *Lancet*, that the tendency in England is to go back to the shaven faces of our ancestors. That journal writes on the hygienic aspect of the question as follows:—

"We fear the laborious argument that it was healthful to man to spare himself the trouble of shaving was somewhat strained, and that the wish for a fashionably formidable appearance was father to the thought of healthfulness as regards the wearing of beards and moustachios. The number of persons returning to the old English practice of shaving both the chin and the upper lip is noticeably increasing, and there is certainly much to be said for the clean and orderly character of the result. It is, at least, a remarkable circumstance that throat affections have not died out, or, we believe, sensibly diminished, since the custom of growing the beard became general. It must, in the long run, be a matter of personal predilection whether a man shaves or leaves his face embellishment to nature. It is practically, in this case, as in most others, idle to seek an argument in favor of the vagaries of fashion in the code of health laws."

Born Bearded.

The chief magistrate of Nicoya, Costa Rica, records, with all seriousness, the birth of a monstrosity, a five-months' child, possessing marked and exceptional features. This diminutive and curious infant is fully bearded and has two small teeth on the lower jaw, and appearances indicate the coming of two on the upper one. The following are the dimensions of the infant: Length, 14 inches; thickness, 6 inches; thickness of arm, 1½ inches; calf of leg, 2¾ inches; length of foot, 1⅞ inches; circumference of cranium, 9¾ inches; circumference of neck, 5 inches. A "noble ancient" in a child of five months is refreshing, and Costa Rica is entitled to the palm for extraordinary additions to the vital statistics of the world.

Pharmaceuticals.

HORSFORD'S ACID PHOSPHATE.

Within the last year we have prescribed this preparation in a number of cases, and have been highly pleased with its positive tonic effects. It has seemed to us especially active where there was a considerable languor of the nervous system, and defects in nutrition. In the miasmatic maladies of childhood its influence was prompt and gratifying.

BAKER'S COD-LIVER OIL.

No purer oil is to be found in the American market than this. It is received monthly, in air-tight cans, from the Halten Islands, Norway, the whole production of which is engaged by this energetic firm. It is sold pure and combined with malt, and also in emulsion. From the observations we have made of its effects on various patients, we can recommend it as fully possessing the therapeutic qualities of this alimentary drug.

High Potencies in Homœopathy.

The follies of homœopathy are beginning to be seen, even by the followers of Hahnemann. At the recent meeting of the Homœopathic Medical Society of New York, Dr. H. M. Paine had the candor and boldness to say:—

"Our experience in the use of high potencies is based, as Hahnemann's was, on theoretical grounds only. It is one of the most singular forms of idealism ever seriously entertained by the medical profession. I firmly believe that when our reputed cures are reported in connection with all the cases treated, we shall find that their frequency is not greater than those of daily occurrence without the intervention of medicine of any kind."

The Metric System.

A correspondent—one of many—writes us "I would most earnestly request that you *always* give the weights and measures in the old system (put the metric equivalents in brackets if you choose). I think after this year I will subscribe to such journals only as give the old system."

Our own views on this subject are well known; we have not believed the metric system adapted to the medical practice of this country; but we do hold that every physician should be sufficiently familiar with it to be able readily to convert the one into the other method of measurement.

Fatal Military Etiquette.

The following singular case is reported in the daily papers:—

Archibald Gibson, Second Lieutenant of the Seventh U. S. Cavalry, died January 26th, 1881, in St. Louis. The cause of his death was inflammation of the brain, believed to be the consequence of an accident which happened while he was at West Point. One day, on parade, a spider got into one of his ears. Under the rules he could not raise his hand, and he stood in the ranks for more than an hour, while the insect worked its way inside. When dismissed, Gibson's ear was full of blood, and it was two days before the insect could be removed. Corrosion of the internal bone followed, and after suffering severely from sickness while on duty with his regiment in Dakota, he went home expecting to resign, but as it proved, to die.

The Philadelphia County Medical Society.

A meeting of the Philadelphia County Medical Society was held January 19th, at the hall, Thirteenth and Locust streets. The following named gentlemen were elected officers for the ensuing year: President, Dr. A. H. Smith; Vice Presidents, Drs. H. Y. Evans and C. H. Mills; Recording Secretary, Dr. H. Leffman; Assistant Recording Secretary, Dr. J. D. Nash; Reporting Secretary, Dr. Frank Woodbury; Treasurer, Dr. W. M. Welsh; Corresponding Secretary, Dr. J. B. Roberts; Librarian, Dr. M. O'Hara; Censor, F. P. Henry. Delegations to the American Medical Association at Richmond, Va., and to the Medical Society of the State of Pennsylvania, at Lancaster, were also elected.

Mr. Sothern as a Physician.

The late eminent comedian was designed by his family for a surgeon, but after witnessing an operation in one of the London hospitals he became disgusted with his destined profession, and next turned to the study of theology, with the object of entering the English Church. A chance participation in amateur theatricals, when he assumed the character of Othello, decided his choice of profession.

Humanized Vaccine Virus.

At the request of various correspondents, we have arranged to supply those who wish it with humanized vaccine virus, in the shape of scabs. They are obtained from healthy white children, and are guaranteed fresh and active. Price $1.50 and $2.00, according to size.

The deaths from smallpox in this city numbered, last week, 54, a decided increase on the average of the last month.

German Eye and Ear Infirmary.

For the year 1880 there have been gratuitously treated at the German Eye and Ear Dispensary, 441 North Fifth Street (Dr. M. Landesberg, Surgeon in charge), 1190 patients, of which number 828 were for eye diseases, and 361 for ear diseases. The number of important operations performed in the Institute were 111, of minor 158.

OBITUARY NOTICES.

—The death is announced of Dr. Julius Vogel, from cardiac rupture. The deceased was director of the Medical Clinique, and Professor of Special Pathology and Therapeutics at Halle.

—Dr. J. L. Vattier, of Cincinnati, died in that city, January 18. He was the oldest physician born on the spot and one of the oldest inhabitants, having first seen the light Oct. 31, 1808, close to the river, on Broadway. He was highly respected as a citizen and physician.

—Dr. John Edwin Alvord, of Berwick, Pa., closed his life on New Year's day, 1881. He was born in Illinois in 1845, received his diploma at the Jefferson Medical College, and won an enviable reputation in the community where he resided.

—Dr. Charles McDermont, formerly Surgeon-General of Ohio, and one of the most prominent surgeons in the Army during the war, died at Dayton, Ohio, January 7th, from rheumatic troubles contracted during the war.

—Dr. William Darrach died January 28th, at his residence, in Germantown. He was born in this city in 1839. He was educated at the University of Pennsylvania, from which he graduated B.A. in 1859 and M.D. in 1861. He established himself in general practice in Germantown, and continued there until his death. Dr. Darrach was a member of the Philadelphia College of Physicians and Surgeons, of the Philadelphia Pathological Society, and of the Society of the Alumni of the University of Pennsylvania. During the war of the rebellion he served as an Acting Assistant Surgeon in the United States army, and was on duty for several months at the McClellan United States Army General Hospital, in Germantown.

—The Camden Dispensary, last year, treated 2453 cases, of which 101 were smallpox.

QUERIES AND REPLIES.

Dr. J. H. P.—"Bartholow on Hypodermic Medication." Price $1.25.

Sicurus.—We have looked up the matter, but can find no definite description of the plant called *hermodactyl* by the ancients. Many of these old names have not been identified.

Dr. S. K., of Pa.—We can furnish complete sets of the REPORTER from 1858.

Drs. B and M., Ohio, send us a formula for Tully's powder:—

℞. Cretæ prepar.,
Pulv. camphoræ,
Extract glycyrrhizæ, aa ʒxxxiij
Morphiæ sulphatis, ʒj. M.

Dose, 5 to 10 grains.

Dr. W. L., of California, writes: "If your Middletown, N. Y., correspondent had poured quicksilver on the gold ring that was on his patient's penis he could then have easily broken the ring with his fingers. He would thus have relieved both the patient and jeweler of considerable embarrassment. I hope he will try this plan on the next case of the kind he meets.

H asks: "How is it necessary to proceed in order to get the appointment of resident at the Philadelphia Hospital? What are the duties of Resident at that institution? Is it necessary to undergo an examination?"

Ans.—The appointments are made annually, after an examination. The duties are professional only. Political or social influence is not wholly without effect in securing the appointment.

MARRIAGES.

DOWNEY—MUSSELMAN—At the residence of the bride's parents, Topeka, Ill., on Thursday, Dec. 23d, 1880, by Rev. W. O. Avey, John W. Downey, M.D., and Mary Alice Musselman.

MILNER—WETHERILL.—On January 12th, 1881, at the residence of the bride's parents, near Kennett Square, Pa., by Friend's ceremony, R. Hamilton Milner, M.D., of this city, and Sallie R., daughter of Isaac Wetherill.

RHEA—WADE.—At the residence of the bride's parents, in Bristol, Ohio, on the evening of December 29th, by the Rev. E. B. Wakefield, Dr. A. H. Rhea, of Sharpsville, Pa., and Miss Mattie Wade, of the former place.

VAN MATER—AARONSON.—At Columbus, New Jersey, January 13th, by the Rev. H. R. Hall, Dr. D. G. Van Mater, and Susie, daughter of Robert Aaronson, Esq., all of Columbus.

DEATHS.

BRAUN.—Dr. Louis Braun, December 30th, 1880, of broncho-pneumonia, aged fifty-five years and six mos., at Elizabeth, N. J.

FITHIAN.—At his residence, in Woodbury, N. J., January, 8th, 1881, Joseph Fithian, M.D., in his eighty-sixth year.

FLEMING.—In this city, suddenly, on the 17th inst., D. Lambden Fleming, M.D., in the forty-second year of his age.

SELLERS.—In this city, January 5th, 1881, Hiram F. Sellers, M.D., aged forty-five years.

NESMITH.—At Paris, on December 23d, 1880, Dr. Robert Dillon Nesmith.

TERRELL.—Wednesday evening, December 29th, 1880, at the residence of his father-in-law, at New Vienna, Ohio., of consumption, Dr. P. M. Terrell, aged thirty-seven years.

THRELKELD.—Wednesday morning, 12th inst., at his late residence, near Visalia, Ky., Dr. Wm. Threlkeld, in his sixty-seventh year.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1250.] PHILADELPHIA, FEBRUARY 12, 1881. [VOL. XLIV.—No. 7.

ORIGINAL DEPARTMENT.

LECTURE.

VAGINAL FISTULES.

BY WM. H. WATHEN, M.D.,

Professor of Obstetrics and Gynæcology in the Kentucky School of Medicine, at Louisville.

REPORTED BY A. H. KELCH, M.D.

This morning we will consider the classification of fistulous communications with the vagina, together with the symptoms, diagnosis, etiology and treatment.

We may have vesico-uterine fistules, vesico-utero-vaginal fistules, vesico-vaginal, urethro-vaginal, recto-vaginal and perineo-vaginal fistules; also uretero vaginal and uretero-uterine fistules.

A knowledge of vaginal fistules is of much greater importance to the practitioner now than formerly, from the fact that with the present improved methods of operating we can, in nearly every instance, permanently relieve these patients, and bring about a restoration of the natural condition, without impairing to any great extent the function of copulation and reproduction. The symptoms of these fistulous openings are usually sufficiently diagnostic to enable us to diagnose that there is a communication from some of the adjacent pelvic organs connecting with the vagina; but the subjective symptoms are not pathognomonic, nor are they sufficiently diagnostic to enable us to say from where the particular opening enters into the vagina. The most important of all the symptoms is either a discharge from the vagina of urine or fecal matter, the latter of which is pathognomonic of recto-vaginal fistule. But with the former this is not the case, for we may have a constant passing of urine from the vulva, so that the bladder is kept empty, when there is no fistulous opening connecting the bladder with the vagina, the condition being simply the result of inability on the part of the woman to retain her urine, and it dribbles away through its natural channel. These are most of the subjective symptoms that your attention will be called to. The dribbling of urine or the passage of fæces from the vagina may begin immediately after labor, or more usually not until the third to the tenth day, and then it continues constantly, until the fistule is cured.

It is unnecessary to call attention to the great annoyance and inconvenience that result from the constant passage of urine or fecal matter through the vagina, so I will now pass on to the diagnosis of the fistulous openings by a physical examination. By availing ourselves of the objective symptoms, we can usually arrive at an accurate diagnosis with but little difficulty. Where the opening is large and connects directly with the vagina, by a digital examination we will be able to ascertain its locality and dimensions. Where the opening is small and connects directly with the vagina, whether a vesico-vaginal, urethro-vaginal, recto-vaginal, or perineo-vaginal fistule, we can detect usually a little elevation that marks the position of the opening. But where it is a uretero-uterine fistule, or where the cervix uteri is involved, we will very often experience considerable difficulty in completing the diagnosis. Where we are not able to make the diagnosis by digital examination, we may combine with it an instrumental examination. By the use of the finger in the vagina and the sound in the bladder we may be able to bring the sound through the opening into the vagina, against the finger. Or, with the finger in the rectum, and a sound in the vagina, we may be able to diagnose an opening beween the rectum and the vagina. Or we may expose the vagina with Sims' speculum, so as to see the entire vaginal surface, and detect by this means the opening in the vagina. Every part of the vaginal surface can be exposed where the vagina is not contracted and misshapen by cicatricial bands, and in this we may be able to see the opening of the slightest fistule. Now when we are unable to make the diagnosis by the combined digital and instrumental examination, we fortunately have other means at our disposal. We may inject the bladder or the rectum with colored water, and by having the vagina exposed and reflecting light into it, we can see where this colored liquid comes through the smallest-sized fistulous opening. If it is in the anterior vaginal wall or the regular vesico vaginal fistule, we can see the colored liquid coming through, drop by drop, in that locality. If it be a vesico-utero-vaginal fistule where the opening comes from the bladder into the neck of the uterus and down through its tissue, we will see, usually, just at the anterior edge of the cervix, the colored liquid dripping down into the vagina. If it be a vesico-uterine fistule, where the opening connects from the bladder above the vaginal attachment into the cervical cavity, we will find the liquid coming down into the vagina through the cervical canal. But where it is a uretero-vaginal or a uretero-uterine fistule, then we cannot make the diagnosis in this way, and about the only means of doing so is by the exclusion of the other varieties. When we find that the urine constantly dribbles away, and by no means at our disposal are we able to find any communication between the vagina or uterus with the bladder, then by exclusion we could diagnose a uretero-vaginal or uretero-uterine fistule.

The idea prevails largely with the general profession, that fistulous communications with the vagina generally result from instrumental interference in labor; but the investigations of leading gynæcologists have now conclusively demonstrated that, so far from this being true, the timely use of instruments to speedily deliver the woman often prevents sloughing, and consequently fistulous openings. Practically speaking, fistules resulting from other causes than labor are of little interest to the physician; however, we may meet with occasional fistules caused by cancerous, syphilitic or other forms of ulceration, or from whatever may penetrate through the walls of the vagina into an adjacent viscus.

The fistules caused during labor result from the pressure sustained by the parts between the bony structures of the mother and the head of the child, the pressure being so great that the circulation is cut off for a sufficient length of time to cause death of the parts; which, of course, is followed by a slough. As long as the child's head recedes after each pain there is comparatively little danger of serious injury to the maternal structures, but when the resiliency of the parts has been so destroyed that there is no recession of the child's head, then there is great danger of serious lesions, and unless the labor is promptly terminated there will almost invariably result a fistulous opening. A distended bladder may be the cause of a fistule, by obstructing the passage of the child and retarding the labor. It is at least a too frequent cause of vesico-vaginal fistule, and it is unfortunate that the general profession pays too little attention to emptying the bladder during labor. True, owing to the extreme pressure, it is sometimes next to impossible to introduce a catheter: but this difficulty can usually be overcome. If it cannot, it is much better that the child's head should be removed from its impacted condition against the urethra, by the use of the forceps, and if this be impossible, to even aspirate the bladder immediately above the pubes, than to allow it to remain distended. It may be observed that in those cases where the forceps has been used the women have been in labor much longer than in cases where the delivery is effected by the efforts of nature. It may be further stated that in those cases resulting after the use of forceps the destruction has been less than in those where no instrumental interference has been resorted to. The duration of the labor may, in general terms, be said not to affect the degree of the injury.

The urine may pass immediately after the passage of the child's head through the vulva. This is particularly true of cases resulting from a distended bladder, either caused from laceration or sloughing. In the majority of instances there is no passage of urine through the vagina until from two or three to ten days after labor. The majority of all cases of vaginal fistules occur in the primipara.

The history of vaginal fistules, we find, until quite recently, presents few successful operations for this distressing malady.

We find that a German physician, about 200 years ago, called the attention of the profession to the treatment of these fistules, and described the methods of examination and the operation for their cure, but it passed out of the knowledge of the profession, and nothing more was heard of the successful treatment of them until 1829, when Dr. H. S. Levert, of Mobile, Ala., in the May No. of the *American Journal of Medical Sciences*, called attention to the use of the silver suture in the treatment of vaginal fistules. In November, 1834, M. M. Gosset, in a letter to the London *Lancet*, called attention to the successful operation for a vesico vaginal fistule, the result of impaction of a stone in the bladder, in which he united the edges of the fistule by the interrupted silver suture. We find, then, that Neetzler, of Germany, in 1846. describes the clamp suture and the method of denuding the tissues by the bistoury or scissors, and speaks of a speculum essentially the same as that devised by Sims. We find, again, that between 1836 and 1840, Hayward, of Boston, had succeeded with the silk suture. Also, in 1847, that Dr. Mettauer, of Virginia, called attention to a successful operation by the use of lead sutures; but these successful operations were not brought prominently before the profession in this or any country, until the time of Dr. Sims, who, in the *American Journal of Medical Sciences*, in 1852, first published to the world his successful operations with the metallic sutures, claiming that nearly every case of fistule into the vagina can be permanently relieved by properly denuding the edges and bringing them together with silver sutures. He first used the clamp suture, but subsequently abandoned this method and united the edges by the interrupted silver suture. Whether Sims was familiar with the views of those who preceded him or not, he certainly deserves the greatest praise for having brought this operation so prominently before the profession that it is now considered one of the successful operations in surgery, instead of being almost invariably ignored or condemned, as in the past. The question has been discussed very freely by the profession, whether the success of the operation is due to the metallic suture or to some other cause.

Dr. Sims' belief was that before the time of his introduction of the metallic suture into practice, the reason of the failure of previous operations was because the organic suture caused suppuration in its track, thereby preventing the union of the denuded edges. It has now been proven that whether we use organic or metallic sutures the operation may be almost equally successful, and it has been conclusively demonstrated that the success of the operation depends not so much upon the quality of the suture as upon the preparatory treatment, and the method of denuding the edges and bringing them properly together. There has been really very little improvement in the methods of performing the operation since Sims first published his researches, and he has written but little on this subject since. The treatment advised by Sims, and generally followed, is to thoroughly denude the edges of the fistule and bring them together with the intercepted silver suture, twisted tight enough to cause perfect coaptation, but not suppuration by strangulation. The patient must then be kept perfectly quiet, with the bowels bound, having the urine passed through a sigmoid, or some form of self-retaining catheter, with the woman in a horizontal position for ten or twelve days. These have been considered prerequisites to success in every instance; but we find that Prof. Simon, of Heidleberg, operates by bringing the edges together with the silk suture, and permits the patient to walk about, allows the urine to be passed as usual, as if no operation had been performed. He has achieved a wonderful success. He stands, however, nearly alone in his treatment. I myself doubt whether the custom of confining these patients to bed and having the water drawn by the catheter and the bowels bound is any better than his method. I would, in any event, after introducing a self retaining catheter, adopt Prof. Simon's practice of not confining the patient to bed. Some operators do not even permit the patient to turn upon her side. A case upon which I operated some fifteen months ago was one of the most unfavorable that could be imagined. After the operation, the edges being united by twelve sutures, the woman was constantly nauseated and attempting to vomit; finally had severe spasms for thirty six hours. In the course of the third day she got out of bed and walked around the room. She made a perfect recovery.

One of the greatest improvements in the treatment of fistules is the preparatory treatment, which was first recommended and practiced by Dr. Sims and Dr. Bozeman—more efficiently by Bozeman. It has been my experience that if thorough preparatory treatment be practiced and the patient brought into a fit condition to be operated upon, it matters little, if the edges be well denuded, whether they be brought together by metallic or thread sutures; whether the woman be confined to bed or allowed to walk about the room; whether she wear a catheter constantly or have the urine regularly drawn; or whether it be permitted to pass at will; whether the bowels move daily, or be purposely confined; you will have a successful result. There is more credit due him who has devised and popularized this preparatory treatment than to those who have suggested the suture, and the other advantages of operating. This preparatory treatment should be resorted to in nearly every instance, so as to remove every condition that may be detrimental to success.

We find in vesico-vaginal fistule, that the vagina and vulva are often in an inflamed and excoriated condition; that there are often phosphatic deposits within the vagina and upon the vulva; and if the fistulous opening is large the mucous membrane of the bladder may protrude in an unhealthy condition; that frequently the vaginal walls are indurated, and bear cicatricial bands, causing great contraction. Now, if the operation be performed while these conditions exist, it will almost invariably result in a failure, while if, by the preparatory treatment, the vagina be brought into a healthy condition, success will usually follow. It should be thoroughly washed out twice daily, with hot water, and all the phosphatic deposits which may have accumulated cleared away. Should the warm water fail to accomplish this we should touch each deposit with a weak solution of nitrate of silver; should the mucous membrane of the bladder protrude into the vagina in an inflamed condition, it may also, occasionally, receive the same application. Following this, the excoriated parts should be regularly anointed with some soothing unguent, to protect the raw surfaces from the irritation of the urine which is constantly dribbling over them. We usually, in these cases, find the urine phosphatic, and this condition may be best remedied by the administration of benzoic acid and borate of soda in doses sufficiently large to accomplish the purpose; the dose may then be diminished to such an amount as will keep the urine acid.

If there be cicatricial bands in the vagina they must be removed by nipping them with a pair of blunt pointed scissors, using the finger as a guide, care being taken not to cut through into Douglas' *cul-de-sac* posteriorly, nor into the bladder anteriorly. This process may cause profuse hemorrhage, but this can be controlled by the ordinary hæmostatics, or by the introduction of Sims' vaginal dilator, which must not be too tight, lest it cause injury by cutting off the circulation, and the consequent production of a slough. It may be held in position by a T bandage, and should not be removed until the parts around it begin to suppurate, and then the vagina should be washed out, once or twice a day, with carbolized hot water. In the course of a week the wounds will have healed, and the parts will then generally be in a soft, healthy condition. However, if bands are still left, we should continue to divide them until the vagina is in a healthy condition. When this is accomplished, we are prepared to operate with good assurances of success. We will find that the edges of the fistule can then be brought together and easily coaptated, and, when united, they will hold together without any difficulty. If we operate without this preparatory treatment, we must bring together diseased cicatricial tissues, which are inelastic and continually maintain the parts upon the stretch, and frequently tear the parts asunder. These cicatricial bands having been removed, the edges of the fistule will readily come together, unless it be a fistulous opening that has been attended with an immense deal of sloughing of the septum.

The patient now being prepared, her bowels should first be moved by some gentle cathartic, and just before the operation, by an enema. Although it is customary to give chloroform, yet we can operate upon many cases by administering simply a full dose of opium or morphine long enough before the operation to have its full effects induced. In this country the patient is generally placed upon the left side, in what is known as Sims' position. Prof. Simon operates with the patient in the exaggerated lithotomy position; Bozeman in the knee-elbow position. We generally use Sims' speculum, or some modification of it;. Bozeman uses a self-retaining speculum which he himself devised. Select, however, that which suits your purpose best, and you will probably prefer some form of Sims'. Three assistants will be necessary; four if we give an anæsthetic.

Now, with the parts thoroughly exposed, we catch the mucous membrane on the edges of the fistule with a tenaculum, and with the knife, or variously curved scissors, begin denuding the surface. By a little pains and some dexterity we will find ourselves able to take out the mucous membrane all around the openings in one continuous piece. This denudation should be carried out nearly half an inch upon the vaginal tissue, and should come down only to the mucous membrane of the bladder. Prof. Simon cuts deeply into the cystic mucous membrane, but there seems to be no necessity for invading this tissue, and, besides, when we do so, there is danger of profuse hemorrhage, one or two instances being on record where such practice has been followed by a fatal result from this cause. The late Dr. Peaslee, of New York, recorded one such case. The edges being now thoroughly denuded, the sutures are introduced, and they are brought together. These should be, if possible, introduced so that the resultant cicatrix will extend in a longitudinal direction, in order not to shorten the vaginal wall, and thus displace the uterus: They should be introduced half an inch away from the denuded surface and carried down and out, just at the cystic mucous membrane, bringing them out at a corresponding distance on the opposite side; a distance of an eighth to a fourth of an inch apart will enable us to bring the edges perfectly together.

After the hemorrhage has all ceased, each suture, being drawn sufficiently tight, should be twisted and cut off, leaving about half an inch, which should then be doubled down upon itself. This being done, with a probe we should press down on every point between the sutures, to determine if any part be imperfectly coaptated. In order to determine this more accurately, we may inject the bladder or the rectum with colored water, when, if any be passed into the vagina, an additional suture must be introduced at that point where the opening appears.

The operation being completed, place your patient in bed, and introduce a self-retaining catheter, either Sims' sigmoid or Skene's modification of Goodman's, the latter of which I prefer. With this in position the patient may get up and walk about at any time after the operation. Permit the bowels to move daily, neither purging nor allowing constipation to exist. Give good, nourishing, and easily digested diet, not stimulating diet, and if called for, opiates, to relieve pain. After the tenth day remove the sutures, being careful and gentle, otherwise you may separate the union that has occurred. Let the patient continue to wear the catheter for a week after the sutures have been removed. It should be frequently examined and kept open and clean. Should any part be found ununited it should be touched with some stimulating application, which may probably cause it to unite, if not too large.

The importance of this preparatory treatment is also well illustrated in those cases where the parts are kept clean and in a healthy condition. Where, in chronic cystitis, an artificial vesico-vaginal fistule is made, to cure the disease, often, in spite of our efforts to keep the fistule open, it unites.

The great difficulty after an opening made by an incising instrument is to prevent a union of the edges if the parts are kept clean.

For this reason the method of operating for bringing about artificial vesico-vaginal fistule is by the galvano-cautery. This tendency of artificial fistule to close should encourage u , in those cases that come immediately under our control after injury in labor, to resort to appropriate treatment with the hope of bringing about union by granulation. We should use a self-retaining catheter, and have the vagina washed out daily, and keep the parts perfectly free from any phosphatic deposits by applying a weak solution of nitrate of silver from day to day. If we fail to effect a permanent cure in this way, we certainly lessen the magnitude of the opening, relieve a great deal of suffering that would otherwise have to be endured, and bring about a condition that will facilitate any operation that may subsequently be undertaken for the removal of the difficulty.

COMMUNICATIONS.

PNEUMONIA.

BY HIRAM CORSON, M.D.,

Of Conshohocken, Pa.

(Continued from p. 60).

I have been in active practice continuously for fifty-two years, and during all that time have not once had occasion to believe that there was any change in the human system, or in the climate, which made it more hazardous to treat acute inflammatory affections by means of cups or leeches, and other anti-febrile remedies,than it was in the beginning of my career. I am, therefore, free to declare that it is just as safe to use them now, and they are quite as efficient,as they were in the days when the physicians of Philadelphia were using them so freely, with so much confidence and with so great success. Surgeons now perform fearful operations, by which not only is a great amount of blood lost, but the patient is also injuriously affected by the shock to the nervous system, and yet the recoveries are oftentimes astonishingly rapid. Women, in time of childbirth, often flood until they are in the very presence of death, and yet, when it is arrested, they will, in a few days, be found as bright and cheerful as if nothing had happened ; soon regain their usual strength, and have no disability from their loss of blood. They bear it as well now as they did fifty years ago. Even those who would not bleed a woman in labor to save her from convulsions, have no fear that she will suffer from a flooding which happened after the delivery of the placenta. A man may cut his leg and bleed till he faints, but no one feels that the mere loss of blood will do him any permanent injury; and yet what a hue and cry from these same people if a physician should bleed a person to remove a congestion of brain, or relieve a pain in the head or a pleurisy. I have rarely met with a graduate of the last fifteen years who has ever used a lancet, and yet these are the very persons who are so opposed to its use. They regard the older physicians who do use it as persons who are ignorant of the "valuable new remedies," (which they believe were discovered about the time they began to study medicine), when the truth is they are themselves ignorant of nearly all the means of cure, save veratrum viride, aconite, digitalis, a few cathartics, morphine, chloral, and—I was near forgetting them—poultices; poultices for croup; poultices for diphtheria and scarlet fever; poultices for the liver and poultices for the kidneys; poultices for the chest and poultices for the belly; and when you ask them what effect they expect from these means, they have no answer but this, "they are very much used in the hospitals now." Is there any reason why physicians who practiced forty years ago should not know as much of all the above remedies as these men educated during the crusade against blood-letting? Digitalis was much used long since; forty years ago I used tincture aconite, with good effect in many cases, as did others who then practiced; and as for newer remedies, does any one suppose that such men as Dr. John Atlee, Dr. Traill Green, Professor Gross, and hosts of others—practitioners and close students—are ignorant of the reputed merits of these champion medicines.

But I must submit some proof that blood-letting is well borne and very useful in pneumonia—as useful indeed as in times past, when it was considered of first importance.

During the Fall of 1880 ague prevailed along the Schuylkill River more than for years before. On the 26th of November I was asked, while attending another person, to see Wm. Canarra, a stout young man of 20 years, who two years before had contracted ague in Kansas, and who had returned somewhat broken in health, but for the last eighteen months had been well and strong. On seeing him, he told me that he had had a very severe chill a few hours before, that then he was laboring under a fearful headache, high fever, great thirst, and could get no rest. Without any examination of him, supposing that he had had an ague chill, I ordered some quinine, some morphia, to relieve his restlessness and headache, and left him.

I did not see him next day (27th) till afternoon; his head was relieved, he had rested better, but was feeling badly; had some pain and soreness in the right side of the chest, had coughed somewhat, and in a basin by the bed there was a very little sputa, slightly rust-colored. Then I did what I was most reprehensible for not having done when I first saw him, namely, examine him properly. I found congestion of a great portion of the left lung and an almost entire absence of respiration. I prepared to bleed him, but he objected, on account of his *great weakness*, and here is a proper place to call attention to this characteristic of pneumonia—the *feeling of prostration*, the *sense of great weakness*, which invariably attends every grave case, and which, by the opponents of blood-letting, is deemed a clear and pressing indication for stimulants and nutritious food. I bled him about ten ounces, when he was seized with a cough and threw himself suddenly around on his side, to expectorate, twisting his arm so as to arrest almost entirely the flow of blood; then he complained of being sick, a ruse, I think, to get me to stop it entirely. I knew he was not sick from loss of blood, for the pulse gave no indication of it, but I loosed the bandage, gave him nine grains of calomel—don't be frightened—to be followed by oil, ¼ gr. morph., to allay pain, and left him for the night, without a nurse save his old grandfather.

Sunday, 28th. On visiting him I was startled by the appearance of the expectoration. The whole bottom and parts of the sides of a large white wash-basin were covered with a glairy mucus, mixed with some bright red blood and much rust-colored sputa—or, as it is sometimes called, "stewed-prunes expectoration." He had the heavy, dull flush of pneumonia, and the affection had spread over almost the entire left lung. Here was a patient before me whose disease, owing partly to my negligence, had progressed for two days without check. The little that I had done was mere trifling. I was ashamed of my work, and the question arose, in the presence of his great weakness, and of the great extent of affected lung, "have I delayed my depleting remedies too long?" Shall I now resort to them, when his lung is so heavily congested, and suffering from inflammatory engorgement? When the atmospheric air has but one lung to act upon to vivify his blood, shall I depress him still further; reduce his strength and unfit him for bearing up against the great weakness which will surely come on if the disease advance to the third stage?

I could not go out and call to my aid eminent professors who could tell me whether it was catarrhal pneumonia or croupous pneumonia, and who could assure me, warn me, indeed, that remedies which would be safe in the one disease would be fatal in the other; so I was forced to answer the questions myself. I said, two days ago this youth was well and strong, but from some cause an irritation has set up in a small part of his lung, which, like a thorn in a man's hand, has invited a flow of blood to the part. As the irritation extended, congestion followed and aided to further spread and intensify it, until now we have an inflammatory engorgement of a great part of the left lung. The primary irritation and congestion caused a chill, soon followed by increased heat, frequency of pulse, headache and great disturbance of the whole system. He has nausea, even vomiting, restlessness and a feeling of great weakness—so great, indeed, that the believers in blood poison would attribute all those symptoms, all his sufferings, to that unknown something which had insiduously made its way into his blood, perhaps months ago, and was waiting ever since for a bad cold, or some over exertion, or a sleep of a night in the cold bed of the "spare room," to help it to attack him successfully, and is now threatening his life by perverting the secretions of all his vital organs.

Although the lung is seriously affected, so greatly, indeed, that the viscous fluid and blood, some bright red and some rust colored, are being forced out of the lung by the distention of its blood vessels, they are not concerned about *its* condition, "for, as the disease cannot be cut short, will run its prescribed course of a certain number of days, and go through its three stages, we will," say they, "let it alone, and turn our attention to the liver and kidneys, which are draining the blood of its strength-giving ingredients." And then, to save the patient, they will send some remedy to correct the action of the kidney; something to do battle with the poison, and something else to look after the liver. Although there is great nausea and occasional vomiting, they, regardless of its condition, regardless of the aversion of the patient to every kind of food and drink, save that of cold water, which is most earnestly craved, refuse him the latter, and *force*—the word is not too strong—him to take food, in most immoderate quantities, to supply a waste which they believe is going on from kidneys and liver. Why, a learned teacher told the students, this winter, that he had really known albumen to be discovered in the urine of a patient, ill with pneumonia. What an alarming fact! That will go into five hundred "note books." I have no belief in their theories, none in their practice.

But I have forgotten my poor patient. Poor, did I say? poor in what! Only poor in money. If I can stop the pneumonia and restore him to health, what wonderful possibilities may be his! Grant and Lincoln and Garfield were once as he is now—depending for daily bread on daily work. And now, my good boy, neither the timidity of advanced age nor the false teachings of the present days shall stay my hand, nerved to strike for your safety. There is no poison in your blood; the inflammation of your lung produces all your sufferings—your great heat and thirst, your nausea, headache, and hurried and oppressed breathing; while there is congestion, inflammation, even consolidation, there is no disorganization of your lung, and if I can arrest further extension of the inflammation by moderating the flow of blood there, and especially by relieving the blood vessels and capillaries of their fullness and distention, I shall not only arrest, but also moderate the inflammation, and then Nature will do the rest, namely, rid these small vessels of their half-stagnant blood, which press upon the small bronchioles and shut out the air. Having thus communed with myself, and remembering that I had often seen patients prostrate from excessive congestion of the lung made strong by the loss of blood taken from the arm, I bled him, as he lay there, sixteen ounces; then turned him on his side and applied two light tumblers to his back, and took four or five ounces more. Prior to these operations his pulse was 120; respirations, 42; temperature in axilla of sound side, 104°. Over the fore part of the chest I then applied cantharidal collodion freely—not cold water, or a bladder of ice and water, as I would, perhaps, have done if there had been a nurse to be always with him. As he had not been moved by the calomel, I ordered ℥j castor oil every three hours till the bowels should be well moved; then to have one-fourth of a grain of sulphate morphia, to be followed by a sixteenth, every three hours, if needed to suppress cough; cold water to be given whenever he asked for it, and as much of it as he could drink. Pretty sharp treatment, this, for a man who. in the hands of some of my Philadelphia friends, for whom I have the greatest respect, would have been considered so weak, from blood poisoning, that whisky, and quinine, and muriate and carbonate of ammonia, and beef tea, and other supporting things, would be needed. I saw him again at 4 P.M., seven hours after the morning visit; respirations 40, but not labored, pulse 104, temperature 103°. He expressed himself as being much relieved. The blood drawn at the former visit was still in the bowl in which I had drawn most of it. There was a firm clot floating in the serum, with a firm, "buffy" coat covering its top. I took hold of this by a very small pinch of the ends of my fore-finger and thumb, and held it above the bowl by that alone. Did this indicate that the blood had been drawn from a person who was suffering from great weakness caused by blood-poisoning? I do not believe any man living has ever seen that firm, strong, buffy coat, come on the top of a clot of blood drawn from a man in whom there was not, at the time present an acute inflammation, or a state of robust health, or of morbid excitement of the arterial system caused by excessive stimulation. Well, this is only my opinion. Dr. Weir Mitchell, perhaps, knows more about the physical properties of poisoned blood. Until this time he had not had a regular nurse; his nights and a great part of his days were spent alone; but the nurse had arrived and I left him with her. When I saw him next day, at 10 o'clock, he had been well purged, and I found him greatly improved in his feelings, breathing only thirty times per minute and appearing very comfortable. There was, too, only a very little of the characteristic sputa in the basin. I was delighted to see how greatly he was improved, but did not visit him again that day. On the next day, the moment my eyes rested on him I knew he was worse. He had fever, said he had had a slight chill in the night, and again the basin had an increased amount of blood and rust-colored sputa, glairy and tenacious, so that the basin might have been inverted without its falling out. It was evident to me that the inflammation had been lighted up again, possibly by his rising. Dr. Pepper thinks there is danger in doing so. I bled him again, twelve ounces, when a slight nausea came over him and a warm perspiration covered his hands and arms, and I felt that I had gone far enough. I knew then that I was master of the situation. From that time I had no more trouble with him. I kept his bowels regular, suppressed his cough, when necessary, by small doses of morphia, gave milk as food—and nothing but milk—and from day to day could mark the gradual relief of the lung, the air gradually gaining access to new portions of it, from which for some days it had been almost wholly excluded.

I quote now from my notes of the case. To-day, December 5th, I find him happy and comfortable; a medical student in his third course of lectures, whose ears are better than mine, and who had seen him with me a few hours after I had cupped and bled him, in the very height of his difficulty, says that he can faintly hear, in almost every breath, the air in almost every part of the lung, the moist râles varying in proportion to the amount of obstruction. Mark, now, that during all this time he has had, as food, only milk—and for the first few days not a drop of even that—only water—iced-water when he could get it. In the early part of this disease—at least in grave cases—as well as in scarlet fever, diphtheria, and generally in fevers, the stomach loathes food, and I believe it is a real injury to the patient to have it forced on him. After the first four or five days this loathing of food is not present, and patients can generally take it with comfort and advantage. As soon as I have subdued the inflammation I allow nature to do the rest of the work: I care but little for the kidneys or the liver, knowing full well that, now, when the local irritation has subsided, and the heart is resuming its ordinary regular work, they too will return to their accustomed duties, from which they had been drawn by their sympathy with their neighbor, the lung, in his great distress.

The above was a badly managed case in the beginning, and I am not proud of it. If I had done my duty on the first and second days, he would have been quite well in a week. However, he is as well and hearty now as any one, and the case serves well to show that bleeding may be freely practiced in quite an advanced second stage of active inflammatory engorgement, with safety and good advantage. If agreeable to you and your readers, I shall be gratified to have an opportunity to give a few more cases to show the value of blood-letting.

* * *

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

A CLINICAL LECTURE BY WM. PEPPER, M.D.,

Professor of Clinical Medicine in the University of Pennsylvania.

REPORTED BY WILLIAM H. MORRISON, M.D.

Catarrhal Phthisis, Tuberculosis of the Lungs, Tubercular Ulceration of the Intestines.

GENTLEMEN:—I bring before you to-day the specimens from a case, the history of which is of a very interesting character; so much so that I shall beg your careful attention to the history and symptoms before turning to examine the specimens.

The patient was a young man, about twenty-three years old, the eldest of a family of twelve, living in a healthy district of country. At the age of fourteen he took charge of a responsible position, and wore himself down. He was never very vigorous, and about the early part of last year he was on a midnight sleighing party and took a heavy cold, which undoubtedly resulted in a pneumonia. He was very sick for a few days. Then he got about again and continued to have cough, but not much expectoration; some failure of flesh and strength; but he still went on with his business.

When I say he had a pneumonia, I do not mean that he had a severe attack of croupous pneumonia, but probably a slight attack, a catarrhal pneumonia. The cough became less and less marked; but he then began to be troubled with diarrhœa, which continued more or less until the close of his life. Again, he paid very little attention to the diarrhœa, ate about what he pleased, and kept about his business. He took a good deal of patent medicine, and went to a number of places, but with little relief.

I saw him first on the 1st day of May, seventeen days ago. He reached this city with great difficulty; the journey was almost too much for him. I learned that it was thought that he had not had much fever, no cough nor expectoration; that his lungs were regarded as sound, and if he could go to the seashore, take plenty of oysters, and so on, he would come around all right.

His appearance was horrible; he was emaciated to the last extremity. When I saw him his pulse was rather slow, and the temperature about 98°; this was in the morning, about noon. When I saw him next day and made a careful examination, I found that it was one of those unusual cases of very extensive disease with very few general symptoms. Physical exploration is, in such cases, the only means of determining the condition present, but in some such cases, because of the debility of the patient, and the fact that, owing to the flux from the intestinal canal, the amount of secretion from the lung is small, there is often little cough and expectoration, and the physical signs are obscure and only developed with difficulty.

The physical examination showed that there was no extensive dullness at any part, and the respiratory movement was everywhere impaired. The chest was long, shallow, poorly developed, of the phthisical form. At some places, however, after making the patient cough—and in such cases, where the movement of the chest is impaired and the respiratory murmur feeble, you will, if you make the patient cough, develop sounds that you could not hear before—I heard unmistakably, soft râles, such râles as indicate softening of an exudation in the alveoli of the lung. It was clear that there were scattered seats of disease in the lung; at no place had they run together, forming large masses, and at no place did they form a cavity.

I think that in these cases the lung tissue around the diseased part becomes emphysematous, and thus tends to cover up the dullness. Now these obscure physical signs are met with in certain cases of chronic catarrhal phthisis, where there is not much expectoration, and particularly where there is associated intestinal disease, because in this the amount of fluid in the air passages, which you know gives rise to many of the physical signs, is much diminished.

Secondly, I learned that the stools varied in number from one to a dozen in the twenty-four hours; in color from yellow to greenish or blackish, sometimes containing specks of blood and sometimes little patches of mucus; that there was a good many cutting pains through the belly, that these alternations of diarrhœa, from worse to better and from better to worse, seemed to be produced by changes of weather and indiscretion in diet.

There was no thickening, that I could find, of the intestinal walls, at any point. The abdomen was a little distended and a little boggy on pressure, but the great emaciation everywhere else made the prominence of the abdomen more marked. I formed the opinion that there was extensive ulceration of the bowels, secondary to the lung disease. that it was probably associated with enlargement of the mesenteric glands, and quite possibly with subacute peritonitis.

I was surprised to learn the next day that there had been an extraordinary change of temperature. The variation of temperature in this case the day after he came in, was from 97° or 96° in the morning. to 102.5° at night. Six days after this came another and most extraordinary range of temperature, from 96° in the morning, to 104.5° at night, followed by a fall the next morning to 96.8°. This temperature movement is more remarkable because, as you see, its great range is caused by going below normal, showing a marked condition of mal-assimilation and poor calorifacient power, causing the cold stage to be attended with a very marked reduction of temperature. so that the intense fever only carried the temperature up to 102°, 103° and only in one instance to 104°; the daily range being from 6.5° to 8.5°.

When I found this young man with his skin cool, his pulse seventy-eight per minute, and his mind clear, it gave me a favorable opinion of his case. But when I noted this terrific hectic fever, I recognized that here there must be a most enormous amount of inflammatory disease, of an irritative or destructive type, to keep up such a state.

The course of the case was rapidly downward. The diarrhœa was controlled by the use of a very carefully restricted diet, the avoidance of all remedies by the mouth and the use of injections of nitrate of silver and opium; so that soon he passed but one stool a day. Under this treatment his tongue, which had been aphthous and raw, cleared off somewhat, his stomach became a little easier, and with this improvement you will observe that the range of temperature became a little less extreme, but none the less did the downward course continue. He soon became delirious and died last night.

Let us first examine the lungs. The right lung is more extensively diseased than I had imagined. I knew that it was riddled, but I did not expect to find such marked changes. There are no large cavities, but here are two or three small ones, about half an inch in diameter. The upper lobe of the right lung is riddled with gray tubercles. Unquestionably a true tuberculous formation has taken place secondary to the old pneumonic process, and traces of the pneumonic process are found in the upper part of the lung, where softening has occurred, and this tubercular infiltration is all through the upper lobe. The lower lobe is congested and œdematous, but presents few, indeed, I think, scarcely any points of disease.

Upon the left side I find the upper lobe very extensively involved, and in just the same way as on the right side, except that here the lesions are more recent. They consist of infiltration with grayish and yellowish-gray miliary bodies, not sufficient, indeed, to cause complete solidification, but little blocks of solidification are found; between which are areas of crepitant tissue. There are a few cavities. The lower lobe presents a few scattered nodules of disease.

We have, then, extensive lesions in both upper lobes, originating in a pneumonia, and now the development of true miliary tubercles, while the lower lobes remain comparatively healthy. Think how remarkable it is that this man was said to have no organic disease, but at the same time remember the peculiar circumstances; for the man's power of filling his lungs was so weak that nothing was audible over his lungs, and it was only when I made him cough, thus causing him to take a deep inspiration, that I could develop any râles.

I shall now take up the other organs as I have them.

The kidneys are normal. The urine was normal.

The spleen is very much enlarged. About twice its natural size. Its structure appears to be normal.

The liver is normal in size, color and weight. I always speak with diffidence in regard to the presence of tubercles in these organs, because minute miliary tubercles may exist and only be discovered by the microscope.

I turn now to study the intestinal canal. The stomach presented no evidence of disease, and it is not necessary to open it. I see at once enormous enlargement of the mesenteric glands. I am now at the termination of the ilium, in the ileo-cæcal valve. This enlargement is probably most marked in the middle of the ilium, but it extends far up towards the duodenum. Now I shall ask you to note further the characteristics of this enlargement. We see, in the first place, that the glands are of a grayish-yellow color, not pink or red. I dwell upon this because I want to call attention to the difference between this enlargement and that which takes place in typhoid fever, when we consider the condition of the intestinal mucous membrane in relation to that of typhoid fever.

The enlargements vary in size from a small pea to a large almond. On section they present a pink and a yellowish periphery. In typhoid fever the gland is softer and throughout reddish or pinkish. This ulceration is different, because the gland has evidently undergone cheesy degeneration. Fatty change has shown itself here, just as it has in the lungs.

Although it is true that the mesenteric glands are enlarged, they are not more enlarged at the ileo-cæcal valve than they are higher up, in fact, they are scarcely as large as they are higher up. In typhoid fever, as you know, it is the glands about the ileo-cæcal valve that are by far the most enlarged, and as we go along the ilium, we find the enlargement grows less as we pass upward. Chronic enlargement of the mesenteric glands is often found in old cases of ulcer of the bowel. My judgment is that there are plenty of true tubercles in these glands. Their enlargement is common in all forms of ulceration of the bowel, particularly when the ulceration is of a tubercular character. It would seem that these glands had undergone irritative hyperplasia, and that in various places had been formed tuberculous nodules.

Now, as I expected, I find tubercular peritonitis also present. The peritoneum is purplish and congested, and scattered over it are scores of miliary tubercles. This is most marked towards the cæcum. I find also numerous yellowish granulations.

Lastly, let us see the condition of the mucous membrane. In opening the bowel, whether the ulceration be typhoid or not, it should be opened at the insertion of the mesentery, not opposite to it, because it is important that we should be able to observe the relation of the ulcer to the glands of Peyer, and these lie at the convexity of the arch. I shall only open a couple of feet of the intestine, extending the incision for a short distance into the cæcum. The only basis of sound practice of medicine and of sound diagnosis is morbid anatomy. I always take every opportunity that presents itself, to impress on your minds not only the appearances, but to associate them with the symptoms.

I have now opened and washed the bowels, and you see, there is scarcely a particle of mucous membrane left. Serpiginous ulcers, which defy localization, extend everywhere. This is not at all the appearance of ulceration of Peyer's patches. The latter are oval in shape, seated in the middle of the bowel when it is opened as I have directed, with their long axis corresponding to the long axis of the intestine, surrounded by a raised lip, and between them perfectly healthy mucous membrane, with enlarged solitary glands, which may or may not be ulcerated. I find here about an inch of mucous membrane in which there is an oval ulcer, but its long axis is transverse. If it were a typhoid ulcer its axis would be longitudinal. When we come to the ileo-cæcal valve, there is no mucous membrane for several inches. The condition is just as bad in the large bowel as in the small. There are the lesions of chronic dysentery, chronic ulcerative entero-colitis. These are just the kind of lesions that are met with in old cases of chronic dysentery. Are there any miliary tubercles in the intestine? That can only be told by a microscopical examination, but I think there are.

We have, then, in this case, the most advanced and intense lesions of tuberculosis of the lungs and of the intestinal canal, originating in a pneumonia of one or both lungs, unnoticed and improperly treated, not cured, grafted on a system exhausted by premature and excessively hard work, but with no tuberculous tendency.

This is an acquired condition, for he was one of a family of twelve children; the grandparents and the rest of the family were vigorous and well, living in a perfectly healthy district. The inflammation went on to cheesy degeneration, infection of the system and the development of tubercles in both lungs and the intestinal mucous membrane, and lastly, secondary deposits in the peritoneum, and secondary involvement of the mesenteric glands.

Galloping Consumption.

Here is a patient suffering from this same process of infective tuberculosis. He has been barely able to get here to day.

John Gallagher, not quite seventeen years old, a delicate lad. He has been engaged in measuring grain from 5.30 A.M. until 9 or 10 P.M. One sister died at the age of fifteen years and six months, and another at the age of eighteen years. Both of phthisis. The first died after nine months' sickness, the second after six months. His mother died of cancer of the axilla. His father and one brother are living.

With this hereditary tendency, he is put to work in a close, dusty atmosphere, working sixteen or seventeen hours out of the twenty-four, for the last four years. It is hardly necessary to say what the inevitable result has been. He took cold, that is, his system became so exhausted, his nutrition so impaired, that finally some change in the weather, or something of that kind was sufficient to set on foot the inflammatory process. The expectoration became profuse, the night-sweats have been continuous. Dyspnœa has been a marked symptom from the first. His features are drawn and pointed, eyes sunken and hollow, the respiration exceedingly rapid, the surface bathed with sweat and the pulse very rapid, 160 per minute. This, probably, indicates the height of a paroxysm of hectic fever, which often has its maximum about two or three o'clock. His temperature is 102 5°.

On auscultation I hear innumerable fine crepitant râles on inspiration and expiration, at the left apex, some at the mammary region, less numerous but distinct at the sub-axillary space, less marked but quite distinct posteriorly.

Observe, that with this complete infarction of the whole lung with miliary tubercle, for there is not one-eighth of a cubic inch that has not got plenty of them, there will be, I think, as there is generally, so much dilatation of the vesicular structure as to prevent any considerable degree of dullness. This is not vesicular resonance, but vesiculo-tympanitic. On the right side I find a large cavity. Here has been, I suppose, the origin of the disease, a pneumonic inflammation of the right upper lobe. Here we have cavernous respiration, with gurgling râles, as though one was blowing soap bubbles. The blowing breathing is distinctly heard over the scapular region, showing that the cavity is deep and surrounded by solidified lung tissue.

Percussion at the right apex gives a tympanitic note, and an extremely marked cracked-pot sound. We have here a large cavity with thin walls anteriorly. Below the solidification is great enough to give considerable dullness.

The bowels are open sometimes two or three times a day. They contain no blood, but are thin. There is no pain in the belly. He never spat up blood until last Sunday. The tongue is pale, coated and tremulous, as he is all over. (The patient being sent from the room, Dr. Pepper continued.)

Here is a horrible illustration of the rapid progress of true tubercular disease, being, as it so often is, induced by some previous malnutrition or exposure of a system inclined by hereditary tendencies to cachectic disease. It is no wonder, then, that this lad, exposed at an immature age to excessive over exertion, in an atmosphere filled with irritating particles of dust, should become so rapidly run down with disease. I have no doubt but that he also has ulceration of the bowels, and if the disease was not making such rapid progress, we would have the lesions which we saw in the other case; but he will probably be dead in the course of two weeks. This is a case of galloping consumption, so called.

Medical Societies.

NEW YORK STATE MEDICAL SOCIETY.
ANNUAL MEETING.

The Society met at Albany, February 1st, about one hundred and twenty-five members being present, in spite of the excessive severity of the weather. During the session a daily report of the proceedings was published by the Medical Society of the County of Albany, in the form of a daily edition of the *Medical Annals*. We are indebted to this for most of the report which we furnish.

The President, Dr. Wm. H. Bailey, of Albany, called the Society to order at 11 o'clock A.M., and read the opening address, chiefly devoted to the consideration of the social and legal relations of the profession and to the necrology of the Society.

Passing over the business matters which occupied the session, the following scientific papers were among those read:—

Dr. David Webster, of New York, read a paper on

SYMPATHETIC NEURO-RETINITIS.

After a careful consideration of seven cases of this affection mentioned by Von Graefe, Stettburg, Schweigger, Alt and Pooley, and two cases reported by himself, Dr. Webster is of the opinion that the question of the sympathetic character of this disease still remains an open one.

Dr. Norman L. Snow, of Albany, read a paper on

LITHOTRIPSY, WITH ENTIRE REMOVAL OF FRAGMENTS AT SAME SITTING. BY BIGELOW'S ASPIRATOR.

After an interesting review of the history of the operation, the Doctor reported the following case:—

Robert A., an American by birth; age fifty-three; family history good; first noticed trouble in micturition in spring of 1879. In November of same year chronic cystitis was diagnosed, and treatment therefor instituted during the following winter. In October, 1880, was examined with Thompson's short curved sound, and a small stone detected, which rapidly increased in size until December, when the operation was performed. The entire time occupied in the operation was thirty minutes; weight of fragments eighty grains. On January 6th, ten days after the operation, he was able to attend to business.

Dr. Charles A. Bull, of New York, then read a paper on the

PATHOLOGY OF ORBITAL TUMORS, INVOLVING THE BONES OF THE ORBIT.

He attributes the recurrence of these growths to the cellular elements left in the shreds of orbital tissue, or in the many fissures and sinuses communicating with the cavity of the orbit, or that the periosteum or bone may have been the primary seat of the disease. He classifies these tumors as pure sarcoma, myosarcoma, or fibro-sarcoma. The secondary processes observed in bone and periosteum are a general infiltration, softening and degeneration of bone tissue, and the development of exostoses, osteophytes, from and in the walls of the orbit. The influence of locality upon the development of sarcomata is clearly evident. The osteo sarcomata appearing on the surface of bones and the softer forms in the medullary cavities. But in the orbit, the tumors are mostly of the medullary variety. In removing primary intra-orbital sarcoma, careful search should be made through the entire orbit for enlarged lymphatics or infiltrated glands. Three cases were reported, of operations for the removal of intra-orbital growths. From a study of these cases, Dr. Bull thinks that operative interference hastens the recurrence of the tumor, and that the stripping up and removal of periosteum hastens the return in the bone, even when the latter has been scraped at the time.

Dr. L. Duncan Bulkley, of New York city, then read a paper entitled

FAVUS AND ITS TREATMENT BY A NEW METHOD OF DEPILATION.

After detailing his experience with several methods which had proved unsatisfactory, he advised the preparation of sticks of various sizes, from one-quarter to three-quarters of an inch in diameter, and cut off in lengths of two or three inches.

The formula is as follows:—

℞. Ceræ flavæ, ʒ iij
Laccæ in tabulis, ʒ iv
Resinæ, ʒ vj
Picis Burgundicæ, ʒ x
Gummi dammar, ℥ iss. M.

By the use of these differently-sized sticks, they can be applied to affected surfaces of various sizes.

They melt at a comparatively low temperature, and yet are hard at that of the body. The hair should be cropped short over the part to be treated, and as the stick is applied, a slight rotary or twisting motion is given to it. After it has been applied for several minutes, it is removed by bending it over, and drawing the hairs in succession. The hairs thus left in the stick are burned off. The operation may have to be repeated.

Dr. A. Mathewson, of Brooklyn, reported a case of

TRANSPLANTATION IN A CASE OF COMPLETE EVERSION OF LEFT UPPER LID,

as the result of contraction from burns. The lid was freed by dissection, and transplantation performed of a piece of skin three inches by one and a half inches, without pedicle. The result was union throughout by first intention. The advantages of the operation were said to be the ease of execution, with greater surety of success than by the old methods with pedicle or sliding flaps.

Dr. Daniel Lewis, of N. Y. city, then read a paper on

DRESSING OF THE UMBILICAL CORD.

He advises that the cord should be cut *before* the ligature is applied, and thoroughly emptied of blood and serous contents, thereby reducing the amount of material to be sloughed off to the minimum. It is then tied and twisted sharply three or four times, which torsion so closes the umbilical vessels that hemorrhage is about impossible, in case the ligature should prove imperfect. A band of rubber adhesive plaster, two by eight inches, is then tighly applied over it and allowed to remain until the parts are thoroughly cicatrized. This device is believed to be sufficient to prevent any protruding navel or umbilical hernia.

Dr. L. E. Felton, of St. Lawrence, read a paper entitled

MEDICAL INDUCTION COILS.

The Doctor said: A cell is used of original and peculiar construction, and an interrupter, which will produce most rapid vibrations. The current is regulated by means of a sheet of copper, bent over the coil, the connection being completed by means of a movable bar, which will bring any desired length in contact.

When the edges are in contact, the current is induced in the cover, as offering less resistance than the patient; but as the bar is removed, and resistance increased, the current which flows through the patient is correspondingly increased.

Second Day—Februrary 2d.

Among the papers read on this day may be specified:—

Dr. J. S. Warren, of New York city, read an abstract of a paper entitled

HYSTERO-NEUROSIS OF PREGNANCY.

From a consideration of several hundred cases, he does not believe that there is any specific for this affection, but that each case requires its own special treatment. Vomiting is not always, nor even in most cases, sympathetic, but arises from nervous influences, or from changes in the thyroid, spleen, liver and kidneys.

Dr. H. G. Piffard, read a paper on

MEDICINAL ERUPTIONS.

He stated that until within a very few years hardly any drug, except arsenic and the diaphoretics, was credited with a direct action on the skin. Effects upon the healthy skin, following the ingestion of drugs, are rare, yet—on this very account—important to be recorded for reference. Practitioners should know all the irregular and abnormal effects of remedial agents, lest a medicinal rash be mistaken for an idiopathic affection of the skin, and the unsuspected cause be permitted to remain in operation. Thus far, dermatology has mainly considered the symptomatology and pathology of cutaneous affections, springing from what might be termed natural, though frequently obscure causes. There is need of careful observation of a different class of cases: those which arise through the agency of means intended to combat disease, but which, in turn, may become the originators of morbid action. While in many cases these effects are unusual, and commonly explained as due to some idiosyncracy, it is none the less important that they should be recognized at the time of their occurrence, and their true cause.

Dr. George F. Shrady, of New York city, related a rare case of

CONGENITAL INTRA-PARIETAL HERNIA.

In which he was able to make a diagnosis before death. The patient was fifty-four years of age; suffered from strangulation; refused an operation, and died on the eleventh day. A drawing of the specimen was presented, showing a congenital inguino-scrotal hernia, connected with which was a diverticulum of peritoneum, forming a supplementary hernial sac, extending upward and outward between the external and internal oblique muscles as far as the anterior superior spine of the ilium.

Dr. E. V. Stoddard, chairman of

COMMITTEE ON HYGIENE,

reported the general summary of the work for the year. The subject for observation had been that of diphtheria. Careful investigations had been instituted as to its contagious character, with especial view to the relative influence of personal contact, infection by clothing, and unsanitary surroundings. Its contagious character being undoubted, the question of *quarantine* in the public schools, as well as the family, was urged by the committee, and will serve as the subject for the coming year.

Dr. Elisha Harris, one of the State Commissioners of Health and Secretary of the State board, called attention to the present widespread prevalence of diphtheria and the utility of the general observations and records of the medical profession relating to its causation and prevention. He urged the necessity of bringing under the best possible control the unguarded causes of the distribution of diphtheria. He explained the necessity of isolation of all who are convalescing. The State Board of Health find it a duty to investigate the causes and modes of distribution—its infective as well as local causes. He called attention to the necessity of physicians teaching and inducing the proper care in preventing the spread of this disease.

Dr. E. C. Seguin, of New York city, read a paper on

THE EARLY DIAGNOSIS OF SOME ORGANIC DISEASES OF THE NERVOUS SYSTEM.

In diagnosing posterior spinal sclerosis, the following symptoms were stated as characteristic of the first or pre-ataxic stage: the peculiar pains, the diminution of various reflexes and the paralyses of ocular muscles. The earliest characteristic symptoms of paralytic dementia are tremors or fibrillary contractions, especially in the tongue, facial and manual muscles; a tremulous, thick and vibratory speech; irregularity of the pupils, and dementia. Tumors located in the motor zone are *sometimes* capable of early recognition. Their symptoms are localized convulsions in peripheral muscles; equally localized paralysis of peripheral parts; neuro-retinitis or choked disk, and localized headache.

THE PRESIDENT'S ADDRESS.

The annual address was delivered by President Bailey, at the Assembly Chamber of the New Capitol, on the duties and opportunities of the medical profession.

(*To be Continued.*)

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Abscess of the Liver.

The *Medical Press and Circular* states that at the Academie de Médecine, in November, a discussion took place on the communication made by M. Rochard relative to the treatment of abscess of the liver by a large and direct incision, combined with the antiseptic method of Lister. M. Depaul commenced by relating a case which occurred on board a steamer when he was going out to Brazil, six years ago. A passenger was suffering from a liver affection for some time, and had come to France to consult different physicians and surgeons of more or less note, and who had expressed different opinions on the nature of his case and the treatment to be adopted. He was now returning home, little benefited by his voyage. Being called in consultation by the ship surgeon, M. Depaul, after a minute and careful examination, discovered fluctuation in the organ in question. Soon it became evident, by the increase of the tumor and the commencing redness of the skin, that the pus was making its way to the exterior. M. Depaul proposed to make a large incision down on the abscess, which was accepted, after some hesitation. Accordingly, he made an incision of an inch and three-quarters in length, which divided successively the skin and the subjacent tissues, exposing a thin layer, under which the pus could be distinctly seen. He made a simple puncture in the layer, which gave exit to more than half a pint of fetid pus, mingled with hepatic *débris* and some bile. After the evacuation of the matter detersive injections were employed, and before the ship arrived at her destination the patient was in a fair way of recovery. M. Depaul terminated by reminding the meeting that the Lister dressing was not employed in this case. M. Rochard, advocate of the new method, replied that he had known twenty cases treated according to the old rules, and the twenty died; whereas, three in which the Lister treatment was employed recovered. Surgeons who used this latter method need not trouble themselves as to whether the peritoneum be adherent to the abdominal walls or not, and take no care to provoke it either.

How to Prevent Perineal Laceration.

Mr. Alex. Duke writes to the *Medical Press and Circular*, Nov. 24: The best preventive treatment of laceration which I have found (and which I dare not claim as original, as I presume it has been tried before, but which I see no mention of in the text-books of midwifery) is this: When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bed, and having lubricated my left thumb or the two first fingers of my right hand, I introduce either into the vagina, and at the onset of a pain draw back the perineum firmly but gently toward the coccyx, relaxing the tension gradually as the pain lessens, till the next ensues, and so on till I can draw back the perineum with very slight effort. I thus tire out the muscular structures and produce sufficient relaxation for the head to pass. In most cases so treated the perineum is in no danger, but when the pubic arch is narrow, I take the additional precaution to foment the parts, and use an inunction of lard, and also allow the head while passing through the vulva to glide over my lubricating fingers, using them as a shoe-horn, so to speak, while I direct the head forward by pressure with my left hand below the coccyx or a finger in the rectum.

It has always seemed anomalous to me that the perineum should be expected to dilate on such a short notice, namely, the "process of extension," while (dilatation of) the os and cervix occupy such a considerable time, even with the additional help of Nature's hydrostatic dilator, viz., the bag of waters.

The drawing back of the perineum produces no additional pain, as it is done during a uterine contraction, and I feel sure if nurses were educated as to the proper way of dilating the perineum previous to its distention with the fœtal head, we should see less and hear less of lacerated perineum.

Physiological and Therapeutic Action of Benzoic Acid.

The *Lancet* states, that from his experiments Schulte has found that the introduction of benzoic acid into the stomach of warm and cold-blooded animals always causes irritation of the mucous membrane, extravasation, and hemorrhagic erosion, and that similar irritation is sometimes observed, even when benzoic acid or its salts have been introduced by injection under the skin, or into a vein. In the latter case the pulse and respiration are at first accelerated, and afterwards retarded. The blood-pressure is not influenced by slight injections, but is lowered by stronger ones, and the phenomena are independent of the vagus nerve. Whenever the dose amounts to more than two-thousandths of the body weight of the animal, toxic symptoms occur, followed by death. Salkowski has pointed out that when benzoic acid is given the urine commonly contains a substance which is capable of reducing sugar. This body is not soluble in ether, but it is soluble in alcoholized ether and acetic ether. It is very slightly soluble in water, and thus is distinguished from both benzoic acid and hippuric acid. The salt it forms with barium is insoluble in water, and contains both nitrogen and chlorine. Schulte has found that the appearance of this substance in the urine corresponds in time with the appearance of toxic symptoms. In the therapeutic use of benzoic acid and benzoate of soda for diphtheria, acute and subacute articular rheumatism, erysipelas, typhus, diabetes, nephritis, interstitial phthisis, peritonitis, etc., the reducing substance was never found in the urine after a small subcutaneous injection, but was found when a larger injection was given. The salt was found distinctly useful only in acute articular rheumatism and diphtheria.

Two Cases of Spinal Irritation.

The subjoined interesting cases are given in the Glasgow *Medical Journal*, January:—

Case 1.—The patient is a strong, robust-looking young woman, aged 25, and evidently hysterical. She was admitted to the hospital on the 15th of November. She made no mention of any affection of the spine, but complained of pain underneath both mammæ, and in the left iliac region. The pain under the left mamma had been present for about eighteen months, and was of a dull, aching nature; that on the right side was much more acute, and commenced suddenly in August last.

The thoracic and abdominal viscera seemed quite healthy, but on making firm pressure with the fingers along the spines of the vertebral column, two tender spots were discovered at different levels, corresponding very much to the points at which the spinal nerves issue, which supply the areas in which pain was complained of. The patient winced visibly when those points were pressed.

A tonic mixture containing strychnia and quinine was ordered, and on the 18th of November two large blisters were applied over the tender parts of the spine. This was followed by a certain degree of relief from the mammary and iliac pain, by no means, however, complete. On the 29th, therefore, the blisters were repeated, and on the 8th of December the patient left, quite relieved of her symptoms.

Case 2.—The patient is aged 22, and enjoys fairly good health, but for three months before admission to hospital, on the 27th of November, she suffered from pain about three inches below the left nipple; this was increased during inspiration; she had also a dry spasmodic cough without any expectoration, and exercise of any kind rendered her breathless. After taking food, too, she complained of pain in the gastric region, and was troubled with sour eructations. Her appetite was good. Two years ago the menses were suppressed for three months, and during that time she had an attack of pain in her breast, as at present, but on the return of the menses the pain disappeared. There was no apparent disease of the stomach at the date of admission to the hospital, and the heart and lungs seemed also sound. On examining the spine, however, tenderness was detected from the sixth dorsal to the first lumbar vertebra, and chiefly on the left side of the spine. Of this condition the patient was quite unaware until examined. On the 10th of December she was wet-cupped over the upper portion of the tender part of the back, to 10 drs. The almost immediate result of this was the entire disappearance of the spasmodic cough and the stomach symptoms, but the mammary pain still continued. On the 16th of December the cupping was repeated over the lower portion of the tender part, with the result of removing the pain of the side.

Indigestion from Disordered Liver.

Dr. T. Lauder Brunton says, in the course of an article in the *British Medical Journal*, January 8th, 1881:—

"One cause of indigestion is disordered relation between the stomach and the liver. Usually, the bile does not enter the stomach, but remains in the duodenum and intestines, but when indigestible and irritating substances enter the stomach, the bile may flow into it, producing very unpleasant symptoms; not merely does it interfere with digestion, by precipitating pepsine, but the local irritation which it produces in the stomach itself, as well as its general effect upon the nerve centres after being absorbed into the blood, causes the patient to suffer from dullness and headache. In Dr. Beaumont's interesting experiments upon Alexis St. Martin, he notes, that where he introduced several muslin bags, containing various articles of diet, into the stomach, St. Martin, shortly after their introduction, began to complain of a sense of weight and distress at the scrobiculus cordis, slight vertigo, and dimness of vision. This continued to increase, and became quite severe, accompanied, at the latter part of the time, by slight pain in the forehead and through the eyes, and a sense of tightness or stiffness across the breast. His countenance had changed from a florid and healthy, to a sallow, sickly appearance during the experiment, and a soreness at the pit of the stomach continued, after the extraction of the bags, for eight or ten hours, and had not entirely subsided next morning. Morbid action of the inner (?) membranes was evident next day, with considerable erythema and aphthous appearance. Some of the bags were covered with a thick, mucous coat, tinged with yellow bile; and to the entrance of the bile into the stomach Dr. Beaumont ascribes the symptoms observed in St. Martin, as he had noticed them also in similar experiments. Here, it was apparently the irritation of the indigestible muslin bags which caused this bilious attack in St. Martin; but other indigestible substances will produce the like effect.

Nor is this the only disturbance in the relation between the liver and the alimentary canal which is of importance in the production of indigestion. I have mentioned the probable effect of vasomotor alterations in the liver upon the vascularity of the stomach and intestines, and upon the solution and digestion of food within them. But there remains still another condition of great importance. The digestion of food is not entirely accomplished in the alimentary canal. In addition to what used to be called the primary digestion in the stomach and intestines, there is the secondary digestion, which appears to be of no less importance. Farinaceous foods are converted, in the intestinal canal, into grape sugar, but apparently only a small amount of this sugar reaches the general circulation unchanged. It first undergoes conversion into glycogen in the liver, and is thence passed out, as it is wanted, into the general circulation. The albuminous constitutents of the food are converted, in the alimentary canal, into soluble peptones, but, like the sugar, these also do not reach the general circulation unchanged. Excess of sugar in the systemic circulation is injurious, as we see in cases of diabetes, but excess of peptones appears to be still more injurious. The action of these bodies has been recently investigated by Professor Albertoni, of Genoa, and by Professor Ludwig and Dr. Schmidt-Mühlheim in Leipsic. Albertoni has found that peptones, when injected in the circulation, deprive the blood of its power of coagulation, at least in dogs and cats, and probably in all carnivorous animals. It has not the same power in sheep or rabbits, and probably has not the same action in herbivora as in carnivora. Ludwig and Schmidt-Mühlheim also observed the effect of peptones on the coagulability of the blood, and they have investigated their action upon the blood pressure. They found that when the peptones are injected into the veins the blood-pressure sinks considerably; and, if the quantity introduced be great, a soporose condition, convulsions, and death are produced. It is, therefore, evident that, unless there were some provision for the alteration of peptones before they enter the general circulation, we should be poisoned by the products of our own digestion. Ludwig and Schmidt-Mühlheim were unable to settle precisely where the peptones underwent transformation, most of them having apparently already disappeared from the portal blood before it reached the liver. Two other observers, Plosz and Görgyai, were led by their experiments to fix upon the liver as the place where peptones undergo transformation, and it seems not improbable that, to some extent, they are right. The liver, like the stomach, may be overworked, and both organs are liable to great functional disturbance from violent or depressing emotions.

On the Means for Dilating the Uterus.

Dr. Leopold Landau (Volkman's *Sammlung Klinischer Vorträge*, N. 187,) mentions, first, the use of various metrotomes constructed after the model of the lithotome caché, but of these he disapproves, on account of the dangers of their cutting too much, of bleeding, and of subsequent stenosis. For similar reasons he objects to the use of such instruments as Sim's or Emmet's knives or scissors. To dilate the os internum by means of such blunt instruments as those of Sims, Ellinger, Tiemann, etc., requires, he maintains, that the patient be narcotized and considerable force used, while there are similar objections to their use as to that of cutting instruments. Sponge-tents favour infection, so that septicæmia following their use is not rare. It is impossible, also, to render them thoroughly antiseptic without unfitting them for their purpose. The use of an india-rubber covering to the tent, with a stream of water thrown into it, is cumbersome, and also does away with the advantage to be got from the removal of fluids from the surrounding tissues by the sponge. Tangle tents are not so liable to lead to infection as are the sponge tents, though occasionally, from decomposition of their gelatinous structure, they may cause it. They are, the author says, very uncertain and unequal in their action, and have not a very great dilating power, being sometimes retained constricted by the internal os, while above and below they may be dilated. Dr. Landau then goes on to recommend the use of tents made from the South American swamp plant, *Nyssa aquatica*, by Tiemann, of New York, and called tupelo-tents. These can be made of any size, and have a much greater dilating power than tangle-tents, while they require less than half the time. They exercise, too, the same dynamic effect on the uterus as do sponge-tents. They swell to a much greater size than tangle-tents, and are not attended by the risks of infection. After recommending strongly their use, the author proceeds to discuss at length the question of when dilatation of the cervix is indicated, and strongly disapproves of the forcible method of Fritsch, as also the incision method recommended by Schrœder.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Archives of Dermatology* begin the year in enlarged form and on superior paper. The contents are always of the best, and all specialists in that department—including syphilis—should subscribe to it ($4.00 per year. G. P. Putnam's Sons, New York).

——The January number of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE will be found a synopsis of all branches of medicine, American and Foreign. A full table of contents will be forwarded to any one on application. Inasmuch as no article in the COMPENDIUM appears in the MEDICAL AND SURGICAL REPORTER, the two journals are eminently adapted to be taken together, and combine an unequaled amount of original and carefully selected reading matter. Published at the office of the MEDICAL AND SURGICAL REPORTER.

——One of the recently published anatomical aids is the "Pictorial Manikin, or Movable Atlas of the Human Body," showing the position of the Internal Organs, by means of superposed colored plates." By Prof. G. J. Witkowski, M.D., of Paris, with an English translation of the text, by Robert Hunter Temple, M.D., of London, and an Introductory Essay and Explanatory Anatomical Index, by Prof. D. A. Loomis, M.D., of New York. (Published by Joseph Cristadoro, 93 William street, New York. Price $5.00). We have long been familiar with this method of teaching anatomy, and, indeed, this is not its first introduction to the American public, as some years ago Dr. G. H. Napheys prepared and had published a similar "movable atlas," or some plates of one. We believe, however, that it did not turn out to be a popular mode of study. The present one is larger, and the text sufficiently full for popular instruction, for which, apparently, it is chiefly designed. Indeed, for the general reader or for schools this series merits strong praise. But if any medical student tries to make it take the place of steady, plodding, laborious dissecting, he will commit a grave error.

BOOK NOTICES.

Transactions of the Medical Society of the State of Pennsylvania. Vol. XIII. Part I. 1880.

This part makes in all a volume of nearly 500 pages. One half of this is filled with the regular minutes, reports and addresses; the remainder with county reports and rosters. As we gave at the time of the meeting a sufficiently full account of the former, we may now devote most of our attention to the county reports, which are not read before the Society, but are forwarded to the Publication Committee.

These reports are an excellent feature, and we know of no other State society which gives them so much attention as that of Pennsylvania. A printed form is furnished for them, but this is not, and need not be, generally adhered to. It is rather intended as a series of hints to guide local researches. We regret, however, to see this distinctive and admirable feature showing signs of atrophy. Omitting the Obituary notices, and the Philadelphia Society, the reports from the State at large hardly make up a hundred pages. In these are several articles which well merit the reader's attention; we refer to several cases of renal disease, by Dr. G. W. Smith (p.

251); the etiological relations of phimosis and præputial adhesions to epilepsy by Dr. D. F. Unger (p. 296); a case of empyema, by Dr. D. J. M'Caa (p. 315); a case of recovery after ovariotomy, by Dr. S. T. Davis, (p. 317); a case of spinal bifida, by Dr. A. B. Blair (p. 414); and others

The reports and voluntary papers which precede the county society reports are especially full and of a high order of merit. It would give us pleasure to enumerate them, but the space at our command prevents us.

Transactions of the American Medical Association. Vol. XXXI. Philadelphia, 1880.

This year the transactions make up a bulky volume of nearly 1300 pages. It is, we believe, the largest yet issued, and certainly it presents more numerous papers and more complete reports—taking the list of them—than any previous volume. The Sections are constantly rising in value as accessory bodies to the parent association. It is a satisfaction to add that most of the papers are such as merit preservation in this permanent form: most of them, we say, for few will deny that several of the articles are very lightly weighted with anything new or valuable, and at most, would deserve to see the light in some of the countless journals of the day. The pruning knife is visibly needed in the hands of the publication committee, or wherever it is that the grave responsibility of using it rests.

It would be a pleasure to specify a number of articles of exceptional interest in this volume. But, on noting them for that purpose, we find so many that it is better to recommend the reader to turn its pages for himself, for in whatever branch of the profession his interest especially centres, he will certainly find something to fasten his attention.

Much credit is due to the publication committee for the care and taste evident in the make up of the volume and its typographical disply. All that involves an amount of dreary labor, of which the general reader has no conception.

A Manual for the Practice of Surgery. By Thomas Bryant, F.R.C.S., etc. Third American, from the third revised and enlarged English edition. Edited by John B. Roberts, A.M., M.D., etc. With 735 illustrations. Philadelphia. H. C. Lea's Son & Co., 1881. Half Russia, pp. 1005.

The intrinsic merits of Bryant's *Surgery* have led to a steadily increasing popularity, both in England and this country. He is a clear, compact writer, reminding one somewhat of Syme, and an operator of acknowledged skill and originality. Without freighting his book with multiplied details and wearying descriptions of allied methods of procedure, he is ample enough for reference on all the departments of surgery, not omitting such strict specialties as dental, ophthalmic, military, orthopædic, and gynæcological surgery. Some of these chapters are written by specialists in these respective branches, and all are amply sufficient for any one not himself aiming at special practice.

The labors of the American editor deserve unqualified praise. His additions to the author's text are numerous, judicious and germane. They add very distinctly to the value of the original treatise, and give a more equitable illustration of the part taken by American surgeons than the author was able to do, owing to his less familiarity with our current literature.

The book is excellently printed, and as it can be had in the half Russia binding introduced by the publishers, its manufacture will satisfy the most critical.

Cyclopædia of the Practice of Medicine. Edited by H. von Ziemssen. Vol. IX. Diseases of the Liver and Portal Vein. With the chapter relating to Interstitial Pneumonia. Wm. Wood & Co. New York City, 1880.

This is the final volume of Ziemssen's Cyclopædia. The publishers are to be congratulated on getting through with it in a manner so satisfactory to their subscribers, and we trust, to themselves. It was a vast undertaking, with reference to cost and labor, and, as the publishers show in a circular, it has exceeded the original estimate by over 4000 pages.

As to whether an advantage to medical science in this country has been achieved, of corresponding magnitude to the commercial aspect of the enterprise, there is serious reason to doubt. The wordiness and theorizing of German writers, their tendency to dwell inordinately on insignificant points, and the distinctly speculative (using that word in its philosophical sense) character of their therapeutics, are traits that it would be unfortunate for us to adopt in the United States, and we hope the *Cyclopædia*, which is far from being free from these faults, will not have introduced them—at least, not to stay.

Nevertheless, it were vain to deny the vast amount of instruction contained in this great work, and we should be the last to do so. Recognizing it fully, we believe that, on the whole, such a translation is less useful than a judicious abridgment would have been. While we consider this the best of its kind, we hope the experiment will not soon be repeated.

THE
Medical and Surgical Reporter,
A WEEKLY JOURNAL,
Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

THE LIMITS OF A PHYSICIAN'S DUTY.

The physician who looks upon his calling as something more than a business recognizes that it, more than most, has to deal with important sociological questions. We familiarly call the defined result of various observations in physiology "Laws of Health." They are not laws in the forensic sense of that term, hardly so in its scientific sense, because on the one hand the government concerns itself but little with enforcing them, and on the other they are repeatedly disregarded without any injurious result following. Men daily expose themselves to draughts, sit in wet feet, or neglect their secretions, and escape any untoward consequences.

When it comes to matters of greater moment, where the evil is at any rate more conspicuous and the relation of cause and effect more apparent, the question arises how far ought the profession, as such, to advocate governmental interference. A living issue of this kind is the use of alcoholic drinks as a beverage. There is no difference of opinion that they do more harm than good; indeed, that they are a potent factor in the physical degradation of a nation. Is it a part of our duty, as physicians, to express ourselves, as a body, against their manufacture and sale?

Take another subject, no less actively discussed in many quarters, the prevalence of prostitution. For a number of social reasons it appears to be on the increase in all our large cities. That it is a very fertile means of the extension of disease and greatly aids in the physical depravity both of the woman herself and those who patronize her trade, nobody denies.

What is worse in both these cases, the efforts which, in this country at least, have been made to diminish the evil consequences of liquor dealing and whoremongering, have been of little or no avail; less, perhaps, owing to any defect in the character of these efforts, than in the ability to carry them out honestly and systematically.

No doubt here, as in the false elocution of the players which Hamlet criticised, the proper way were to reform, not indifferently, but altogether. Can this be done by legislative power? Is it a part of the profession's duty to urge it on legislatures?

It is by no means clearly so. The tendency of all modern law-making has been against sumptuary enactments of every description. The uniform experience of history has proved them unsuccessful and inequitable. A decided majority should be willing to receive such a law and to aid in enforcing it before it is spread on the statute book. What is called the "interference theory of government," has few defenders among intelligent statesmen.

In all such examples we believe the activity of the profession has reached its limit when it enlightens the masses as to the danger of violations of health rules, and thus prepares the public mind to protect itself. Self-government, self-control, these are the true aims of all education, all government, and they alone are trustworthy guarantees of action.

In another direction the limits of a physician's action seems to require definition, that is, as toward religion. This is a delicate, a burning question, and we broach it with caution.

Nothing so quickly excites all a man's bad passions as to pinch his religious prejudices. But the inquiry is often made, and should be answered, how far a physician's religious views should enter into his avocation.

The editor of the Edinburgh *Medical Journal*, in a recent issue, expresses an opinion on the subject in the following language:—

> The healing art takes precedence of all other human occupations. The clerical profession may occur to most minds as preëminent; but it is manifestly unable to cope with those disorders, bodily and even mental, to which our human flesh is heir, while, on the other hand, there is nothing to hinder the medical man, who does possess that power, to minister also, if he is at once religious and earnest, to the spiritual wants of his patients. Who, we would ask, gains and possesses the confidence of the dying man so thoroughly and rightfully as he who, with skill and sympathetic tenderness, has been attending to his bodily injuries and sufferings? We do not say that this possibility is actually realized so frequently, so systematically, as it ought to be, even by those who acknowledge it; but we hesitate not to aver that it exists, and even now may be seen in ample development, both in our own crowded cities and in many remote missionary fields.

We must express our dissent from the intimation of duty here conveyed. We do not think it any part of the physician's duty "to minister to the spiritual wants of his patients." We go further, and say that only in rare and exceptional cases has he any right to yield even to solicitation to do it, because he cannot do it honestly. The most any one can say under such circumstances is confined to bare and vague generalities. A physician of earnest religious convictions must utter them, if he speaks at all. Is he an ordinary Protestant, he will have patients who are Catholics, or Jews, or Unitarians, to whom any full expression of his religious consolations will be inapt and repellant. Does he himself belong to one of the other sects we have named, nothing he can say to an ordinary Protestant is likely to appear appropriate or agreeable.

In fact, nobody wants religious consolation other than the kind he has been accustomed to. Suppose the physician is a disciple of Comte, or Spencer, or Renan, or Bob Ingersoll; then the editor of the Edinburgh *Medical Journal* would readily excuse him from proffering the kind of consolation those philosophers are prepared to dispense. So, we think, other folk, who have not the privilege of belonging to the kirk, will be quite willing to allow the physician to stick to his pills, the priest to his breviary, and the shoemaker to his last.

NOTES AND COMMENTS.

Metastasis in Mumps.

One of the most mysterious pathological sympathies is that of the parotid gland with the organs of generation. In the male, sympathetic orchitis is not rare; and in the female the whole generative system may be involved. Dr. Good says, "In advanced life parotitis is sometimes apt to run into a chronic form, accompanied by very mischievous symptoms. This is most especially apt to take place in females when menstruation is on the point of ceasing, and the general action of the system labors under some disturbance." Copeland, under the head of "Parotid Glands," adverts to the fact that parotitis, occurring in the female about the time of puberty, is apt to be very difficult to treat. Dr. S. Ringer, in Reynolds' *System of Medicine*, says that, "In the female, the mammæ, the labia majora and uterus are the parts occasionally attacked." On the other hand, there are not wanting observations in gynæcology to show that uterine disturbances give rise to inflammatory swelling and functional impairment of the parotid gland. After various operations on the uterus, parotitis sets in as a complication. The subject deserves closer study than it has yet received.

The Perivascular Lesions in Hydrophobia.

It is well known that some pathologists have maintained that certain perivascular lesions in the nervous system are characteristic of hydrophobia. Dr. Middleton, of Glasgow, lately stated to the Pathological Society of that city, that in two cases of hydrophobia he had found the perivascular lesion described by previous observers, and he had been led to examine the nervous structures in other cases, with a view to find out whether this lesion was in any way characteristic. Of twenty-four cases examined, fifteen showed this perivascular lesion, some of them in a form almost quite as marked as in hydrophobia. Sixteen cases had had more or less cerebral symptoms, delirium, etc., and only four presented no vascular lesion; among these were cases of fracture of the skull, erysipelas, delirium tremens, diabetes, tubercular meningitis, uræmia, etc. The frequency of the lesion in so many diverse diseases was held to indicate that it could not be attributed to any special irritant in the blood, but rather to nervous excitement; and the investigations seemed to point to the fact that the intensity of the lesion varies directly with the intensity and duration of the cerebral excitement.

The results are published in full in the *Journal of Anatomy and Physiology*, October, 1880.

Hysteria in a Male Child.

MM. Bourneville and D'Oiller have published, in *Le Progrès Médical* for November 20 and 27 1880, an account of a case of hystero-epilepsy in a boy of thirteen, as a contribution to the study of hysteria in the male sex. This boy had hemi-anæsthesia of the right side, affecting the special senses, and partial color-blindness. There were numerous hysterogenic zones or areas, pressure upon any of which was followed by a fit. These fits were epileptiform, being preceded by an aura. and having their stages of tonic spasm, clonic spasm, and delirium. The boy's mind was never affected. Metallic bracelets and magnets caused transference of the hemi-anæsthesia, but could not effect a cure. Attempts to hypnotize him failed. He was cured by the douche.

Slow Development of the Physical Signs in Pneumonia.

An interesting debate recently took place at the Clinical Society of London. One member, Mr. Tyson, quoting Ziemssen's statement that up to the third day after the chill percussion over the affected part becomes dull and broncophony appears, etc., said that such was not his observation. He added:—

"From my present experience of pneumonia, and seeing the disease as I do in its earliest stages, I believe that the physical signs, such as dullness on percussion, bronchial breathing, and bronchophony, occur later in the course of this disease than is usually supposed, or perhaps it would be more correct to say that there is a larger percentage of cases with the above lately-discoverable physical signs than our reading and teaching have led us to think."

Dr. Andrew Clark said that his desire was to enforce the impression that in a large percentage of cases the physical signs only became marked towards the close of the disease, when it had nearly run its course, and that consequently practitioners must, in coming to their conclusions, be argely guided by general indications.

Dr. DeHavilland Hall narrated some cases where for days the absence of physical signs had made him doubtful of their nature. He thought that those cases where the physical signs appeared late were more severe than those where they appeared earlier, having to spread from within the lung toward its surface.

It is well for all practitioners to remember that implicit confidence cannot be placed on the magisterial statements of many of these German writers. They have the national tendency to force facts into accordance with their theories.

Chorea in Pregnancy Treated by Dilatation of the Cervix Uteri.

At a late meeting of the Obstetrical Society of London, Dr. Wade reported an interesting case. An unmarried primipara, æt. 19, nearly seven months pregnant, suffered from very severe chorea, which had commenced in a slight form three weeks before admission. A faint apex systolic bruit, probably due to rheumatic fever two years previously, existed. An attempt was made to dilate the os with the finger, but owing to the incessant and violent movements of the patient, the success was very partial, and there was, if anything, an exacerbation of the symptoms. Three days after, under chloroform, the dilatation was completely effected; this was followed during the day by very marked amendment, and a sound night's sleep, the first she had had since admission, and every succeeding night was equally good. On the third day after the movements became worse than they had been on the two preceding days, and dilatation was again effected on the fourth day, under chloroform. From this time steady, rapid and unintermittent recovery supervened. A very slight occasional twitching of the fingers of the right hand continued until delivery, at term, of a healthy child, when they entirely ceased.

Hot Water Compresses in Tetanus.

Warm or hot baths in tetanus have frequently been found to give great relief; but in many circumstances it is practically impossible to give them. In view of this, in the treatment of tetanus and trismus, Dr. Spoerer has successfully employed hot-water compresses. He dips a large enough piece of coarse flannel in water of a temperature which can just be borne by the hand (50° to 55° C.), and applies the compress to the occiput and along the spine.

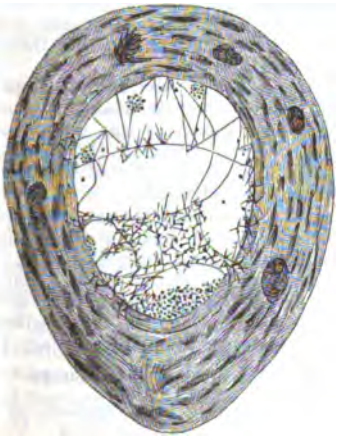
SPECIAL REPORTS.

V.—SYPHILOLOGY.

The activity in this branch is surprising, and we can give but brief analyses of a number of valuable papers which have appeared in the last few months. Beginning with etiology, we refer to

The Fungus of Syphilis,

or what is supposed by some to be such, as described and figured by Dr. Bermann, of Baltimore, in the *Archives of Medicine*, December, 1880. It is a variety of micrococcus, classified by Prof. Klebs with the *schizomycetæ*, but by Dr. Bermann with the myxomycetæ. It is represented in the following cut.



Section of an arteriole containing the branching fungus and spores found in chancres. Drawn from a preparation of Dr. I. Bermann, by Dr. R. W. Amidon. Objective $\frac{1}{10}$ Tolles.

The infection takes place by reason of a few germs of micrococci being retained in a lesion of the skin. They are taken up by the lymphatics, and here they increase and multiply, spreading principally in these, and soon begin to obstruct the circulation in them.

We shall refer later on to Dr. Bermann's theory of treatment, based on these observations. He is still pursuing his investigations, and we doubt not will obtain important results, both theoretical and practical.

The close relations of syphilis to profound impairments of the nervous system has recently attracted much attention. One of the most notable papers is on

Syphilis as the Cause of Locomotor-ataxia,

which appears in the *Medical Press and Circular*, Nov. 24th, Dec. 1st, from Dr. Thomas Stretch Dowse, Physician to the Hospital for Paralysis and Epilepsy, London. This writer has had extensive opportunities for observation, and the decided statement with which he begins his article will surely surprise many. It is as follows:—

> There can be no doubt, unless we have contrary proof of the most absolute and positive kind, that irregularity of movements and disturbances of volition, either in the engenderment of ideas or in the performance of coördinate muscular acts, are, in a very large majority of cases, due essentially to some syphilitic affection of the nervous centres. With this fact the clinical observer is becoming every day of his life more familiar, and it is a misfortune of the most serious nature to the patient when these symptoms and signs of incoördination are treated as mere trifles, and thought to be due merely to fatigue, or to stomach or liver derangement. I have no hesitation in making the statement that every case of locomotor-ataxia is curable, provided it be treated sufficiently early, and in the most energetic manner. Every case of locomotor-ataxy (with very few exceptions) can be traced to a syphilitic origin, if due care be taken to inquire carefully into the patient's history.

The pre-ataxic stage here referred to can be distinguished by the general symptoms of nervous break down; but there is one which is pathognomonic. Dr. Dowse says:—

> Of these various signs there is only one upon which I place the most absolute reliance from a diagnostic point of view, and that is the fulgurating pains; and patients will often describe them to me, as though a fine lancet which had been made hot had been driven into the skin for about an eighth of an inch. These pains are not limited to the lower limbs; they may attack the head, the nose, the ears, the shoulders, the buttocks, and the scrotum, and even the penis, but as the disease advances and the ataxia becomes pronounced and decided, the legs alone are the seats of pain. I had a patient under my care a few months since who spoke of these pains as resembling the sting of a horse fly. These pains succeed each other with the greatest rapidity; they occur for the most part singly, and the patient has scarcely time to rub one part of the body before his attention is called to another part. Now these pains may be preceded and succeeded by intense itching over a limited and circumscribed area, and this state of itching will be as rapidly migratory as were the pains just described; and if we test the sensibility of the skin of the feet and lower limbs we shall find patches which are decidedly anæsthetic; but this is more particularly marked over the plantar and dorsal surfaces of the feet and inner part of the legs.

Another asserted etiological relation exists between

Syphilis and General Paralysis of the Insane.

While this has been frequently alleged, considerable doubt has been thrown upon it by Dr. Christian, in the *Union Medical Journal*, 1880. He gives notes of eight cases in which syphilis and general paralysis were co-existent, and comes to the conclusion that anti-syphilitic treatment, however thoroughly carried out, only cures the syphilis, but has no power over the paralysis. Thus, Dr. Christian concludes that syphilis goes for nothing in the causation of general paralysis. Doubtless, in the complex etiology of general paralysis, it may be admitted that syphilis, as a debilitating constitutional disease, may be, in those predisposed, an accessory or secondary cause of the paralysis. Doubtless, also, syphilitic brain disease, which is very variable in its forms, may simulate more or less the symptoms of general paralysis, but it never appears as true general paralysis. Between the two, there is nothing in common. This is so true, that the disorders often progress side by side in the same patient without mixing, and *post-mortem* one finds, together with the alterations due to general paralysis, lesions peculiar to syphilis, such as gummata of the brain itself, or of its meninges.

This view is also supported by Dr. C. Drysdale, in the *British Medical Journal*, August 28th. He considers that syphilis is an occasional, though rare, cause of mania, dementia, and melancholia, but not of well-marked paralysis of the insane. In the majority of cases syphilis attacks the brain; it impairs the intellect more or less. Sometimes loss of intelligence is one of the first symptoms.

Syphilitic Neuralgia.

The substance now employed by Prof. Zeissl, in this form of neuralgia, is *iodoform*:—

℞. Iodoformi, gr. xxij
Extracti gentianæ,
Pulveris gentianæ, āā q. s. M.

Make twenty pills. Two or three to be taken daily.

Syphilitic Jaundice.

Though not a frequent manifestation of the secondary stage, there is no doubt but that jaundice is occasionally directly due to the syphilitic poison. A very clear case is recorded by Dr. *Soler y Buscalla*, in the *Revista de Ciencias Medicas* for January, 1881. A youth of twenty-one years was admitted with swollen inguinal glands, cutaneous syphilides and a history of a primary chancre some months before. There were no gastric troubles nor febrile symptoms. Under a strictly anti-syphilitic treatment—protiodide and ferruginous syrup of quinia—the icterus disappeared. Dr. S. adds that none of the current explanations of syphilitic icterus are more than mere hypotheses, and it remains a pathological enigma.

Malignant Syphilis.

The existence of "malignant syphilis" seems clearly established—a form of the disease running its course rapidly and in spite of the most active treatment. A semi-malignant case is reported in the London *Medical Times and Gazette*, Dec. 18, from the London Hospital.

A man, fifty years of age, contracted syphilis in October. About the beginning of December ulceration attacked the left ala of the nose, and continued rapidly to spread until nearly the whole left side of the nose was involved, the lower portion of the right ala, and a considerable portion of the left cheek. When admitted, May 1, the left nasal bone and part of the upper maxilla were exposed, and all the surface named was sloughy and unhealthy. On the scalp there was a continuous cicatrizing surface from the centre of the forehead to the occipital protuberance, and a scar over the left temporal region. Patient was bald before the attack, so that these scars and ulcers were well seen.

Iodide of potassium was administered internally, and subsequently iron and quinine were given. Iodoform ointment was used as a local application. Under treatment the ulcers on the head rapidly healed, but at first the disease of the face was rather obstinate.

On May 18 it was noted that the ulcers on the scalp had quite healed, but that the phagedæna of nose and face had apparently extended. Iodoform powder was then dusted on these parts, and the wound assumed a healthier appearance.

Patient was discharged in the beginning of June, with the disease almost entirely arrested.

Syphilitic Diseases of the Lungs.

These have recently been studied by Prof. Gamberini, of Bologna, whose article appears in the *Gior. Ital. del. Mal. Ven.* His results are that the existence of a simple inflammatory syphilitic pneumonia may be admitted, but is not yet conclusively proved. The occurrence of a gummy form of disease of the lung is established beyond doubt. True pulmonary tuberculosis may be associated with syphilis, but it preserves always its own pathological characters. To distinguish between the syphilitic and the tubercular forms of lung affection, the author proposes for the former the title of "consumptive pulmonary syphilis." The influence of specific treatment is, at the present time, the best therapeutic means of diagnosis between tubercular and syphilitic disease of the lung. Prof. G. agrees with Schnitzler, that pulmonary disease as a consequence of late general syphilis, or even of acute secondary syphilis, is not a rare occurrence. Laryngeal lesions often precede or accompany syphilitic pulmonary affections. This has been proved by the observations of Schnitzler, who, indeed, affirms that the diagnosis of spyhilitic lung disease may be made by means of the laryngoscope alone. The symptoms of syphilis of the lung are generally those of pneumonic phthisis, from which, during life, there may be no certain means of distinguishing it; even after death, the distinction cannot always be made between gumma and tubercle, especially when the gummy nodules are in a state of caseation, or are infiltrated. Syphiloma most usually spares the apex, whereas tubercle most frequently attacks that portion of the lung. This, however, is not constant, as has been shown by Fournier. The course of pulmonary syphilis is usually slow and apyretic, which is not usually the case in tubercular phthisis. Syphilis, also, is accustomed to attack only one lung, and one part of the lung. This tendency to localization is considered by the author to be a very important point in the diagnosis of pulmonary syphilis, whether the lung be attacked at an early or at a late stage of the disease.

Syphilitic Iritis.

This much feared complication requires prompt action. The treatment recommended by Mr. J. R. Wolfe, surgeon to the Glasgow Ophthalmic Institution (*London Medical Times and Gazette*, January 1st), is as follows :—

> After the administration of pil. hydr. c. colocynthidis, I order small doses of ol. terebinth—one teaspoonful three times a day in syrup. aurantii. It was recommended by Dr. Carmichael, and was the favorite remedy of Dr. M'Kenzie. This I continue for three or four days, with warm drinks, foot-baths, etc. Then I order pil. hydr. c. quinæ three or four times a day, and the unguent. hydr. fort., into the armpit, ʒj. every evening; warm baths twice a week. When the gums begin to get tender, I discontinue the pills, and only apply the unguent. hydr. to the axilla, and internally potassium iodide is ordered. Should symptoms of mercurialization supervene, I discontinue the ointment and keep the patient exclusively to potassium iodide, which may be given ℈j. three times a day. The strong atropine solution, with the gray ointment, is continued for a considerable time. The drops may even be persevered with for a month after the general inflammatory symptoms have disappeared.

Syphilitic Gummata of the Iris.

The latest study of this subject is by Dr. E. Nitot, *Des gommes syphilitiques de l'Iris et du Corps Ciliaire*, Paris, 1880. His discussion leads to the following results :—

Every malignant tumor of the ciliary body in a syphilitic subject should be considered as a gumma. Every malignant tumor of the ciliary body in a non-syphilitic subject is probably either a melano-sarcoma or a tuberculous tumor. Although a gumma is destructive, and in this sense malignant (heterologous), it can usually be dissolved by iodide of potassium, and is not liable to return. Gummata of the iris are much more frequent than those of the ciliary body, and yield readily to anti-syphilitic remedies.

Gummy Tumors.

The subject of syphilitic affections of the eye, especially gummy tumors, is also discussed by Dr. C. Arago, in the *Revista de Ciencias Medicas*, January 1881. He especially calls attention to the importance of an early diagnosis, and of their treatment by improved pharmacal methods. Mercurial fumigations he considers injurious and dangerous. He slightly salivates with fractional doses of calomel supported by infusion of jaborandi, and maintains it by such a combination as—

℞	Protiodide of mercury,	10 centigrams,
	Iodide of potassium,	8 grams,
	Water,	300 grams. M.

A spoonful with a few mouthfuls of infusion of jaborandi two or three times a day.

Very decided improvement is visible after a week or two of this treatment, and a complete cure is sure to be effected.

Syphilis as a Cause of Cataract.

The eminent ophthalmologist, Professor Galezowski, advanced the opinion, in the *Recueil d'Ophthalmologie*, Sept. 1880, that syphilis may cause cataract in the adult primarily, or predispose to it hereditarily. He gives details of a case of kerato-irido-choroiditis in a child of four years of age affected with syphilis from its birth. In this case, a cataract became developed, and the eye was enucleated. The author has seen, in all, nine cases of congenital cataract in children born of syphilitic parents. As regards the effects of syphilis in the adult, he has frequently seen cases of monocular cataract affecting an eye in which there was syphilitic choroiditis, while in the other eye the lens was perfectly transparent. He gives details of a case of syphilitic choroiditis attacking one eye, followed by the development of soft cataract six months afterwards in the other.

In passing to the subject of treatment we may first mention

Treatment of the Primary Sore.

Dr. Bermann, in the article above mentioned, recommends that the fungi be destroyed by *hypodermic injections of mercurials.* He says of them :—

> When properly made, these injections are not painful, and never produce abscesses unless the syringes are unclean. Even in cases where a quick mercurialization had to be resorted to (for instance, in iritis specifica, where the gumma was touching the membrana Descemetii), I have had

the most perfect results with them, never observing any relapses nor producing salivation. At the same time, we are thus enabled to derive the full benefit from any other kind of medicine (such as iron, etc.) given by the mouth, and do not run the risk of disturbing gastric digestion by giving mercury internally.

The plan of *excising the sore* recommended by various German surgeons, was reviewed in the *Annales de Dermatologie,* last July, by Dr. Chadzynski. He reported thirty cases from his own practice. The part was first washed with a solution of carbolic acid (3 or 4 per cent.). The induration was next laid hold of with the fingers or forceps, and, under the spray, the whole indurated portion was removed. Sutures were then inserted, according to the size of the wound, and carbolic lotion or iodoform applied. In only six of the thirty cases did primary union take place. In five, induration reappeared, but the cicatrix sometimes remained free from hardness, even after the appearance of secondary symptoms. Seven cases were successful, sixteen were unsuccessful, and, in the remaining seven the result was unknown, owing to the disappearance of the patients. Of the successful cases (those in which there were no signs of constitutional syphilis), two were kept under observation for six months, three for seven months, one for thirteen months, and one for more than twenty-four months. In all the seven there was more or less enlargement of the corresponding lymphatic glands at the time of the excision of the sore.

It must be acknowledged that this result does not encourage one to rely on the operation.

Syphilitic Ulcers.

Good success has been obtained by Vidal in obstinate syphilitic ulcers by the following:—

℞.	Acidi pyrogallici,	1 part.	
	Ung. petrolei,	5 parts.	M.

It succeeded when other measures failed, and also acted well on chancroids. It causes slight pain for five or ten minutes (*Archives of Dermatology,* Oct. 1880).

As a final resort the *thermo cautery* may be employed; we quote the following very interesting case from the Glasgow *Med. Journal* for January, 1881, from the Glasgow Royal Infirmary:—

John Rilley, a shoemaker, was admitted to Ward XIII on 16th May, with an ulcer on the lower lip. The history of the case showed that he had contracted syphilis three years before, and had suffered from the usual sequelæ. He was treated by a medical man for some time. Shortly after the treatment was discontinued an ulcer appeared on the lip, but this healed up perfectly on the treatment being resumed. Again, after a few months the lip broke out and gradually became worse, notwithstanding the use of the anti-syphilitic remedies which had proved efficacious before. This went on for two years, treatment being resorted to at intervals. On admission, there was observed an ulcer somewhat excavated, the edges raised, hard, and evolved, discharging a fetid pus, and exquisitely painful, extending over the whole of the outer surface of the lower lip. The patient had a dusky, ill nourished, syphilitic look, and the inguinal glands were hard and rolling. He was put upon iodide of potassium, with bichloride of mercury, and a lotion of chloride of zinc was applied to the sore. At the end of a fortnight there was not the slightest improvement, when Dr. Dunlop had the patient put under chloroform, and destroyed the surface thoroughly with the thermo-cautery. After this, pain was never complained of, and the sore healed up kindly. The bichloride and iodide were still continued and a simple water dressing applied.

He was discharged 25th June, perfectly cured. This case is an example of a syphilitic sore taking on a certain degree of local malignancy, so that it resisted all ordinary treatment for that disease, and yielded readily on the destruction of its surface.

Syphilitic Psoriasis,

As it occurs on the palms of the hands and soles of the feet, is generally very obstinate and resists mere constitutional treatment. A writer in the *Lyon Médicale* recommends that preparations of *corrosive sublimate* should be painted once or twice daily on the papules, pustules, and crusts, after bathing the parts; compresses of solution of acetate of lead will lessen pain and prevent irritation. For lesions in the soles and palms, the best excipient in which to prescribe the sublimate is collodion; for tender parts of the skin and for the slighter manifestations of syphilis, alcohol; for lesions of the mucous membrane, ether.

Very obstinate palmar or plantar psoriasis should be painted every morning with an application consisting of one part of corrosive sublimate, one of fresh linseed oil, and fifteen to twenty-five of collodion. In the evening the parts should be energetically rubbed with white precipitate ointment (one part of ammoniated mercury to five of simple ointment).

In cases marked by deep fissures and considerable infiltration, local baths with a 2.5 per cent. solution of carbolic acid, or a five per cent. solution of chloride of potassium or sodium, or rubbing with zinc ointment or sparadrap de Vigo, will be found useful.

Turpentine as an Anti-syphilitic.

Some interesting experiments with this are detailed in the London *Medical Times and Gazette,* Dec. 11, 1880, by Dr. B. Nicholson. A soldier had been treated by iodide of potassium for a syphilitic *plaque* below Poupart's ligament.

Freed from all appearance of disease, he was, after due caution, discharged with three days' convalescence. Almost immediately, however, after his return to duty, he re-appeared before me in the same state as at first. On this I changed the treatment, and gave him half a drachm of turpentine thrice a day, made into an emulsion with water and liquor of potash. Under this he rapidly got well, was discharged, and did not return.

Of course, I was led to give turpentine a more extended trial in buboes, suppurating and non-suppurating, and in syphilitic orchitis, etc., but without effect. Some two or three years afterwards I was shown, by a medical friend, one case of plaque, and another of syphilitic orchitis, both of which had resisted treatment. I narrated my experiences and turpentine was tried. The plaque case got well; the orchitis remained unaffected.

I took charge of a man recovering from the last of several relapses of *syphilitic iritis*. He had been somewhat profusely salivated, and the salivation continued. Before it ceased he had another relapse. I gave one-drachm doses of turpentine, using belladonna or atropine locally. The result was a speedy cure. Afterwards, the salivation having ceased, he had another attack. Turpentine was given, but without effect, and I was obliged to have recourse to mercury, under which he recovered. In other and more ordinary cases I did not find turpentine of any use.

Bichromate of Potash in Obstinate Syphilis.

In those obstinate cases whose progress cannot be checked by the ordinary remedies, Dr. F. Arpal recommends the bichromate of potash (*La Union Medica de Aragon*, Nov. 1880). He begins this potent poison in doses of one centigram daily, in an opiate vehicle, cautiously increasing it to four centigrams daily. He has observed relaxation of the symptoms in four or five days, and a complete restoration to health follow. These were cases of undoubted and progressing syphilis, which were not benefited by mercurials or iodide of potash.

In discussing the theory of its action, he believes that it is through its powerfully oxydizing agency that it alters the condition of the system. It is also a decided anti-zymotic, and may destroy the syphilitic fungus.

CORRESPONDENCE.

Medical Matters in Vermont.

State Medical Society Meeting; Legislature Regulating the Practice of Medicine and Surgery; State Board of Health; Comments on Dr. Corson's Article.

Ed. Med. and Surg. Reporter:—

The Vermont Medical Society holds two meetings during each year. The annual meeting is always held at Montpelier, the Capital of the State, and on the second Wednesday and Thursday of October. The semi-annual is held in different parts of the State; last year at St. Albans, this year at the city of Vergennes. Both meetings are quite largely attended from all parts of the State, though the interest of the profession in them is not what it ought to be. The meeting at St. Albans was interesting, on account of the excellent papers that were read and the discussions that followed. Diphtheria and typhoid fever are fruitful subjects for discussion, and always call out an immense amount of theory which shows a wider difference of opinion than exists in practice. The therapeutics of these diseases and their kindred are better understood, or there is more general agreement upon methods of treatment than upon the cause which produces the disease. All agree that, to a large extent, they may be prevented by proper sanitary and hygienic regulations. This session of the society was attended by the professors and students of the Medical Department of the University at Burlington, and Professors Settle and King read very interesting papers. Dr. J. H. Warren, of Boston, read a paper upon the method of curing hernia by hypodermic injection of the hernial ring, and performed the operation upon a patient before the Society. The operation was completely successful. Dr. Warren explained fully his method of performing the operation, and communicated the formula for the substance injected.

The annual meeting for 1880 was held during the session of the Legislature. Four years ago an Act regulating the practice of medicine and surgery was passed by the Legislature, which was fairly satisfactory to the profession, including the Homœopaths and Eclectics. Censors were appointed by all the State Medical Societies, and as a result a large class of itinerating quacks were driven from the State, not having, nor being able to obtain, a license to practice medicine in the State. Two years ago, through the lobby influence of this class, and their friends in the Legislature, an amendment of the Act was passed, which practically opened the door for the readmission of the whole horde of quacks into the State. And they have improved the opportunity. The law being thus practically nullified, the State Medical Society petitioned the Legislature to repeal the law. And it was done at the last session. An effort was made at the late session to enact a law more stringent than the one repealed, and similar to that of New York, and perhaps, of other States. It met with the most furious opposition, mainly from the Homœopaths and Eclectics, very few of whom have a diploma from any Medical College of any kind. It was ably advocated in the House, where it originated, but failed to pass. Another two years of quackery in the State will, we trust, so change the tone of public sentiment on this subject that the passage of a law requiring at least some show of knowledge of medicine and surgery in the practitioner, will be a popular demand. Till that time passes, quackery will have full swing all over the State. It is fair to say that some members of the profession in the State have no confidence in such legislation. They would prefer to have the fraternity stand upon its own merits, raise the standard of preliminary and medical education, and guard the door into the profession against the admission of any one who is not thoroughly qualified in all its branches. The Medical Department of the University at Burlington is taking high ground upon this subject, and to its credit, it is becoming widely understood that no novice or ignoramus in academic or medical education can pass the severe ordeal of its examination. With such schools for medical instruction in all the States, the profession will ere long occupy a much higher vantage ground than it now does, and suppress quackery by the force of superior education.

For several years past efforts have been made to establish a State Board of Health and Vital Statistics. Two years ago the bill passed the Senate unanimously, but was lost in the House. In the last Legislature it passed the House by a large majority, but was lost in the Senate, ostensibly for want of time to consider it, the bill reaching that body late in the last evening of the session, but really, if we are rightfully informed, for reasons not quite so reputable to honorable Senators. It was on this wise. The bill was advocated with great ability and earnestness in the House, by several of its most prominent members. One member, in his zeal, overstepped, perhaps, the bounds of debating courtesy, and declared that no man of common sense would vote against the bill. This, with other remarks still more pointed, gave offence to certain Senators who happened to be in the House during the debate, and who, on returning to their seats in the Senate, passed the word around the chamber that the House was attempting to "bulldoze" the honorable Senate into the passage of the Health bill. When the bill reached the Senate the fever was at its height, and the bill was "indefinitely postponed." The Senate of Vermont is usually the conservative, deliberative branch of the Legislature, but it did not maintain its usual reputation in that direction this year. The friends of a State Board of Health for Vermont are not discouraged. They feel confident that another session of the Legislature will accomplish the object, and place the Green Mountain State in line with other States of the Union in the grand work of preventive medicine.

I have just read, with pleasure and profit, the first installment of Dr. Corson's article in the REPORTER of Jan. 15th. The views of pneumonia he presents are worthy of consideration. In the early part of my professional life I was in the practice of blood-letting for every disease that assumed an inflammatory type. The practice then was to bleed in fevers, and especially in pneumonia, and to follow the bleeding with purgative doses of calomel and jalap in the former, and with tartar emetic in the latter. Some were cured, of course, or got well, but many died. In later years I have adopted a different course. I have laid aside the lancet, not discarding its use, but holding it as a kind of *corps de reserve*, to be used when necessity demands. In its stead I now use *veratrum viride*, sometimes alone, and sometimes with *aconite* and *morphia*, one or both. The first stage of pneumonia, in my opinion, is congestive, not inflammatory; that comes as a sequence of failure to control the congestion. Take the symptoms Dr. Corson mentions in his typical case. Instead of bleeding, as he suggests, I would prescribe veratrum viride in tinct. or fluid extract, with aconite, and I should expect before the patient had taken many doses of it his pulse would come down from a hundred to seventy, and perhaps fifty; he would breathe freely; his flushed, anxious face, as if suffocation were imminent, would have disappeared; his cough would be subdued; perspiration would break out all over him, and in a few days' time he would be about his daily avocation, having lost but little of his strength or vitality; bounding up from the deep depression of a threatened fever or inflammation. Having tried both methods of practice faithfully, I am satisfied that more patients can be saved from the jaws of death by veratrum than by the lancet. It is very seldom that I have a case of pneumonia in my practice. With the treatment I pursue they seldom reach that stage, and if they do, the disease is arrested before it reaches the next stage. L. C. BUTLER, M.D.

Essex, Vt., Jan., 1881.

NEWS AND MISCELLANY.

Registration of all Practitioners of Medicine.

A bill carefully prepared, and approved by leading members of the profession, having this object in view, is now before the legislature of Pennsylvania. Copies of the report of the committee on Medical Legislation, read before the State society, at its last meeting, have been laid on the desks of the members of both Houses, and the following memorial, as well as petitions have been presented:—

To the Honorable, the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met:—

The undersigned memorialists, being the officers, the permanent members and the delegates, at the last meeting of the Medical Society of Pennsylvania, respectfully represent that the Act approved March 24th, 1877, entitled "An Act to protect the people of the Commonwealth against incompetent practitioners of Medicine, Surgery and Obstetrics," has failed to accomplish the important objects aimed at.

The Legislature of the State of New York, at its last session, passed an act requiring all persons who practice medicine or surgery to register in the office of the clerk of the county in which the practitioner resides. In like manner the Legislature of the State of New Jersey, at its last session, passed an act requring each practitioner to file a copy of his or her medical diploma in the office of the clerk of the county, and on failure of this to abandon the practice of medicine.

What your memorialists especially desire at present, is, that an act may be passed which shall provide for the registration of all practitioners of medicine, irrespective of the so-called schools of practice, as in all European countries, the Canadian provinces, the South American States, and in some of our own States. Experience has shown that incompetency, deception and fraud can be more easily prevented by this means than by any other. The legal profession, after an examination, requires all its members to register under oath or affirmation, and there appears to be no good reason why provision should not be made for the medical profession in Pennsylvania.

In conclusion. your memorialists beg leave to ask your attention to the Report of the Committee on Medical Legislation, read before the Medical Society at its last meeting. And we will ever pray, etc., etc.

Information on this subject may be obtained through the chairman of the Committee,

R. L. Sibbet, *Carlisle, Pa.*

Improvement in Florida.

An important enterprise, with the object of reclaiming South Florida, has been started.

The drainage of Lake Okeechobee, contracted for by the authorities of Florida, will, if successfully accomplished, result not only in the reclamation of the bed of the Lake itself, but, it is believed, in that of the two vast swamps known as the "Everglades" and the "Big Cypress." which lie south of the Lake, and cover the greater portion of the lower end of the peninsula. The "Everglades," sixty miles in length, and about the same in width, really constitute a vast lake, from one to six feet in depth, studded with thousands of small islands.

As the extreme southeastern portion of Florida has legitimate claims, as a health resort, over any portion of the State, the sanitary value of this scheme deserves the attention of physicians.

The Philadelphia Dispensary.

The secretary of this excellent institution says, in the course of a letter in the *Public Ledger* :—

"The beneficent objects of this institution in behalf of the deserving poor—to treat the sick who are curable and "to make the path to Heaven easier" for those who are not—were never better carried out than at this time. And should any Christian man or woman feel it in his heart to give or bequeath a fund of say ten to twenty thousand dollars to the Philadelphia Dispensary, the income to be awarded, according to the rules and judgment of the Board, to the physicians who toil and day and night in its service without material reward of any kind, it would be a practical recognition of their deserts greatly to be desired."

It certainly would be a most meritorious action, and we hope the secretary's words will not fall unheeded.

The Smallpox Epidemic.

This dreaded disease has assumed the proportions of an epidemic in various parts of the country. In this city the deaths are about sixty per week. In Danville, Pa., the public schools have been closed on that account. It is reported to be "making terrible ravages" in Bellechasse and Dorchester Counties, Quebec. In Chicago, ten to fifteen new cases daily were reported to the Health authorities. In the penitentiary at Fort Madison, Wis., contract work is abandoned, on account of the number of cases in the institution. Jefferson, Dakota, has been surrounded with a "shot gun" quarantine; out of ninety cases thirty-two were fatal. The railroad authorities forbid trains to stop there.

These are only a few of the numerous items of the kind in the daily papers.

Cremation in Rome.

A warm discussion took place recently, in the Municipal Council, relative to the official recognition of cremation. A petition had been received from the Society for promoting this method of disposal of the dead, asking permission to erect a furnace and other necessary appliances in the public cemetery. A good deal of sentiment was, of course, imported into the matter by several speakers, but finally, chiefly owing to the clear and temperate address of Dr. Baccelli, the motion to grant the request was carried by a substantial majority. Cremation, therefore, is now legalized at Rome, as at Milan, Florence, and other towns.

Humanized Vaccine Virus.

At the request of various correspondents, we have arranged to supply those who wish it with humanized vaccine virus, in the shape of scabs. They are obtained from healthy white children, and are guaranteed fresh and active. Price $1.50 and $2.00, according to size.

The deaths from smallpox in this city numbered, last week, 61, a decided increase on the average of the last month.

Trichinæ in a Cat.

Living trichinæ, says the *Pathologist*, have been recently found, at the pathological laboratory of the Long Island College Hospital, in the muscles of a cat which had "died from natural causes" and been brought to the laboratory for dissection. The animal was emaciated and icteric. Placed on a slide, in a neutral solution, the trichinæ kept up a spiral, vermicular movement for several hours.

Confessions.

A correspondent writes: Your new departure in inviting the profession to publish errors as well as successes is a capital idea, and it is to be hoped that it will elicit many responses. If it does not, it will not be owing to the scarcity of the article. I have a dim recollection of having committed one or two myself, "in the early years of my practice," as the fathers say.

Items.

—Positively the last of General Washington's servants died last month, in Washington. This was Sally Hunter, who was one of the slaves manumitted in his will. She was born—so it is said—on his estate, in 1766, and hence was 115 years old. It is about time for these famous freedmen to become extinct.

—The annual report of the Board of Health of Chicago shows that there were 10,462 deaths in that city during 1880, out of a population of 508,298. This shows a death rate of 20.79 per 1000.

—There was a man in Indiana who paid a highly promising oculist $10 for so treating his eye that he could see as well by night as by day. The operation was perfectly successful, for now the man cannot see at all.

—The New York Board of Health has passed an ordinance making it a misdemeanor, punishable by a fine of $25, to hold public or church funeral services over any person who dies from a contagious or infectious disease, such as smallpox, diphtheria, scarlet fever, yellow fever, typhus fever, or Asiatic cholera.

—Dr. Octave Pavy, the Gulnare's surgeon, who remained in Greenland with Henry Clay, of Louisville, when the Gulnare returned home last fall, writes that he intends to go north by water next summer, to deposit provisions at different points, intending to start north with dogs and sledges the winter after, and he is hopeful that he may reach a high enough latitude to settle the question of an open polar sea.

OBITUARY NOTICES.

—Dr. George Taylor, of New Milford, Conn., died recently, aged 79 years. He was the oldest homœopathic practitioner in the State, and the first, in 1837, to introduce the doctrines of Hahnemann. He graduated at the Yale Medical School in 1824.

—Dr. Samuel T. Knight, a well known physician, died Wednesday night, Jan. 19, at his residence, No. 112 North Greene street, Baltimore, in his sixty-fourth year. He was a practicing physician in that city for over 40 years. He served one term and part of another as Health Commissioner.

—Dr. George Ferrel, member of the West Virginia House of Delegates from Berkeley County, dropped dead at his boarding-house in Wheeling, Feb. 2. He was in the House on Monday, and was taken slightly ill just before adjournment, but nothing serious was apprehended. His disease was announced as spinal apoplexy.

—Dr. Charles Winterburn died in New York last week. He was born in Yorkshire, England, 65 years and 9 months ago. He came to this country in 1840, and went to Cincinnati, where he practiced medicine till 1865. He then removed to New York, and followed his profession until his death on Sunday morning, January 20. He was found dead in bed, when called for breakfast, having died of paralysis of the heart.

—George W. Hewitt, M.D., died at his residence, in Franklin Grove, Lee Co., Ills., Wednesday evening, January 12th, aged 50 years. He was born in Middleburg, Franklin Co., Pa. His medical studies were pursued under Dr. Samuel Chew, of Baltimore, and at the same time he attended lectures at the University of Maryland, where he graduated in 1854. On the first of May of the same year he located at Franklin Grove, and pursued the practice of medicine until within a few months of his death. During the late war he served as Brigadier Surgeon under General Kirk. He was an active member of the American Medical Association, and attended many of its meetings. He was a member of the Masonic fraternity, and was buried under the auspices of Dixon Commandery, No. 21, on Sunday, January 16, 1881.

QUERIES AND REPLIES.

Dr. R. B. G, of Tenn.—The best work on Dietetics for children is, probably, "Jacobi's Infant Diet," price 75 cents.

Dr W. E. H., of Pa.—A microscope good enough for all ordinary clinical purposes, can be bought for $40 or $50.

Dr. Michel.—1. There is no unanimity of opinion among the physicians of this city, as to the relation of typhoid fever to sewer gases. 2. The mortality of the disease is supposed to be about 14 per cent. 3. The cold bath treatment is not in vogue here.

Dr. S. K, of Ga.—We are not aware of any cases of tapeworm having been supposed to have been derived from extracts of beef. The thing is not impossible, but is certainly unlikely.

Pharmacist, Pa.—The subject of the relations of pharmacists to physicians is just now being actively discussed in this city, and with a fair prospect of benefit to both parties.

MR. EDITOR.—If Dr. Laverty, of Middletown, Pa., will put his patient on fluid ext. ergot, and fluid ext. jaborandi, equal parts, and give teaspoonful doses three or four times daily, I think he will reduce the quantity of urine rapidly, and excite a proper action on the skin. He can reduce the quantity of jaborandi, and increase the ergot, if circumstances require. Should he use it, let us hear the result. J. M. KELLER.

Hot Springs, Ark., January 22, 1881.

MARRIAGES.

ASHENFELTER—ROYER.—On Jan., 20. 1881, by the Rev. C. W. Schaeffer, D.D., at the residence of the bride's father, W. G. Ashenfelter, M.D., of Pottstown, Pa., and Isabella, daughter of State Senator Lewis Royer, of Trappe, Pa.

LOVEJOY—DUNTON.—In Germantown, Pa., on the 19th inst., by the Rev. W. J. Chichester, assisted by the Rev. S. C. Hill, Rev. W. W. Lovejoy, M.D., of Boston, and Miss Emma Dunton, of Germantown.

DEATHS.

ARROTT.—In this city, on the 24th inst., Dr. Colin Arrott, in the seventieth year of his age.

BUGBEE.—In Waterford, Vt., Jan. 11, Dr. Ralph Bugbee, in his 85th year.

DARRACH.—At Germantown, Pa., on Friday evening, January 28, William Darrach, M.D.

LIPPINCOTT.—At Salem, N. J., on Seventh-day morning, the 22d inst., Dr. A. B. Lippincott.

PARSONS.—In this city, suddenly, on the 21st inst., of paralysis, Dr. John B. Parsons, aged 45 years

RAMSEY.—In this city, suddenly, on the 27th inst., A. M. Ramsey, M.D., in his 36th year.

WINTERBURN.—In New York, suddenly, Sunday morning, January 21, 1881, Charles Winterburn, M.D., formerly of Yorkshire, England.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1251.] PHILADELPHIA, FEBRUARY 19, 1881. [VOL. XLIV.—No. 8.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

NASAL, POST-NASAL, SUPRA-POST-NASAL AND PHARYNGEAL INFLAMMATIONS—CONSIDERED WITH REFERENCE TO DISEASES OF THE MIDDLE EAR; WITH REMARKS UPON TREATMENT.

BY CHAS. S. TURNBULL, M.D.,
Of Philadelphia, Pa.

Read before the Philadelphia Laryngological Society, January 28th, 1881.

The subject under consideration is one which of late years has attracted unusual attention in this as well as in other countries, taxed the skill and ingenuity of some of the most learned of medical men, furnished a luxurious living to hosts of charlatans, made countless numbers of sufferers outcasts from or nuisances to society, or else wrecked the hopes, if not the lives, of many human beings.

A neglected coryza, exposure to the weather (especially that of our Eastern States), or dust-charged atmospheres, the abuse of tobacco, hypertrophy of the tonsils, and above all, lack of hygienic education, tend to the condition of subacute or chronic nasal, post-nasal, or pharyngeal inflammations. Such subacute inflammations may be associated with congestion, hypertrophy, sclerosis, or ulceration of the Schneiderian mucous membrane, the formation of polypi, tumors, etc. Chronic inflammations, on the other hand, are associated with an aggravation of the enumerated symptoms, with necrosis of tissues or bone, and cicatricial malformations. Were it not for the inviting means of ingress to the tympanum, through its appendix, the Eustachian tube, deafness would be a rare condition, since, after an experience extending over more than ten years, we would most unhesitatingly state that at least *two-thirds* of the cases which have come under our notice have been due to extension to the tympanum, through the Eustachian tube, of post-nasal, *supra-post-nasal* and pharyngeal inflammations. We have in this connection purposely avoided the word "catarrh," which we consider ambiguous, not only as used among medical men, but also as received by the laity. It is an accepted term for most inflammations of the mucous membranes throughout the body otherwise unaccounted for. It is a bad name, unless thoroughly understood, and to be condemned, because the laity are invariably terrified by its mention, especially when used with reference to the naso-pharynx or middle ear. Hence its peculiar value to the alarmist and to the charlatan.

"Have I the catarrh?" asks the agitated patient, through whose mind flashes the thoughts of ostracism from society. A disgusting object is immediately pictured, with discharging nostrils and fauces, fetid breath, disfigured countenance and nasal articulation; always "hawking," spitting or blowing out a miserable existence. Such, we assure you, gentlemen, are, in our experience, exactly the thoughts which occur to the minds of the majority of laymen who hear for the first time the word "catarrh" applied to their complaint, and it matters little with what other words soever it be coupled. To the public mind "catarrh" has but one signification, *i. e.*, of a loathsome disease of the head, and it therefore strikes terror to the minds of those to whom it is applied. Flaming newspaper and almanac advertisements are recalled, where it has been read "catarrh leads to consumption, to bronchitis, to falling in of the nose, to loss of voice, destruction of personal appearance, disease of the brain, etc., etc." We strongly object to the word "catarrhal," and on every occasion endeavor to avoid its use, which, we note, has of late become as common as is the term "neuralgic," which is applied to every variety of pain otherwise unaccounted for.

That every variety of nasal and post-nasal inflammation may be characterized by some peculiar and attendant condition, we are sure no member of this Society will deny, and we much prefer the use of such distinguishing terms as *acute, subacute* or *chronic*, hyperæmic, hypertrophic, membranous, mechanical (from dust or foreign bodies), sclerosed, endemic, epidemic, ulcerous, necrotic (ozena), polypoid, gelatino-polypoid (sac-like), adenoid, etc., *inflammations* of the *nares, post-nares, supra-post-nares*, etc. Of this last named form we would speak somewhat at length, but not in especial connection with tympanal disease.

One cause of middle ear (tympanal) disease is, as experience has taught us, due to the fact that many persons actually do not know how to blow their noses. This remark may seem ludicrous, but it is nevertheless true. There is a wrong as well as a right way of blowing the nose, to free it from the secretions of its mucous membranes. One man sniffles, because his surroundings are such that he has no chance to free his nose, and the mucus becomes more and more tenacious, until, at last, he rushes off to be alone, and forcibly unloads the nostrils, at the same time inflating the ears at each blow. Another is too indifferent to blow his nose, and in attempting to breathe through his nostrils, with his mouth closed, draws the mass of tenacious mucus backward into the mouth, and once having started the collection, must "hawk," and snort, and perhaps gag, until the nares are cleared, or perchance, his own or somebody else's last meal be lost. Drawing the mucus through the nose and backward into the mouth, once commenced, is a most dangerous procedure. Indulged in, it is a most pernicious, disgusting and dangerous habit, and one which seems to grow with the American people, for it is impossible to ride any distance, now-a-days, in a street car, without being treated, no matter how many be riding therein, to a sound and a sight more disgusting to us than the effluvia of the meanest of dissecting rooms. Some persons *never* use a handkerchief; they seem to prefer clearing the nose by way of the mouth; in such, the anterior portions of the nostrils always become dry; usually rendered all the more irritable by the habit of picking away dried pieces of mucus, or forcibly cleansing with the handkerchief over the finger.

We vigorously discourage the vile habit of "hawking," and have found it *can be overcome* by resolute and methodical persons, who will carefully cleanse the parts and blow their noses scientifically, and although we have gone somewhat into detail, can most assuredly state that it is attention to details in the treatment of chronic post nasal, or post-nasal and associated middle ear, inflammations which insures success.

Then, too, the uvula is, by the powerful suction efforts to dislodge inspissated mucus, irritated, inflamed, and elongated. *Each "hawk" or effort to expel mucus helps make the uvula longer, and our most positive convictions are that elongated uvulas are usually mechanically produced in this way*, and are found associated with chronic post-nasal and supra-post-nasal inflammations, and the greater the "hawker," the longer the uvula.

So, too, in the case of what we have called *supra post-nasal* chronic inflammations, which are characterized by the existence of a "*button*" (as patients invariably describe it) of mucus, which dries, shrinks and irritates the *superior portion of the posterior wall, or the vault of the pharynx;* too high up, almost, to be seen with the rhinoscopic mirror. This condition, too, tends to elongate the uvula, and occurs more frequently in females, and especially singers.

This particularly annoying form we would describe as a variety of local inflammation, high up on the posterior wall, or else the roof, of the pharynx, upon which settles a mass or it may be masses of jelly or glue-like, tenacious mucus, which, being dried by the air, often by artificially heated (furnace) air, shrinks and drawing upon the inflamed, or it may be, ulcerated mucous membrane, produces the sense of fullness of the fauces, and causes "hawking" and forcible attempts at removal. Each time this "button" comes away, it may be daily or only weekly, a sense of relief is experienced, but an abraded or ulcerated spot is left, upon which the "button" will re-form; but not until it begins to dry does it cause irritation by its presence. Such "buttons," when drying, are usually the cause of a fetid breath, and their presence is invariably the cause of solicitous complaint on the part of our patients, who, even themselves, are thus made aware of the existence of these curious formations. Forcible removal of these "buttons" by means of the moist sponge held in the Eustachian forceps, and by the aid of the mirror, causes pain (lasting for twenty-four hours) or hemorrhage, and tends to make matters worse. They should be soaked, by washing with a "**U**"-shaped glass tube, or as otherwise directed, when we come to speak of treatment, every two hours, and when dislodged, the seat of such collections dusted daily, with pulverized tannin, grs.xv., thymol, grs.iij, (*to cover the odor of*) iodoform grs. v., or applied by a soft sponge. If ulceration exists, a strong solution of the powder just mentioned, in glycerine, or even carbolic acid or nitrate of silver in solution, may be used by a dexterous operator. We do not, as a rule, care to take the risks of dropping caustic solutions upon the vocal cords, or into the trachea, and when using nitrate of silver, *as a last resort*, prefer having it solid, as melted upon the end of a silver probe. We have not used nitrate of silver, except now and then locally and in the solid form, for the past three years, and cannot express any liking for it as a local therapeutic agent, but much prefer carbolic acid in the treatment of nose, throat, or ear diseases.

We invariably instruct our patients who are suffering from the combined effects of associated post nasal and tympanal disease in the art of blowing their noses. Little children cannot be taught too soon how to blow their noses, and some intelligent person should assist them in so doing; because, should they suffer at any time before boyhood or girlhood from an acute, or even chronic inflammation of the Eustachian tube and middle ear, the aural surgeon is almost powerless in attempting the inflation of the same with the air douche. It cannot be successfully performed in children under five years of age, but it can be done even by the mother or nurse, when once they are taught, by suddenly compressing the nostrils, as the child *attempts to blow its nose.* It may also be done by blowing forcibly through a stiff gum tube held in one nostril of the crying child.

In connection with post-nasal middle ear disease, we consider the pocket-handkerchief a much abused, although necessary, article of apparel. The handkerchief should be firmly held against one side of the nose and bagged around the orifice of the other nostril, so that there may not be the slightest resistance to the escape of mucus. Otherwise, the operation of Valsalva, or that of inflating the middle ear, is performed with every blow. Hence, forcible blowing of the nose is to be avoided, as, also, the bending forward, at the same time, of the head, because the latter position tends to cause inflation of the tympanum.

We have mentioned the *abuse of tobacco* as a cause of post-nasal and middle-ear disease, but would wish to be thoroughly understood upon this important subject. When suspecting the abuse of tobacco, we question our patients closely concerning the methods of using the same, and impose restrictions. We are of the opinion that its sudden withdrawal tends, in many cases, to do as much harm as good. Dyspepsia and its accompanying train of evils invariably follow the sudden withdrawal of such a salivary stimulant, especially in persons past middle age. Except in the cases of young persons (say under twenty-one), we have never seen the moderate use of good cigars do any harm; on the contrary, it has done good, especially in persons of sedentary habits. While not desirous of placing ourselves on record as advocating the use of tobacco, we would state that *we consider one good cigar, smoked immediately after each meal, and without a holder, providing there be no expectoration caused, and the smoker avoid draughts of air, and sit quietly in or out of doors, as entirely innocuous and usually beneficial. We invariably advise smokers who must expectorate to give up the habit at once.* Smoking while walking, *driving* or sitting in a draught, causes expectoration, and hence is injurious, as also are pipes, cigar and cigarette-holders and stumps, which become rank; they, too, cause expectoration. post-nasal inflammation hawking, etc., or the swallowing of more or less concentrated tobacco juice. Cigarettes are hurtful on account of the fumes of the paper, and cause, when the smoke is blown through the nose, sclerosis of nasal and pharyngeal mucous membranes, chronic laryngitis, etc., so does also smoking when *driving* in an open vehicle. Pipes are seductive and unclean, by not only consuming large quantities of tobacco, but soiling the hands and garments, while the smoke is heated and the suction efforts tend to congest the naso-pharyngeal mucous membrane. All of the cases of tubal or tympanal disease which we have attributed to the abuse of tobacco have had their origin in chronic inflammation of the post-nasal and pharyngeal space, in those who expectorated while smoking, or who used many bad cigars, or smoked the same while walking or driving. In such, the pharyngeal wall is always dry and sclerosed, and the sense of taste, as well as of smell, is often impaired. We do not say "stop smoking," but while imposing conditions, permit indulgence in the luxury, which, like most blessings, is often abused. We have experienced great pleasure in having our opinions sustained by old and experienced smokers; in having those who abuse tobacco acknowledge the cause to be one or the other which we have mentioned; and what is most conclusive evidence, many materially improve in health and hearing under a proper moderate use of the weed.

Enlargement of the tonsils is another cause of post-nasal, tubal and tympanal inflammation. Such enlarged glands act mechanically by causing extension of inflammation, rarely by making pressure upon the mouths of the Eustachian tubes, but by closing the post-nasal space. By testing the hearing with the mouth at first closed and then wide open, enlarged tonsils, suspected as a cause of deafness, will be drawn forward or away from the mouths of the tubes and the hearing will improve. In excising enlarged tonsils we prefer the long scissor-forceps, with teeth on one side (Fig. 1), and the knife of Yearsley (Fig. 2), having a short, rounded blade, set at an angle to the handle. Or, for children, the tonsillotome of Mackenzie.

Fig. 1.

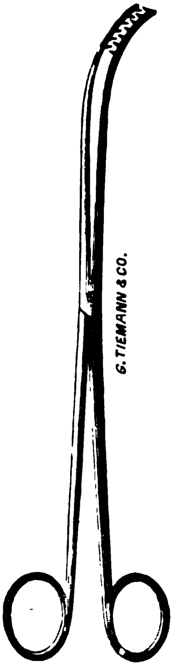
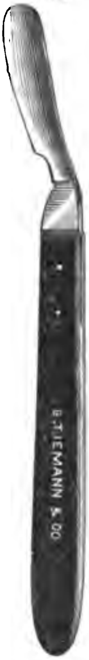


Fig. 2.



As regards the tediousness attendant upon the treatment of all forms of post-nasal inflammations, whether associated with aural disease or not, we will be sufficiently well borne out by the members of this Society, that unless the surgeon as well as his patient be well stocked with patience, treatment will be of little avail.

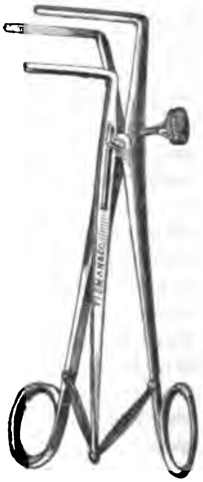
We have directed especial attention to what we consider the causes and nature, as well as the treatment, of post-nasal, etc., inflammations, since they are, through tubal transmission, the most fruitful sources of middle ear disease. It is the chronic, hypertrophic, sclerosed, or especially exudative forms of inflammation of the post-nasal space, in which the mucus collects and dries, or is drawn or else falls into the throat and mouth, which are the most frequent causes, by extension of tubal and tympanal inflammations, and consequent "throat deafness."

Before proceeding to a description of the forms of middle-ear disease, of throat, *i.e.* post-nasal, origin, we would refer to the methods employed to remove the cause of such tubal or tympanal diseases, a proper understanding of which is of vital importance in their successful treatment. As regards the treatment, we would repeat: Remove the cause. Some one may ask, "How shall our patients avoid atmospheric changes?" Teach them to keep their mouths shut and breathe through their noses, whether asleep or awake, indoors or out of doors. Licorice, clear sugar candy, "jujube paste," or gum-arabic should be kept about the person, and in going out into the cold or coming into warm apartments from the street, a piece of one or the other substance should be placed upon the tongue, since in sucking the same the mouth *must* be kept closed. They should avoid places of amusement, etc.; cars (street and steam); badly ventilated or over heated apartments, etc. Have sufficient air in sleeping apartments and heat with the bed clothes. Endeavor to fall asleep with the mouth closed, or even, as we have seen successfully practiced, tie up the lower jaw upon retiring. Of course, if our patients be wealthy, we send them South, to a more genial climate.

The majority of our most intelligent patients are treated for a certain length of time, after which they are placed under their own care. Such are seen now and then, and are taught the methods we prefer, and encouraged to be diligent in the plans we are about to describe.

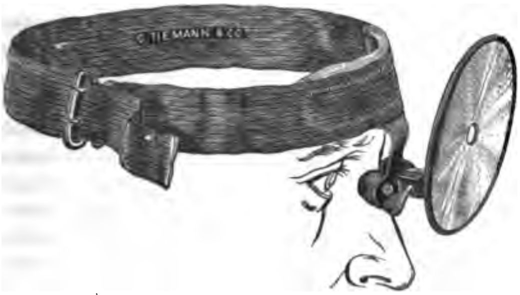
Had we omitted every other instrument, and mentioned only the rhinoscope, we would have named the most valuable in the treatment of post-nasal as well as middle-ear diseases. In fact, the post-nares could not be examined satisfactorily, much less treated, without the aid of the rhinoscope. As for the nasal douche of Thudichum's fame, in the treatment of *chronic post-nasal or supra-post-nasal* "catarrhal" inflammations, you might as well let it play out of the window as expect to benefit one such case by its use.

Fig. 3.



Having inspected the nares with Elsberg's nasal speculum (Fig. 8), or the external auditory meatus and membrana-tympani, as the case may be, we at once have resort to Shrötter's forehead mirror (Fig. 4), or rhinoscopic mirrors, and examine the post- or supra-post-nasal space, and faucial orifices of the Eustachian tubes, and in the majority of cases arrive at once at a satisfactory diagnosis. If the case be one in which the patency of the Eustachian tubes is to be determined, we employ the otoscope, or auscultation tube, Valsalva's experiment, or forcible inflation with Politzer's air douche. The vapor of chloroform or of hydrobromic ether is more penetrating than atmospheric air in employing Politzer's method, and we have often inflated the tympanum by this means when all others had failed. A relaxed condition of the fauces, especially such as is found in the case of anæmic or old persons (particularly when the teeth have been lost and the alveolar processes absorbed), tends to collapse of the walls of the tube. This condition cannot be diagnosed from the condition of complete stenosis, except by the use of some such penetrating vapor as we have named. To mention sulphuric ether is only to condemn it, because its odor is absolutely disgusting to the majority of persons.

Fig. 4.



In the treatment of nasal and post-nasal inflammations, we consider cleanliness and the methods proposed for accomplishing the same as of the greatest moment. If the mucus accumulates and flows, or collects and dries posteriorly we direct the cleansing fluids in that direction, but if the secretions be discharged anteriorly we direct the cleansing fluid from the fauces forward. In most cases we use warm, weak, carbolized solutions of chloride of sodium, one half to two pints to each side. Chlorate of potash, sulphate of zinc, carbolic acid, tincture of iodine, glycerole of tannin, etc., are used in varying proportions, the strength of the solutions being determined by the exigencies of the case, but never exceeding one half the strength of ordinary gargles.

The first cleansing must be conducted by the physician, if only to teach the patient how to continue the tedious process and guard against injury of the Eustachian tube or tympanum.

To cleanse the nares, or post-nares, through the nostrils, we are most particular. We use either the hand, a straight tube (as a pipette), or, better, a "**U**"-shaped glass tube with a flanged opening at one end and a bulbar nozzle at the other, directing our patient to close one nostril with one hand, and snuff, or draw forcibly from the other hand or from the tube, *at the same time throwing the head as far back as possible.*

We consider most reprehensible the indiscriminate advice so generally and thoughtlessly given, "snuff salt and water up your nose." In so doing the frontal sinuses become filled, frontal and often most severe headache and chronic inflammation (often mistaken for "supra-orbital neuralgia") ensue, and the patient is frightened from making more than the first attempt. By our method we have never had headache complained of, and the wash impinges more directly and forcibly against the supra and post-pharyngeal wall, the most frequent seat of inspissated and desiccated mucus. The parts are to be cleansed twice daily, and the nostrils subsequently blown out, as already directed. After the evening washing out, and immediately before retiring, vaseline, or better, cosmoline, a piece the size of a pea, is to be drawn part way up into each nostril, there to be retained, and allowed to melt and soften the masses of dried mucus. If there should exist a strumous diathesis, or specific taint, we use one grain of the yellow oxide of mercury to each drachm of cosmoline, or if there be smarting or pain in any instance, we add one-half a grain of the muriate of morphia to the ointment. If the patient be subjected to a dust-charged atmosphere, and the anterior portion of the nose be inflamed, or ulcerated, as is usual in the cases of weavers, wood and stone workers, upholsterers, cigar-makers, etc., we order the nostrils to be anointed, three times daily. Before each fresh application the preceding one, with the dust it has collected, is to be wiped off with a soft, dry cloth. If the post-nares are likewise mechanically irritated, we order light pledgets of wool to be worn in the nostrils or a protective snuff, composed of equal parts of powdered gum-arabic, bismuth carbonate and lycopodium, which is to be used throughout the day, washed out nightly by the process above described, and the parts well anointed. For washing out the nose and fauces, from behind, we

FIG. 5.

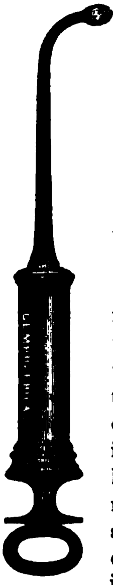
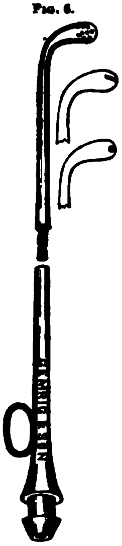


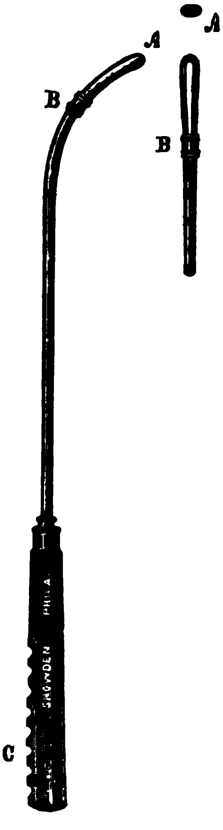
FIG. 6.



prefer the hard-rubber post-nasal syringe (Fig. 5), or use one of the several forms of spray producers, or the fan-shaped jet apparatus of Dr. J. S. Cohen, to which we have added other nozzles (Fig. 6).

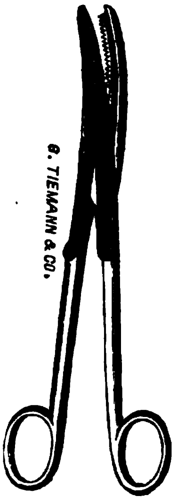
Also as culpable do we deem the advice, "use the nasal douche." Except in cases of ozena, or specific ozena, where it is absolutely indispensable, we particularly avoid and discourage the use, except in the surgeon's own hands, of all forms of nasal douches. So, also, any other form of spray or forcible jet-producing apparatus, so often allowed in the hands of the patient, because in the cases of tubal or tympanal complications, or where the faucial orifices of the tubes are patulous, the solutions used are sure to enter the middle ear and do harm. We have had cleansing solutions enter the tympanum while carefully using the post-nasal syringe for our patients, and consider we cannot be too careful in the employment of the same.

FIG. 7.



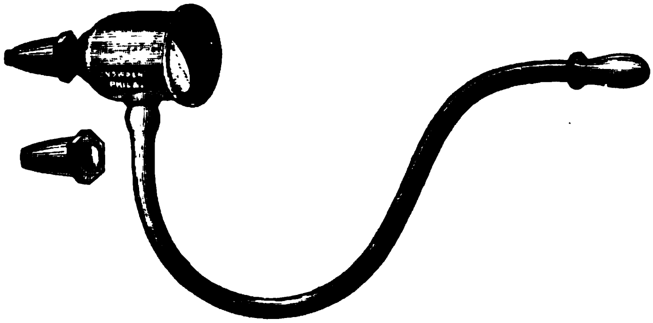
All masses of mucus, growths, etc., to be removed, as also applications to the pharynx, its vault, the post nares, or the Eustachian tube orifices, should be carefully performed by the aid of the rhinoscopic mirror, exactly as in the case of the larynx. In making applications to the parts under consideration, we use fresh pieces of sponge, held by the Eustachian forceps (Fig. 7) devised by my father, Laurence Turnbull, M.D. By taking the cases under our personal observation and manipulation, we have had most encouraging success, and with rare exceptions, have found it quite unnecessary to use any form of surgical interference, such as that for the removal of hypertrophied mucous membrane, or even new bone formations. In this connection we might refer to the operation for the removal of elongated uvulas, because having once become so, they excite faucial irritation and induce a continuance of the very trouble which in the first place has led to their formation. We have met with them of varying shapes and lengths, some tapering to a point, some club-shaped, some spatula-shaped, others curled, as it were, to one side or the other, and from one-half to three inches in length. In one case, the extremity of an elongated uvula was glued to the posterior wall of the pharynx. We prefer the scissors (Fig. 8) with teeth combined on the inferior (concave) surface of the blades, to all other forms of instruments for abbreviating the uvula, and would, in no case, cut closer than one-fourth of an inch from the base. We use broken ice, sucked for some minutes prior to and some fifteen minutes subsequent to the operation, *and invariably direct half-hourly, or still more frequent, garglings of warm salt water*, because, as a rule, the process of cicatrization in such cases is both slow and painful. Condylomata hanging from the soft palate are inviting to the use of the scissors, but we have found by experience that such disappear sooner when unirritated and treated specifically.

FIG. 8.



Invasion of either the Eustachian tubes or the middle ears, by extension of any inflammatory process may be readily controlled if taken in the onset of the attack, and vigorous treatment of the cause, coupled with careful conservative treatment of the tympanal or tubal disease, is usually crowned with success. *Once having occurred, patients are* ALWAYS *liable to have such extension of post-nasal to tympanal inflammations recur*, and caution to such can be utilized to great advantage. It is the unfortunate fact, however, that the aural surgeon is not consulted until too late, *i. e.*, when the tympanal membrane as well as the post-nasal wall disease has become chronic. It may be that the Eustachian tubes have become strictured—perhaps permanently closed—and the tympanum a vacuum (hence tinnitus-aurium), the muco-periosteal membrane lining the tympanum hypertrophied or sclerosed, connective tissue bands stretched cob-web-like across the cavity of the middle ear, the ossicular joints anchylosed (hence tinnitus-aurium), the membrana-tympani thickened, retracted, or even held motionless; in short, the conducting acoustic apparatus almost ruined. In this class of cases there is but little, as a rule, to be hoped for beyond the retaining of a moderate amount of hearing power, which power, unless intelligently nursed and watched, will annually grow less.

Fig. 9.



In the treatment of chronic inflammations of the middle ear we seek to keep the Eustachian tubes pervious and free from collections of mucus by the use of the air-douche and stimulating vapors, but we never, on any account, use a bougie or sound; they are dangerous in the extreme. To allay the intra-tympanal inflammations, we also use external counter-irritants over the mastoid process, exercise the ossicular joints, and with them the membrana-tympani and its muscles, by the air douche, Valsalva's experiment, or Siegle's pneumatic speculum. This instrument (Fig. 9) we have modified by covering the specular end with lead-pencil rubber, to perfectly close the meatus, create a vacuum, and prevent pain and subsequent inflammation from irritation. We inject solutions of salt or soda and water into the tympanum by means of the catheter, small syringe, and Politzer bag; and administer, for from two to three weeks, small doses of the biniodide of mercury (gr. $\frac{1}{10}$ t. d.) followed by iodide of potassium (5 grs. t. d., after meals), for a month or more. In chronic inflammations of the middle ear there is, as a rule, atrophy of the ceruminous glands, hence absence of secretion, and this fact is one of the most prominent of diagnostic symptoms. We always supply, in such cases, often with benefit to hearing, an artificial cerumen, to be used nightly, of—

℞.	Muriate of morphia,	gr.j	
	Yellow oxide of mercury,	grs.ij	
	Cosmoline,	ʒ ij.	M.

Make an ointment.

Sig.—Use every night, to anoint the ears.

We have used the vapor of hydrobromic ether, (Wyeth's) with marked success, and prefer it when there is narrowing of the Eustachian tubes or tinnitus aurium of a congestive character. The forms of tinnitus aurium accompanying middle ear inflammations vary, as do all symptoms of any disease, but are usually of a singing or hissing character, and are entirely dependent upon the conditions existing within the tympanum.

We have adopted the general rule, that after having removed the cause of any chronic middle ear inflammation, and treated our patients for several weeks without any signs of improvement, and having satisfied ourselves that the hearing is not becoming worse, we educate them in the proper care of their cases, discourage hopes of a return to complete recovery, and encourage patience and care in order that they may retain what hearing they have. We never advise our patients to attempt the use of the air douche (Politzer's) at home, because such are invariably failures, but prefer their practicing the Valsalva operation, and using with it a vapor of—

℞.	Tincture of iodine, (U. S. P.)	f. ℥ j	
	Chloroform,	f. ℥ ss.	M.

Sig.—Use as a vapor to "sniff" up the nose. (Put into f. ℥ j ground-stoppered bottle, half full of absorbent cotton.)

to be forced into their middle ears. Before using this, however, they must know exactly how to inflate the ears, and be taught not to inhale the vapor, but "sniff" it up the nostril, and by compressing the nostrils and making a short, quick (Valsalva) effort, force it into the tympanum. This procedure we have found of especial benefit in cases where patients have been unable, from any cause, to receive treatment at our hands, and in proportion to their intelligence and perseverance has it proved successful.

In this somewhat lengthy summary, but far from detailed account of the subject under consideration, we have, gentlemen, while perhaps taxing your patience, endeavored to state our experience and the methods and plans of treatment we have adopted, and, in conclusion, would add that no special branch of medicine or surgery offers a more extended field for original investigation and manipulation.

FACTS FROM THE SMALLPOX HOSPITAL AT TROY, N. Y.*

BY CLARKSON C. SCHUYLER, M.D.,
Asst. Surgeon, Troy Hospital.

What I have to offer is merely a *résumé* of a service of four months at the smallpox hospital in Troy. As every phase of the disease was noted, and some unusual phenomena observed, I have thought that this recapitulation might not be uninteresting, inasmuch as the disease still prevails, and some of you, I understand, have it in your midst. While, as will be inferred from what I have said, I do not propose to make this a treatise on smallpox, I would like, however, to call your attention to what are to me some interesting facts in the etiology and symptomatology of the disease of which I took cognizance.

While there is little doubt that the greatest danger from infection in this disease is during the stage of suppuration and desiccation, I am led to believe, from the history of cases noted in families where its members have successively contracted the disease, that there is no stage in which it cannot be communicated; that the breath and exhalations from the body during that part of the period of incubation immediately preceding the stage of invasion can infect the unprotected. These views, while they are contrary to general belief, confirm the observations of Prof. Lomas, who says: "There are well authenticated cases which prove to us that infection may take place during any stage of the disease, even during the period of incubation." I believe, however, that the danger from exposure during the stage of incubation, invasion, and the appearance of the eruption, is slight, if the patient be in a large and airy apartment.

It is well known that rarely does an individual suffer from a second attack of the disease. I have seen, I think, three exceptions, there being room for doubt in but one, in which case no evidence of a previous attack could be found upon the body. The history, however, given by the mother of the girl (whose age was 16), seemed to warrant the belief. She said that when about four years of age she contracted the disease from her father; that she was nursed in the room with the father as soon as the disease manifested itself, which was during the period of desiccation. The other cases, both men, aged respectively 36 and 37, were scarred. The former died of the *hemorrhagic* form of variola. It is a fact worthy of note that in each of these three instances the primary attack was previous to puberty. I say worthy of note, because many believe that if the protective power of vaccination during infancy is ever lost, it is at this period in life.

The precursory signs, excepting, of course, the fever, were in some cases wanting, the pronounced headache and backache, which are as a rule present, having been wholly absent. It was also observed that when the eruption did not appear until the fourth day it was invariably *discrete*. In the discrete form it was often difficult to find umbilicated vesicles at any stage of the disease. (In diagnosis this might be a source of error if smallpox were not prevailing.)

In many instances I had noticed upon the forehead and breast, in this variety, a few aborted vesicles (I refer to cases admitted on the third or fourth day of the disease, or after the appearance of the eruption). This question immediately presented itself: Did these isolated vesicles come in sight, umbilicate and abort previous to the appearance of the general eruption? I was soon able, in two instances at least, to answer this question in the affirmative.

I was called to see a young woman who was thought to be suffering from a severe cold. This was the second day of the attack. She had had the violent prodromic symptoms of variola, and it was immediately suspected that she was suffering from that disease. Upon close inspection three small umbilicated vesicles were found; one upon the forehead, one at the angle of the lower jaw, and one on the neck. *Forty-eight hours after* the general eruption appeared.

Again, I saw, with a brother physician, an old gentleman, on the morning of the third day of his sickness. He had no marked headache or backache; temperature 103½°, pulse quick, tongue dry, kidneys excreting but little. A few umbilicated vesicles were found upon the forehead, one or two of which were slightly crusted. The eruption made its appearance twenty-four hours later. Whether this is usual I am not prepared to say. I am not aware, however, that it has ever been observed. Bartholow, in his work on "Practice of Medicine," refers to a form of eruption appearing in clusters or patches, which he terms "*corymbic*." But one case having this variety of eruption was seen. Only a single cluster, the size of a silver dollar, appeared upon the face, upon the left cheek. There were a few isolated vesicles, however, at the margin of the hair, on the forehead. A number of patches were present upon the legs and arms, the skin between them being wholly destitute of eruption for a distance, in some places, of at least twelve inches. The vesicles in some of the clusters were coherent, or in immediate contact, without being really *confluent.*

---

*A paper read before the Union Medical Association, at Eagle Bridge, N. Y.

Death was inevitable, as a rule, in the hemorrhagic variety, or what is popularly known as "black smallpox." Death usually took place before the period of pustulation was reached. In those that died, not only were the vesicles filled with bloody serum, but there were extravasations of blood beneath the cutaneous layers, and hemorrhages from the various orifices of the body. I have seen them die as early as the third day. Two adults recovered, one of which suffered from abscesses for a month after.

Two cases were admitted during pregnancy, five and six months, respectively: one *hemorrhagic* the other *discrete.* The former aborted on the fourth day and died on the fifth; the latter made a good recovery, without death to the fœtus.

The pharyngitis in some cases was so severe as to render deglutition impossible. As this usually occurred during salivation, the condition of the patient was most distressing. An authority on smallpox, speaking of confluent variola, says: "While the eruption may be completely confluent on the face and hands, on other parts of the body it remains distinct, and never becomes confluent except over limited spaces." In two cases the eruption was confluent *on every part of the body*—one, a young woman aged 20, the other a girl of 15. The former died on the tenth day of the disease, the latter on the ninth.

The performance of laryngotomy in one case apparently suffering from œdema of glottis was seriously thought of; the patient recovered, however. No diphtheritic membrane was observed in these cases, nor in the hemorrhagic form, as is spoken of by some authorities. No uncontrollable vomiting or diarrhœa was met with. These concomitants of the period of invasion were rarely seen thereafter.

And now, as to treatment. The question naturally presents itself, Do we possess any power to arrest the development or mitigate the severity of this disease? As to the development, I answer no; excepting, of course, vaccination immediately after exposure, which, if successful, will insure a modified form of the disease. There are certain stages, the severity of which may be mitigated, especially that of invasion, with restlessness and high temperature, when aconite, given hourly, has a most happy effect. Bitartrate of potash, in the proportion of an ounce to a pint of water, taken *ad libitum*, was a grateful drink. It seemed to limit the inflammation of the skin and hasten desiccation. At any rate, those taking it "cleaned off quicker."

In severe cases you are compelled to resort to the use of stimulants, heroically, too, sometimes. Many a life has. I believe, been saved by the judicious use of stimulants at the period of suppuration, when the patient is found with a dry tongue, quick pulse, blue lips, and, sometimes, active delirium—a condition very like the last stages of typhoid. Frequent sponging during the development of the eruption was found to be very grateful.

Nothing I found gave so much comfort during the stage of desiccation as a warm bath, the patient frequently begging to have it repeated. As an instance showing the benefit derived from the baths, I may mention the case of a young man who was brought to the hospital on the sixteenth day of the disease. He was a most frightful object as he lay there before me, with hardly the semblance of a human being, unconscious and in a muttering delirium. As a *dernier ressort*, a warm bath and stimulants were ordered. In three-quarters of an hour he was removed, placed in bed and freely oiled. Within one hour he was conscious and able to tell of the suffering and neglect he had undergone previous to admission. Nothing, I believe, can be relied upon when we deal with the hemorrhagic variety; although tinct. chloride iron with turpentine seemed to be given with good effect in the two cases that recovered.

Vomiting was invariably controlled with subnitrate of bismuth, taken dry, in 10 or 15 grain doses. What was done to prevent pitting? you are no doubt ready to ask. Well, nothing, because I believe nothing can be done. The pitting depends entirely upon the depth of the slough under each pustule. If the infiltration of the pus cells into the vesicle takes place without extension of inflammation into the cellular tissue beneath, then there will be no pitting; but if it does extend into the deeper tissues and a slough is the result, then pitting is inevitable.

That some are scarred more than others is a natural course of the disease.

The whole number of cases treated was 216. I have a record of 199. As to those who died previous to my keeping a complete record, a memorandum, as to age, vaccination and variety of disease, was made.

A perusal of the following table will be of interest:—

	Variety						
	Number.	Varioloid.	Discrete.	Hemorrhagic	Confluent.	Corymbic.	Died.
Not vaccinated	105	7	50	12	35	1	38
Vaccinated after exposure	2	2	...	...	...	..	...
Vaccinated in infancy . .	64	21	24	8	11	..	10
Vaccinated	17	11	5	..	1	..	2
Inoculated	8	3	2	2	...	..	1
Had smallpox	3	...	2	1	...	..	1

Ages.	Number.	Deaths.	Percentage of Death.
Infants	11	5	45.5
1 to 10 years	68	15	22.0
10 to 20 years	44	12	27.2
20 to 30 years	46	8	17.4
30 to 40 years	18	5	27.7
40 to 50 years	8	1	12.5
50 to 60 years	4	1	25.0
Total	199	47	

It will be observed that the mortality was about 22 per cent., which we think is a very good showing, taking into consideration the type of the disease that has prevailed. Probably at no time in the history of smallpox in Troy has the disease been so malignant. And, too, the number of cases admitted when the disease was far advanced necessarily increased the ratio of mortality, premising that the hospital care and treatment were superior to that received at home. In the "vaccinated" all children were carefully examined as to scar. I mention this, as it will be seen, from the table, eleven had varioloid, five discrete and one confluent smallpox. Believing, as I do, that vaccination is an absolute protection against *smallpox* (not varioloid), I am positive that those having the discrete and confluent forms were unprotected.

Not a single case *having a recent vaccination* was admitted during my service. One child having a recent vaccination (within two weeks), was admitted, with four others of the same family having the disease, and remained in the hospital for two months without contracting the disease.

The greatest mortality, it will be observed, was among infants, 45 per cent. dying. The lowest rate was between the ages of forty and fifty, only 12 per cent. dying.

I cannot close this paper without saying a word in commendation of the heroic fortitude, patient devotion and Christian graces of the Sisters of Charity, who voluntarily connected themselves with the institution. The success of the treatment of patients therein and the low mortality among them are due, in great measure, to the watchful care and attention of these Sisters, who have shown themselves to be real ministering angels to the afflicted.

THE TREATMENT OF CONSTIPATION BY THE SWEDISH-MOVEMENT CURE.

Remarks offered at the Meeting of the Philadelphia County Medical Society, Nov. 24th, 1880,

BY BENJAMIN LEE, A.M., M.D.,
Of Philadelphia.

In order the more readily to convey a definite idea of the principles on which the Swedish Movement Cure is based, and the mode in which these principles are carried into practical execution, I have written upon the blackboard a prescription for that *bête noire* of the profession, constipation. I recommend this mode of prescribing, as the sword which, so far at least as a large amount of chronic disease is concerned, will cut the Gordian knot of the problem with which we have been wrestling this evening, namely—the relations of the druggist to the physician—for I venture to say that no apothecary can be found who will undertake to compound a prescription like this. You will observe that each clause of the prescription contains two parts; the first is the attitude or position to be assumed by the patient in taking the movement; the second is the movement itself. I have distinguished them by drawing a line down the middle of the prescription.

PRESCRIPTION OF MOVEMENTS FOR A CASE OF OBSTINATE CONSTIPATION.

1. Heave standing,	Chest expansion, deep inspiration.
2. Half lying,	Leg flexion and extension (p. r.).
3. High ride fall sitting,	Trunk twisting (p r.)
4. Toward standing,	Thigh extension, forced (p. r).
5. High ride turn sitting,	Circular twisting with pressure upon stomach and in the lumbar region.
6. Extension standing,	Colon stroking.
7. Forehead fix, high knee astride standing,	Spine extension, forced (p. r.).
8. Side stretch standing,	Liver vibration.
9. Lying,	Abdomen kneading, pressure with vibration over solar plexus.

The attitudes being very various, their nomenclature is necessarily somewhat cumbersome, while its foreign parentage makes it awkward to our ears. Suffice it to say that each variation has reference to special groups of muscles, or certain organs.

The first movement in this prescription is a respiratory one, taken in the erect position, with the chest thrown out, and accompanied by deep inspirations; its object being to invigorate the entire system by introducing a large amount of oxygen into the blood, and by means of this pure blood supply, to bring both muscles and nerves into a highly vitalized state, in which they will respond most readily to the stimulus of the subsequent movements.

The second is derivative, designed to relieve congestion of the abdominal organs by drawing down the blood into the lower extremities. In this, the trunk is placed at rest in a semi-recumbent posture. The letters (p. r.) will be noticed immediately after this movement. They signify that *patient resists*, the movement being made by the operator. This is, therefore, a *duplicated movement*, and the entire will of the patient being concentrated upon this effort, it is powerfully revulsive.

The third movement has two principal ends: the first, pressure upon the entire abdominal contents by the abdominal parietes, thus relieving congestion by forcing the blood out of the larger vessels; and secondly, invigorating and developing the transverse and oblique abdominal muscles, which are rarely brought into play in ordinary exertions. The attitude is such as to fix the pelvis. The arms are then crossed over the top of the head, and the extended elbows are made use of as a lever, by means of which the trunk is twisted or rotated upon its axis, the patient resisting the operator's effort.

The fourth places the abdominal muscles, especially the *recti*, strongly upon the stretch, thus inviting a copious flow of blood into their capillaries, while at the same time, by irritating the muscles about the hip and perineum, and the *psoas* and *iliacus*, it stimulates the nerves of the lumbar and pelvic plexuses.

The next consists in a rapid rotation of the entire trunk upon the pelvis, bringing all the muscles of the lower part of the trunk into play, and subjecting the pelvic viscera to alternate pressure and relief from pressure. It promotes activity in the portal circulation, and stimulates peristaltic action. It is accompanied with firm pressure upon the stomach and in the lumbar region, the former with a view of stimulating the solar plexus, and the latter the lumbar nerves.

The next movement is entirely passive, the patient standing, while the operator slowly and firmly strokes the colon in the direction of its vermicular wave; its primary object being to accelerate the passage of fecal masses and flatus through that portion of the canal, and its secondary object to stimulate its rhythmic contractions.

The seventh produces extreme erection of the spine, thus affording increased space for the abdominal organs, usually compressed by improper attitudes.

The eighth movement is the movement-cure blue pill. The patient takes such an attitude as shall place the muscles of the right side strongly on the stretch, and the operator then produces a rapid vibration of the parietes of the chest and abdomen immediately over the liver. The effect is to relieve congestion of that organ and excite a healthy flow of bile.

Finally, the patient lies upon the back, and a thorough kneading of the abdomen is given, followed by pressure and vibration over the solar plexus. The circulation of all the abdominal viscera is thus stimulated, the passage of both chyle and fæces through the alimentary canal is aided, healthy secretion is promoted, undue accumulations of mucus are dislodged, and the great nervous centre of the organic system is roused into the highest state of activity. There are very few cases of constipation, however obstinate, which will resist a fortnight of this treatment daily, and many cases will yield in a week. The time occupied in carrying out this prescription is about an hour.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. JAMES H. HUTCHINSON.

REPORTED BY GEO. F. SOUWERS, M.D.

Mitral Disease, with and without Anæmia.

GENTLEMEN:—I propose this morning to offer you some remarks on some of the diseases of the heart, their complications and treatment, and such collateral matters as the subject naturally suggests. The patient before you is H. W., twenty eight years of age, single and a domestic, born in Pennsylvania. She was admitted to the Institution January 12, 1881. Her father died of consumption, but her mother, brothers and sisters are alive and healthy. When a child she had an attack of acute articular rheumatism, but always enjoyed good health afterward until three years ago, when she had another attack, which confined her to her bed for several weeks. A few months after this last attack she began to have palpitation of the heart, pains in the chest, dyspnœa upon slight exertion, and at times more or less œdema of the lower extremities. Last July she was admitted into this hospital, at which time marked œdema and ascites were present, together with a pleuritic effusion on the right side. At that time the heart's action was labored and irregular, and a systolic and presystolic murmur were heard over the apex; there was present, also, a great deal of pain in the chest, especially in the region of the heart.

Five weeks after admission, and when the dyspnœa had almost disappeared, she weighed forty-seven pounds less than upon her admission to the wards. She left the hospital during the latter part of October.

Since leaving here she worked steadily at her occupation as a domestic, until three weeks ago, when, having been exposed to cold and wet, she caught cold, and very soon suffered so much from dyspnœa that she was obliged to go to bed. She denies ever having had any specific disease. Upon her admission this last time the dyspnœa was marked, the pulse small and frequent, but regular, appetite fair, bowels and menstruation regular and no fever present. Although she has a dry cough, the examination of the lungs gives only negative results. The heart is somewhat hypertrophied, the apex beat being most distinctly felt in the sixth interspace, 1½ inches to the outer side of the left nipple; over the apex and systolic in time, a long, loud murmur is heard. Eyes prominent. Urine acid, specific gravity 1.012, and contains a small amount of albumen.

We have here a history of heart trouble due to a rheumatic attack, and the question arises as to whether the affection is of recent origin or whether the lesion dates back to the rheumatic attack of girlhood. It is a well-known fact that the cardiac complications in rheumatic attacks may be entirely overlooked if we depend upon the patient calling our attention to them. In fact, a complication may occur without, either at the time or in after life, giving rise to any symptoms that at all incommode the patient. I venture to say, therefore, that this lesion under which she is now suffering is due to the early rheumatic attack rather than the last, from the fact that heart complications are more apt to take place in the rheumatism of the young than in that of the adult; that is, the liability decreases in a direct ratio as the age increases.

The notes tell us that upon her first admission she was suffering with pleurisy, having taken cold, and that she was also the victim of ascites, and a general œdema of the limbs. This pleurisy rapidly subsided under treatment, and the dyspnœa almost altogether disappeared before her discharge, as well as the effused fluids (amounting, if we may judge by her loss in weight, to forty-seven pounds). Now I think that this disappearance of these symptoms goes to demonstrate that in the absence of acute disease a person will get along very comfortably and with no knowledge of the presence of a pathological condition of the central organ of circulation. On account of the prominence of the eyeballs you might be led to suppose that perhaps our patient was suffering under Grave's disease; but the cardiac signs are not those of this disease, and there is no enlargement of the thyroid gland, which almost always accompanies it. The further fact that in the colored race prominence of the eyeball is not unfrequent must also be remembered. Upon examining the heart, the impulse is perceived outside of the nipple and lower down than its normal position, the apex being in the sixth interspace and 1½ inches to the outer side of the nipple; further, there is an impulse in the second and third interspaces, which is more marked than the normal impulse, and precedes it by a distinct interval. There can be no question as to what causes are at work to produce this abnormal impulse; undoubtedly in addition to any further lesion which the organ may be the seat of, there is here present an hypertrophied condition of the left auricle; this has a large bearing on the question of prognosis, and should be carefully watched for, in examining cases of mitral disease.

Some of you may, perhaps, be disposed to regard the displacement of the apex beat to the left as a consequence of the effusion into the right pleural cavity; but the effusion is too inconsiderable in amount to have any such result. In addition to which, it is fully explained by the hypertrophy of the heart, of which there is abundant evidence in the increase of dullness in the præcordial region, which can be very distinctly made out, notwithstanding the presence of a very large and pendulous mammary gland. Examination of the arteries of the neck shows their beat to be rather feeble, whereas, if we had aortic regurgitation to deal with, their beat would, as a general rule, readily be distinguished, both by the finger and the eye; further, the artery at the wrist presents the characteristic pulse of mitral disease, being small and feeble in its beat and slightly irregular in character, like the heart's action. Upon auscultation a long, loud murmur is heard, which, beginning before, is prolonged through the systole, and is thus presystolic as well as systolic. This presystolic murmur is, probably, best observed by noticing that it begins before the carotid pulse is felt, and is, therefore, synchronous with the passage of the blood from the auricles to the ventricles. It is caused by constriction of the mitral orifice, interfering with this flow of blood, and is usually more distinctly heard at the apex.

The systolic murmur, of course, indicates the presence of mitral insufficiency. Now, mitral constriction is not a rare affection; the same condition of the valve which gives rise to mitral insufficiency will, and frequently does, give rise to mitral constriction, as, for instance, in those cases in which the auriculo ventricular opening has, in consequence of inflammatory action, become funnel-shaped. Now, if the auricle was weak and feeble, the blood would not be forced through the opening rapidly and forcibly enough to give rise to a marked murmur; in fact, the murmur might easily escape notice; in this case the impulse discovered in the third interspace indicates hypertrophy of the auricle, which thus sends the blood through with force enough to produce a murmur that is not only loud in front, but which can be as distinctly heard posteriorly, near the scapula. This murmur is also heard at the base of the organ, but is not so intense at the apex. It has, however, the same characters there, and is, unquestionably, of mitral origin. If we had to deal with aortic regurgitation we should have the second sound modified, which is not the case, for it is heard clearly and distinctly over the body of the sternum, and the aortic cartilage. The character of the pulse is not that generally seen in aortic regurgitation.

The formation of a correct diagnosis requires that attention be paid to these minute points. If a systolic murmur is heard, having its point of greatest intensity over the apex, especially if it is also heard at the inferior angle of the left scapula, it may generally be referred, without hesitation, to mitral regurgitation. If, further, you find also a presystolic murmur, there can be no question but that more or less constriction is also present, and if there is also present a distinct and marked impulse in the third and fourth interspaces of the left side, you may safely diagnose a greater or less degree of hypertrophy of the left auricle.

This woman is, as the notes have pointed out, also the subject of a pleurisy, which, owing to its resultant effusion, has produced the distressing dyspnœa of which the patient has complained, and for which she has sought relief. This effusion is indicated by the dullness on percussion, and the absence of vocal fremitus over the base of the right lung. As indicative of the œdematous condition of the lungs, there are present sub-crepitant râles, which, however, under treatment, are disappearing; the œdema of the feet has also almost entirely gone. Examination of the liver shows it to bé considerably enlarged, extending four fingers' breadth below the arch of the ribs. Already some diminution in its size has taken place, as it is not now as large as when she was first admitted; the left lobé is more enlarged than the right.

I have examined this patient's liver very frequently, to detect the pulsation which is said to be present in the organ when mitral disease exists, but have not been able to detect this symptom in this case. What this enlargement of the liver is due to I am not as yet prepared definitely to say. The patient is most certainly too young to render it at all probable, especially in the absence of pain and tenderness in the hepatic region, that it is due to cancerous degeneration. It is hardly likely to be caused by amyloid degeneration, for the albuminuria is too slightly marked to indicate a similar disease of the kidneys. Further, she has never had syphilis, or a prolonged suppuration; in other words, none of the conditions have been present which usually precede this form of degeneration. Thus, the heart's condition is the only thing to which I can trace the origin of the trouble. In mitral regurgitation there usually is present a greater or less degree of congestion of the liver, with a resultant jaundice. There are present, therefore, the conditions under which hypertrophic cirrhosis or fatty degeneration of the organ may take place.

I am rather inclined to regard this liver as being in what may be styled a fibro-fatty condition, which, however, is not wholly beyond the reach of treatment. The question now arises as to what shall be done to relieve the patient. She is the victim of many different diseases, and such a course must be pursued, that in relieving some, none may be aggravated. When she first came under treatment the heart was feeble and the pulse frequent, in consequence of which she had administered to her fifteen drops of the tincture of digitalis four times a day; of course, such a dose would hardly be permissible were the patient not under close observation; under ordinary circumstances the infusion is the better form of the drug, administered in from a teaspoonful to a dessertspoonful dose, three times a day; this drug may be styled a cardiac tonic and a diuretic, and though, of course, her improvement is due in some measure to the improved hygienic condition which she now enjoys, still, I think that no small part of it is due to the digitalis.

Referring to the notes of the case, I find that under this treatment the dyspnœa has rapidly decreased, and the pulse increased in volume. The pulse now beats eighty to the minute, and has gained in force. The digitalis having done its work should now be suspended, or administered in decreasing doses, and a stimulating diuretic and tonic administered: thus, as a diuretic, Basham's mixture would be advisable, and, as a tonic, six grains of quinine in the twenty-four hours. Although, of course, on account of the heart lesion and her inability to give up heavy work, a cure, or even an approximate cure, is impossible, yet she may thus be greatly relieved and life made bearable to her.

As a companion case to the one which I have just shown you, I would direct your attention to M. W., aged thirty, born in Pennsylvania, married, and a housekeeper, admitted to the hospital January 18, 1881. Her mother is living and healthy, her father died of cholera, her brothers and sisters of phthisis. She has had three miscarriages, the last four months ago, due, she avers to hard work and lifting. Seven years ago she had an attack of intermittent fever, but otherwise she has enjoyed good health, till recently. Three months ago she noticed that upon very slight exertion she would become short of breath, but otherwise she experienced no trouble or inconvenience. Six weeks ago, after having been working all day in a cold, damp room, she was taken with a sudden and severe pain in the left side of her chest, and this was followed by fever and shortness of breath, owing to which trouble she has been confined to her bed almost ever since. The pain in the chest continued for two or three weeks. Recently the fever has diminished, while the dyspnœa has attained such proportions that she is obliged to maintain a sitting position in order to obtain her breath; she has with this dyspnœa a short, dry cough. She has never had rheumatism, and denies any specific troubles. Upon admission she was very weak and anæmic, the tongue pale and moist, but clean; appetite fair; bowels constipated; pulse 72; temperature 99; respirations 35. She complained of a sensation of constriction of the chest. About two weeks since her legs were markedly œdematous, but this symptom has now entirely disappeared. You may notice that on her left leg is the scar of an old ulcer, which she had four years ago. Over the base of the left lung there is slight dullness on percussion; vocal fremitus is diminished somewhat, but respiration, although distant, is heard all over. Over the apex of the heart a systolic murmur can be heard, and the præcordial dullness is increased. Urine gives negative results. Undoubtedly we have here another case of heart disease, but one which does not seem to have had its origin in rheumatism, as we can obtain from her no history of her ever having suffered from this disease.

Careful examination shows that the apex beat is raised, being most distinctly felt in the fourth interspace, on a line with the nipple. It also shows us that there is dullness to the left of the sternum, in the second interspace, in which no traces of vocal fremitus can be discovered. We have, in this elevation of the apex-beat and dullness in the second interspace, the evidences of a slight pericardial effusion. The endocardial murmur is most intense over the point where the apex is felt, and is very indistinctly heard over the usual position of the impulse. The careless observer might easily overlook it. It is also heard at the left base, and has here a slightly different character; so that, taking into consideration the extremely anæmic condition of the patient, and the fact that it is most intense in the recumbent position, I am disposed to regard it as due, in part, at least, to the condition of the blood. Indeed, I am doubtful whether the murmur heard over the apex is not also due to this cause. I am aware that Walsh has said that a hæmic murmur is never heard as low down as the apex; but while venturing to differ from this eminent observer, only with great hesitation, I must say that I have heard murmurs at the apex in anæmic persons which have disappeared upon their regaining their health.

The indications presented by this case—anæmia and effusion into two of the serous cavities—will be best met by prescribing Basham's mixture, in free doses, and by giving at the same time, if the patient's stomach will bear it, cod-liver oil and good diet.

MEDICAL SOCIETIES.

A STATED MEETING OF THE PHILADELPHIA LARYNGOLOGICAL SOCIETY.

Held at the house of Dr. Geo. J. McCracken, 532 North 12th street, January 28th, 1881.

Before the meeting organized, Dr. Cohen exhibited a case of paralysis of the posterior crico-arytenoid muscles, the right vocal band being in the cadaveric position, associated with paralysis of the right pharyngo-palatine muscle, paralysis of the external recti muscles, paresis of the inferior oblique muscles of the eyeball, with paralysis of the extensor muscles of the lower limbs, and absence of the tendon-reflex movement; the whole representing the condition of locomotor-ataxia. In addition, there was marked hematuria. The nutrition was good. The origin of the disease was syphilitic, and the lesions were attributed to gummatous or other changes in the vicinity of the passage from the third to the fourth ventricle of the brain, and in certain portions of the cord.

The patient was doing fairly well under an active course of iodide of potassium, and was believed to be in as good a condition as was practicable.

Dr. McCracken exhibited the satisfactory progress of a case of laryngeal phthisis, with threatened stenosis, to which attention had been directed at the previous meeting. Dr. Cohen called attention to the manner in which one lateral half of the epiglottis overlapped the other, looking like a picture of a case recently published by Dr. French, of Brooklyn, and reported as a case of double epiglottis. In the present instance it was probable that the ulcerative process had so thinned the central portion of the epiglottis that the contraction of the ary-epiglottic muscles produced the deformity.

Dr. Jurist exhibited a case of tuberculosis of the larynx, from Dr. Cohen's hospital clinic, in which cicatrization was rapidly advancing, under assiduous local treatment, *pari passu* with a marked increase in the weight of the patient, together with general improvement of pulmonary symptoms.

Dr. Jurist's report of the case is appended:—

Mr. J. L., aged 28, tailor, was sent to Jefferson Medical College Hospital, by Dr. Cohen, and presented himself December 22d, 1880. He gave the following history:—

In June, 1880, he was seized with pulmonary hemorrhage, soon followed by hoarseness, which has continued up to date, although much improved of late. The hemorrhages have not repeated themselves. Since then he has had frequent chest pains and some cough, accompanied by yellowish expectoration. In November last he felt, for the first time, some pain in the throat, which now does not amount to more than a sensation of dryness. His general health is good, and there is no evidence of hereditation. On examination there was discovered an ulcer in the inter-arytenoid fold, and evidences of consolidation at the apex of one lung. At Dr. Cohen's suggestion, he was put upon inhalations of carbolic acid and tr. benzoin. comp. (gr. v-℥j), and applications of equal parts of Lugol's solution and glycerine three times a week. About January 8th the inhalation was changed to one of simple hot water, and glycerite of tannin and sulphate of zinc, gr. xxx-℥j, used as alternate laryngeal applications. The change was not an improvement, and recourse was soon had to the old treatment, with the exception of the inhalation, which was not renewed. On the 31st of December he complained much of a feeling of stiffness in the chest and pleuritic stitches, for which he was given carbonate of ammonium, in three grain doses every four hours, and dilute tinct. iodine for external counter-irritation. On the 22d of January he complained of night sweats, to counteract which $\frac{1}{60}$ gr. of atropia sulph, at night, was ordered. To the above résumé of treatment must be added the usual prescription of cod-liver oil, in half ounce doses, three times a day.

Since his appearance at the hospital he has improved in every particular. His digestion is good, he sleeps well, and his weight is greater than when he considered himself in good health. He has gained seven pounds in six weeks. There is no evidence that the constitutional disease is progressing unfavorably.

The patients having been dismissed, the meeting was called to order by the President, who, in the absence of the Secretary, appointed Dr. Potsdamer as Secretary *pro tem.*

Members present, Drs. Allen, Cohen, Turnbull, McCracken, Sajous and Potsdamer. Guest, Dr. Jurist.

The minutes of the last meeting were read and approved.

Dr. Chas. S. Turnbull then read an interesting paper on Nasal, Post-nasal, Supra-post-nasal and Pharyngeal Inflammations, considered with reference to diseases of the middle ear, with remarks, etc. (See page 197.)

This paper was then discussed by Drs. Allen, Sajous, Cohen and Turnbull.

It was then decided to meet next at the house of Dr. Jos. B. Potsdamer, 1428 Poplar street, and Dr. McCracken was appointed essayist of evening.

After reading the rough minutes, the meeting adjourned.

Jos. B. Potsdamer, m.d., *Secretary*, *pro tem.*

NEW YORK STATE MEDICAL SOCIETY.

(*Continued from page* 181).

Thursday, February 3d.

The Society was called to order soon after 9 a. m.

The following papers were read by title: "A Biographical Sketch of Dr. Edward R. Hun, deceased," by Samuel B. Ward, m. d.; "A Biographical Sketch of Dr. Charles A. Robertson," by Dr. J. S. Mosher; "A Case of Cystic Degeneration of the Chorion," by Dr. James Chapender, of Medina.

Dr. R. Bell, of New York, presented a paper on "Reforms in regard to Coroner's offices," which gave rise to an extended debate. The paper outlined the many abuses which exist under the present system of making autopsies, and in the selection of coroners in New York city and elsewhere throughout the State.

Dr. Squibb, of New York, moved that the paper be referred to the publication committee, with a recommendation that it be published, and that it also be referred to the committee on legislation, with instructions to confer with the representatives of the Medico Legal Society as soon as possible.

The motion was seconded and adopted without further comment.

The president announced the following special committee on Ethical Revision, as ordered by the society, on the suggestion of the president in his inaugural address: Drs. Wm. G. Wey. C. R. Agnew, W. S. Aley, H. G. Piffard and S. O. Vanderpoel.

The secretary offered the following:—

Resolved, That the Medical Society of the State of New York advises the various county medical societies that form its constituency, to endeavor to secure the coöperation of the other incorporated county and district medical societies throughout the State, in the enforcement of the "Act to regulate the licensing of Physicians and Surgeons," passed May 29th, 1880. The resolution was adopted unanimously.

Dr. C. D. Stiles, of Oswego, read a paper on "A Device for Retaining Dislocations of the Clavicle at its Distal End."

Dr. Fox, of New York, followed with a paper on "The Benign Aspect of Syphilis," which was discussed by Drs. Bulkeley, Pooley, Ferguson, S. B. Ward, Piffard, Squibb and F. C. Curtis.

The committee on by-laws reported in favor of adding $100 additional to the compensation of the secretary, and $50 additional to that of the treasurer. Agreed to.

The committee on legislation recommended the adoption of the following:—

Resolved, That in the opinion of this Society it is desirable for the Legislature to thoroughly amend and revise the laws of this State in regard to the office and duties of coroners, and would recommend for their consideration the recent statute adopted by the State of Massachusetts.

Also, the following:—

Resolved, That the thanks of this society are due to the Medico-Legal Society of New York, and to Clark Bell, for the action they have taken in reference to the matter of coroners' law.

The resolutions were unanimously adopted.

Dr. Lewis Balch, of Albany, read a review of the second trial of Jesse Billings, Jr., for the murder of his wife, and explained the test made of the effect of shots into the human skull, exhibiting some half dozen skulls of the subjects operated upon, as well as that of the murdered woman. The fractures were described in detail. Owing to the limited time of the Society, he was not permitted to finish, but a resolution was adopted authorizing the paper to be published in the transactions.

The nominating committee then reported as follows:—

President—Dr. Abraham Jacobi, New York.

Vice President—Dr. William Govan, of Stony Point.

Secretary—Dr. William Manlius Smith, of Manlius.

Treasurer—Dr. Charles H. Porter, of Albany.

The usual Committees and Delegates were appointed, among the latter, those to the International Medical Congress, London.

The Society then adjourned.

During the session there was some discussion of the Registry law.

The secretary placed in the appendix to the transactions (1880), after the lately adopted by-laws, the portions rendered inoperative by the legislative enactments of last winter. The parts of sections relating to licensing to practice medicine are taken away from the Society by the "Registration law." This has practically been a dead letter for a long time, very few having been licensed in many years. Many members believed that diplomas or licenses are still too loosely granted, by reason of too many sources of obtaining them from the medical schools, and that there should, in some way, be a single standard for the State. Taking away the power to grant them from the sixty societies in the State was in the right direction, as all will agree, even though it was a power so little used.

—A third edition has appeared, this week, of Dr. Laurence Turnbull's work on "Tinnitus Aurium," enlarged, and including observations on imperfect hearing, the hygiene of the ear, aural vertigo, diseases of the naso-pharyngeal membrane, home instructions for the deaf, etc. The author has had unusual facilities to enrich his work by recent studies in Europe, and it will doubtless command a large sale.

EDITORIAL DEPARTMENT.

PERISCOPE.

Food and Fats as Expectorants.

Dr. T. Lauder Brunton says, in an article in the *Lancet*. January 1st:—

One of the most powerful expectorants is simply a little warm food in the stomach, and in cases of chronic bronchitis, in which the patients complain of violent coughing immediately after rising, one of the best expectorants is a glass of warm milk, either with or without a little rum, and a biscuit or a piece of bread about a quarter of an hour before they get up. A little warm beef tea will have a similar effect. After taking this for a short time they generally tell you that the sputum comes away much more easily than before, and they are not so much exhausted by it. But perhaps the remedy, *par excellence*, not only in cases of phthisis, but in chronic bronchitis, is cod-liver oil. Persons suffering from long-standing chronic bronchitis will often come to a hospital to beg for cod-liver oil, saying that it eases their cough far more than any cough mixture. Other oils or fats have not this power to the same extent as cod-liver oil. We cannot say positively what the reason of this may be, but I think there is no doubt about the fact. My own belief is that cod-liver oil is more easily assimilated than other oils, and not only so, but more easily transformed into tissues themselves. Whether it owes this property to its admixture with biliary substances or to its chemical composition, we cannot say. In his book, on "Fat and Blood, and how to make them," Dr. Wier Mitchell quotes a remark made by an old nurse, that "some fats are fast, and some fats are fleeting, but cod-liver oil fat is soon wasted." By this she meant that there were differences in the kinds of fat accumulated under the subcutaneous tissues of men, just as there are differences in subcutaneous fats which accumulate in horses. The horse fed on grass soon gets thin by hard work, while the fat laid on when the horse is feeding on hay and corn is much more permanent. Persons fattened on cod-liver oil soon lose the fatness again, and this, I think, points to the power of ready transformation which the oil possesses. Supposing that it does possess this power we can readily see how very advantageous it will be. In chronic bronchitis, and in catarrh and pneumonia, we have a rapid cell-growth, but want of development. The cells lining the respiratory cavities are produced in great numbers, but they do not grow as they ought to do. They remain, more or less, lymphoid cells, instead of developing into proper epithelium. They so rapidly form, and are thrown off so quickly, that they have not time to get proper nutriment, and if they are to grow properly we must supply them, not with an ordinary kind of nutriment, but with one which is much more rapidly absorbed, and is capable of much more rapid transformation in the cell itself than the usual one. This power is, I believe, possessed by cod-liver oil, and to its quality of nourishing the rapidly-formed cells in the lungs in cases of bronchitis and catarrhal pneumonia I believe its great curative power is owing.

Treatment of Ozæna.

The *Lancet*, January 1st, says: In several cases of chronic inflammation of the nasal and pharyngeal cavities, giving rise to offensive discharge, Dr. Poore has found decided benefit result from the use of a stimulant and antiseptic snuff having the following formula: biborate of soda, nitrate of bismuth, of each one drachm; disulphate of quinine, ten grains; iodoform, five grains. This snuff has the effect of stopping the fetor and greatly diminishing the amount of discharge from the nostrils. It is liable, as are all snuffs when used for similar conditions, to cake in the nostrils, and it is therefore necessary to thoroughly wash out the nostrils once a day. This may be done by means of a nasal douche, or the patient may easily be taught to snuff a lotion up the nose and allow it to run out of the mouth. A teaspoonful of glycerole of borax dissolved in a wineglass of tepid water forms an excellent wash for the nose, and with a little instruction patients learn how to wash out their nasal and pharyngeal cavities without the aid either of syringe or douche apparatus. In cases where the ozæna is of a simple kind, not due to caries or necrosis of bone, but rather to a sluggish, inflammatory action occurring in a scrofulous subject, considerable benefit is often derived from the administration of the sulphide of calcium in doses of half a grain (in pill), taken three times a day. It is often necessary to cleanse the nasal and pharyngeal cavities with a brush inserted through the anterior nares, and also behind the soft palate, so as to reach the summit of the pharynx. The brush may be moistened with glycerole of tannin, and after the cavities have been cleansed a little dry iodoform may be passed into the cavities on the tip of the brush.

The Operation for Club-foot.

In the Glasgow *Medical Journal*, January, 1881, Dr. Renton strongly recommends Dr. Buchanan's operation. This is as follows:—

After division of the tendo-Achillis, the next stage is the division of those structures which maintain the incurvation of the astragalo-scaphoid joint, and which pull the ball of the great toe toward the heel. To effect this, the tenotomy knife is to be entered at the inner edge of the foot just behind the tuberosity of the scaphoid bone. It is to be kept flat and pushed under the skin till it reaches to the middle of the sole; then it is to be turned with its edge to the plantar fascia, which is to be divided with a sawing movement of the knife, the parts being kept in extreme tension by an assistant. When the knife has passed through this part of the fascia, the point is to be dipped down so as to divide as far as possible the septum of fascia between the abductor pollicis and the flexor brevis digitorum, and then the whole of the muscular substance, down to the tuberosity of the scaphoid, is to be cut through; and before removing the knife from the aperture of entrance, the point may again be depressed, and the tendon of the tibialis posticus divided proximately to its insertion into the scaphoid.

Dr. Renton adds, in eight cases of talipes and equino-varus, after dividing the tendo-Achillis, I have adopted the above treatment with most satisfactory results. In the first two cases a little difficulty was experienced in rectifying the deformity; this was evidently due to my not having effected a thoroughly free division of all the resisting structures, which Dr. Buchanan so plainly recommends. In the subsequent six cases the directions were more carefully carried out, with the best result, and in none was there any inconvenience experienced, either in the way of hemorrhage or irritation of any kind.

The form of splint used was, for the first two months, that recommended by Dr. Heron Watson, which consists of two pieces of tin, one being moulded to the calf of the leg and the other to the sole of the foot, and connected by a metal rod. The foot piece of this splint can thus be bent to any angle, and the limb is bandaged to it daily, after careful manipulation of the muscles; the angle is gradually increased until the foot is in good position. This splint is easily obtained for a few shillings, and can be applied by the mother or nurse of the child after one or two lessons.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a reprint from the *Medical Herald*, Dr. Wm. Porter, of St. Louis, discusses various points relating to phthisis. Though not believing that it is a self-limited disease, he does believe that it often responds favorably to treatment. He criticises, and we think justly, Prof. Flint's views on the self-limitation of phthisis. In treatment he offers nothing new, but we may quote this paragraph:—

> The chain of cachexia, mal-assimilation and localization must be broken ere the victim can in any sense go free. A plain diet at regular intervals, such aids to nutrition as cod-liver oil, or better still, the well-known malt preparations, expecially the excellent combination of maltine with peptones, little if any tea or coffee, and where the tongue is much coated, a mild after dinner pill of myrrh and aloes, as commended by Fothergill; all this is plainly indicated in most cases.

——A case of Cæsarean section, with removal of the uterus and ovaries, by the methods of Porro and Müller, is described in a reprint by Dr. Elliott Richardson, of this city. It was successful and satisfactory. The writer says:—

> A peculiarity of this operation is the large number of assistants required, owing to the fact that so many things have to be done at the same time and without the least delay. No one should undertake a Müller operation under the Lister antiseptic method without having eight assistants.

He describes the duties of each, and, in fact, they all do seem required.

——The Fourteenth Report of the Columbia Hospital for Women, Washington, shows a prosperous condition and excellent results. Out of three hundred and sixty-four treated during the year only *one* died. Dr. P. J. Murphy, the surgeon in charge, is to be congratulated on such a result.

——A biennial Report of the Albany Hospital fills a pamphlet of one hundred and twelve pages. The total number of cases treated in this period, was 8399.

——It is with pleasure that we speak in commendation of the *Illustrirte Vierteljahrsschrift für ärztliche Polytechnik*, a quarterly published at Bern, Switzerland, and devoted to the mechanical departments of medicine and surgery. It is abundantly illustrated, and gives all countries a fair representation. It costs only $1.00 a year—say $1.25 with postage, and as we can now send postal orders to Switzerland, any one here can easily forward this sum to the editor, Dr. G. Beck, and if a reader of German, he will be pleased with the result.

——One of Dr. A. Jacobi's admirable studies on Pædiatrics appears in a reprint from the *Archives of Medicine*. It is on anæmia in infancy and early childhood. He explains the pathology and treatment of the malady with great clearness. (G. P. Putnam's Sons, 182 Fifth ave., N. Y. City.)

——The Bulletins of the Public Health issued by the Supervising Surgeon General of the Marine Hospital Service, from July 1878, to June 1879, inclusive, have been reprinted in pamphlet form. This republication was very judicious, as any one can see by glancing at the index. That year, also, was a yellow fever year, and the history of the plague in Russia likewise coming into the period covered, render the volume a highly valuable one for medical history. The bulletins were published at the time, by the papyrographic process, and distributed in a limited number, but, of course, were not in such a shape as to be accessible to the general reader. Hence, the value of this reprint is that of an original work.

BOOK NOTICES.

Clinical Lectures on the Physiological Pathology and Treatment of Syphilis. By Fessenden N. Otis, M.D., Professor of Genito-urinary Diseases in the College of Physicians and Surgeons, N. Y., etc. N. Y., G. P. Putnam's Sons. Cloth, 8vo, pp. 116. Price $1 50.

This volume is a presentation from several points of view—the physiological, the pathological and the clinical—of the author's theory of syphilitic infection, and the proper treatment of the disease in reference to this theory. It is an enlargement of the opinions he has published in various journals from time to time during the last ten years. Dr. Otis rejects the fungus theory, and the corpuscular theory, and the chemical poison theory, and sets up another. This is a mysterious, metaphysical something which he calls the "syphilitic influence." He squarely denies the existence of a syphilitic "virus," and attributes all the pathological changes to this "influence," which leads to hasty cell proliferation.

Nothing whatever is gained by this hypothesis; it explains nothing, and sets up a word without meaning to act as a barrier to research. There is no organic "influence" outside of the chemico-vital laws of the organism; these explain all its transformations, and to them must finally be reduced all pathological momenta.

The practical portions of Dr. Otis' work can be read with profit. The last twenty pages are taken up with "class-room lessons on syphilis," which are clear and suggestive. His remarks on diagnosis indicate close observation of the obscurer signs of disease.

A Treatise on the Principles and Practice of Medicine. By Austin Flint, M.D., etc. Fifth edition, revised and largely re-written. Philadelphia, Henry C. Lea's Son & Co., 1881. Half Russia, pp. 1150.

One would not risk much in speaking of this treatise as the most representative one yet written by an American author on practice. For many years its author has been an active teacher and fertile author in the profession, and his energy does not diminish with age. Seven years have elapsed since the last edition of his Practice was issued, and the present one is so far from being merely a revision of that one, that in his preface he announces it as "essentially a new work." He disclaims any fealty to views he previously expressed, and wishes his work to be judged, not by his own antecedent writings, but solely by the most recent results of scientific investigation.

This language has the right ring in it, and we are glad that a writer of such authority distinctly disclaims the *ipse dixit* style.

It will not be expected that an analysis of the work will be presented. Suffice it to say that the promise of the author, in the preface, to present a treatise well up to the latest studies is honestly maintained. It is greatly changed from previous editions, and the changes are improvements. We should be at a loss to point out any better treatise on practice, conceding certain opinions of the author as to the natural history of disease and overlooking the vagueness of much of his therapeutics.

Medical Diagnosis, With Special Reference to Practical Medicine. By J. M. DaCosta, M.D., etc., etc. Fifth edition, revised. Philadelphia, J. B. Lippincott & Co, 1881. 8vo, pp. 924.

As a standard work on general diagnosis, none in the language takes precedence of this by the Professor of Practice at the Jefferson Medical College. As an author, he happily combines unusual literary skill with a profound and practical knowledge of the branch of which he treats. Hence, for years his work has done away with the necessity for any other on the same topic. Stimulated by this deserved popularity, he has given the present edition a careful revision. This is especially observable in the chapter on the nervous system and that on the blood. It is extremely difficult, in the present state of neurology, to classify neural diseases symptomatically, as is necessary to Dr. DaCosta's plan; the anatomical classification is preferred by most recent writers; yet for diagnostic purposes the former is probably more convenient. There are, it is true, serious objections to it, and finally, no doubt, it will have to be discarded.

All the chapters of the work which we have examined show the marks of thorough editing. A number of new illustrations are scattered through the pages, and the recently invented mechanical aids for securing accuracy in the measurements of sensations are described with sufficient fullness.

The mechanical execution of the volume is such as we naturally look for from the eminent publishing house which issues it.

It is interesting to note that the appreciation of this work is so high that a translation of it has appeared in Germany, a country where so much native activity in medical investigation prevails. There is, in fact, no other work in any tongue, so far as we can recollect, that is of such real value to the diagnostician as this one.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA

THE CULTIVATION OF CINCHONA TREES

The indispensability of a constant and large supply of Peruvian Bark and its alkaloids has led several foreign Governments, Holland, England and France, to establish government plantations for cinchona trees, and in every way favor their production, as also to place every facility in the hands of those firms preparing the alkaloids. The results have been generally satisfactory.

In Bengal, last year, the Government plantations harvested 400,000 pounds of bark. In Ceylon, the area now under cultivation is about 8000 acres, with a total of 5,000,000 or 6,000,000 trees. It is stated that the yield of bark is already so plentiful that the price of quinine has been reduced to eighty-seven cents per ounce, and to fifty cents per ounce for preparations of inferior quality. Among the beneficent results anticipated from this experiment is the substitution, at no distant day, of quinine in place of opium, for medicinal use, in the fever districts of China. The Chinese supply of the latter baleful drug is now mainly obtained from India.

A single tree of the succirubra variety will produce, when fourteen years old, five or six pounds of bark. In Bengal, nearly a million trees are now planted out annually, and the profits of the undertaking are sufficiently handsome to make it attractive for private capital.

The soil and climate of the Dutch colonies in Java are still better suited for the cinchona trees than those of Bengal, and the plantations established there are very flourishing. As high as seven per cent. of quinine has been extracted from the bark in these localities.

The species cultivated differ. The Dutch prefer the *Ledgeriana* and the *Calisaya*. MR. THWAITS, a recent visitor to Ceylon, says there is no genuine *Calisaya* grown there. Both on that island and in Bengal the *succirubra* variety has been selected, but now, Dr. KING, government supervisor of the Bengal plantations, recommends grafting Calisaya on Succirubra stocks.

We have, on a previous occasion, referred to the possibility of establishing cinchona plantations somewhere in the warmer portions of this country, so as to make us less dependent on foreign markets. Southern Florida, southern California and Arizona have been suggested as possibly offering favorable sites. There are, however, doubts whether the climate of any of them is sufficiently warm, moist and equable. In a recent conversation with MR. HENRY S. WELLCOME, who has given, probably, more study to the subject than any other of our countrymen, and who has visited and carefully observed the native Cinchona forests of South America, he expressed the opinion that we could not find within the present limits of our country any spot combining the climatic conditions desired. Nevertheless, as there are many species of cinchona, some much hardier than others, we are not without hopes that some may yet be domesticated within the boundaries of the regions we have named.

This opinion has also been lately expressed by an intelligent writer in the New York *Daily Times*. He writes:—

It is quite probable, since there exists an indigenous pseudo-cinchona tree in Georgia, that a good variety might be made to grow there, and it is even possible that by grafting with slips of the best varieties, good bark might be grown. There is no possible reason why, in many portions of California, cinchona plantations might not be started; certainly, the experiment is worth trying. It should be mentioned, however, that from some unknown causes, the cinchona does not produce the much desired alkaloid in all situations. The tree may grow apparently with the utmost vigor, but when its bark is tested no useful products are forthcoming. Quite lately a sample of bark, having all the appearance of the best South American, grown in Mexico, was sent to a leading house in New York to examine. On analysis it was found not to contain any quinine. Before the cultivation of the cinchona tree should be attempted in the United States, the most thorough experiments should be made with all the best varieties taken from many sources. It would be no difficult task for our Government to obtain slips of the cinchona tree and distribute them. It does not seem, from the results already obtained in Ceylon, India, and Jamaica, that the cinchona tree is limited to one exact area. It would be even quite possible that the cinchona, like many other trees, improve by translation into other countries.

In this connection, we may note that, as we predicted at the time, the removal of the duty on quinine has not lowered the price of that article. Prior to the removal of the duty, owing to an epidemic in Russia and fevers in the South, quinine was very high, exceptionally so, and was worth $3.40 per ounce. From a speculative demand it advanced to even $3.50, after the duty was taken off.

Last year the average of cost was about $2.90, the maximum being $3.25, the minimum $2.50. This is about the same as the quotations for quinine between 1873 and 1876.

Meanwhile the production of quinine in the United States has fallen off about 40 per cent.—from an annual average of 900,000 ounces to an average of 500,000 ounces. In place of it, the manufacturers are pushing with vigor substitutes, such as cinchonidia, which is protected by a duty of 40 per cent., and various mixtures of the commoner alkaloids, which are vended at a larger profit than the sulphate of quinine would allow. Whether the numerous patients have benefited by this change, according to the confident predictions of the friends of "free quinine," can be imagined. We have frequently said that the removal of the duty was a piece of botchwork and a blunder, and the above facts do not alter that opinion.

NOTES AND COMMENTS.

The Organisms of Typhoid Fever.

In the seventieth volume of Virchow's *Archiv*, Dr. Eberth describes his discovery of bacillæ in greater or less numbers in the swollen mesenteric glands and in the spleen, in twelve out of twenty-three cases of death from typhoid fever. These organisms are about equal in size to the putrefactive bacillæ found in blood; like these they are slightly rounded at the ends, but have a less strongly marked outline, and are less deeply stained by methyl violet. The more protracted the course of the disease the less numerous they seemed to be. Ordinary putrefactive bacillæ were seen also, in the lymphatics and in parts of the intestine, but were easily distinguishable from the enteric fever bacillæ, by the difference in color which they showed when treated with aniline dyes. The organisms under consideration were quite distinguishable also from those of diphtheria and pyæmia. Eberth regards it as probable that the bacillæ stand in some relation to the typhoid process, but what the nature of the connection really is has not yet been shown.

The Parasite of Malarial Fever:

Professor Tommasi-Crudeli, of Rome, writes to the *Practitioner* some further accounts of the fungus or spore, which he calls *bacillus malariæ*, and which he looks upon as the cause of malarial fever. Experiments made on animals have shown that the principal *nidus* of the parasite is in the spleen and in the marrow of the bones, the organs in which we constantly find the most serious pathological changes in those who die of this fever. He believes that the production of new generations of parasites in these seats varies in extent and in rapidity, according to the condition of the individual, and probably, also, according to the quality of the soil from which the parasite originally came; which explains the great variations which we meet with in the duration of the intermittences of this fever. His theory is that the febrile attack does not take place until the discharge of the parasites from their special *nidi* has gone on to such an extent as to accumulate in the blood a vast number of these organisms. The chills of the febrile attack are produced by the simultaneous irritation of all the vaso-motor nerves, due to the presence of this army of invaders in the circulatory system. These invaders find in the blood the conditions most adapted to accelerate their development and their progress to maturity (*i. e.* a high temperature, abundant means of nourishment, and oxygen stored up in the red corpuscles), and hence their disintegration is completed in the *acme* of the fever; while, on the other hand, the changes in the component elements of the blood and tissues, due to their multiplied acts of assimilation and excretion, affords an explanation of the development of the febrile heat.

Size and Weight of Neonati.

An article by Dr. Francis Ogston, Jr., in the Edinburgh *Medical Journal*, for January, gives the average length and weight of two hundred native new-born Scotch children. The average length is nineteen to twenty inches, the average weight six to nine lbs. He observes, that on consulting our various medico-legal and obstetrical authorities, we find a wide diversity of opinions on this point, as the following figures, drawn from various sources, will show:—

Length,	Minimum,	16, 18, and 19 inches.
	Maximum,	18, 19, and 20¼ inches.
	Mean,	18, 19, and 20 inches.
Weight,	Minimum,	4, 5, and 6 lbs.
	Maximum.	7, 8, and 11 lbs.
	Mean,	6¼, 6¾, 7, 7⅛, 7¼, 7⅛, 8⅛, 8½, and 9 lbs.

A reason for this wide divergence of opinion may be found in the fact that most authors have made use of data drawn from the records of various countries and nationalities, which would give rise to serious error, since the children of different nations and climates appear to vary in size and weight in a similar ratio to the adults.

The Contagion of Enteric or Typhoid Fever.

In an address on hospitals, before the Social Science Congress, at Edinburgh, Sir John Rose Cormack, M.D., said that, in reference to the contagious nature of typhoid, observed facts justify the following conclusions:—

1. Enteric fever is a contagious disease, the contagium of which exists in the intestinal excreta.

2. That the contagium is generally diffused by water or milk.

3. That perhaps the winds may spread the contagium when the sun-dried intestinal excreta are diffused as dust in the atmosphere.

4. That, for the safety of the community, cases of enteric fever ought to be isolated at home, in hospitals, or where the excreta can be systematically destroyed or disinfected.

5. That the gathering together enteric fever patients in well-organized hospitals is neither dangerous to their inmates nor to the inhabitants of the vicinity.

Hot Ice and Cold Fire.

Among the miracles of modern science are ice so hot that it burns the hand, and fire so cool that it is agreeable to the skin. The former has been obtained by Prof. Thos. Carnelly. *The Chemical News*, states that he has produced solid ice at temperatures so high that it was impossible to touch it without burning one's self. On one occasion a small quantity of water was frozen in a glass vessel which was so hot that it could not be touched by the hand without burning it. Ice was kept for considerable lengths of time at temperatures far above the ordinary boiling point, and even then it sublimed away without any previous melting. These results were obtained by *maintaining* the superincumbent pressure below 4.6 mm. of mercury, *i. e.*, the tension of aqueous vapor at the freezing-point of water.

On the other hand, the *Progrès Médical*, January 22, describes how M. Kordig has been exhibiting in Paris a new burning fluid, which he pours into his hand, ignites, and allows to burn with a clear, bright flame, until it is all consumed; or he dips his hat into it, sets fire to it, and with the flame blazing to the ceiling, walks around with it on his head! The explanation is simple enough. This fluid is a petroleum product, which boils at 90° Fah. and its vapor, which is the part that flames, does not heat the liquid itself beyond that temperatnre.

Pitting of Smallpox.

Dr. Schwimmer, in the *Gazette des Hôpitaux*, advises a mask, to be formed of very pliable linen cloth, leaving apertures for the eyes, nose and mouth. The inside of this is to be smeared with one of the following liniments: (1.) Carbolic acid, 4 to 10, olive oil, 40, and prepared chalk, 60 parts. (2.) Carbolic acid, 5, olive oil and pure starch, of each 40 parts. (3.) Thymol, 2, linseed oil, 40, and chalk in powder, 60 parts. The mask should be renewed every twelve hours. Compresses impregnated with one of these mixtures may also be placed on the hands, and on any parts of the face with which the mask does not come into exact contact.

Unruptured Hymen in a Prostitute.

In medico-legal cases it is not unfrequently assumed that the persistence of the hymen is evidence that intromission has not been effected.

The error of this assumption was pointed out lately, before the Medico-Chirurgical Society of Edinburgh, by Dr. A. G. Miller, who showed a drawing of an unruptured hymen, which he had discovered in a prostitute admitted under his care in the Lock Hospital, for gonorrhœa and syphilis. The hymen was lax and freely movable, which probably accounted for its escaping from injury. We believe such cases are not very rare.

The Relations of Locomotor-ataxia.

The coincidence of locomotor-ataxy with insufficiency of the aortic valve, has led Dr. J. Grasset (*Montpellier Médicale*, 1880) to the opinion that their relation is a causal one. Possibly the severe pains of the spinal degeneration may give rise to such cardiac disturbances as to affect the innervation, and hence the nutrition, of the valves.

Dr. O. Berger (*Centralblatt für Med. Wiss.* No. 42, 1880) has observed that in chronic cases of tabes the sense of touch and the cutaneous sensibility, after being long impaired, returns and continues to a full normal degree. What is more strange, he notes one case where patellar tendon-reflex, after having been absent for years, also returned with unimpaired force.

Treatment of Frostbite.

It is stated in the *Allg. Med. Cent. Zeitung*, that the "house mixture" for frostbite, in the Rudolf's Hospital, at Vienna, is:—

℞. Acidi nitrici diluti.
Aquæ cinnamomi, āā partes equales.

This is applied on frozen hands and feet, but only when they are red and painful, with *unbroken skin*. When the nose, cheeks or ears are frozen, the above must be diluted with ten times the amount of distilled water. It should be applied once a day, small quantities being mopped on the skin and then lightly wiped. When ulcers or broken skin is present, they must first be brought to partial cicatrization before this means is applied.

Parenchymatous Injection of Arsenic for Enlarged Spleen.

In Prof. Mosler's clinic, in Greifswald, some experiments were made last summer, of the injection of Fowler's solution into the substance of the spleen, in order to reduce enlargements following on malarial fever. The patients were prepared by daily enemata of amorphous muriate of quinine, and after the injection they were kept at rest with an ice bag to the part. The injection was made with a large-sized Pravaz syringe, the point being pushed well into the parenchyma of the spleen. The solution should at first be diluted with four or five times as much water. The cases recorded in the *Deutsche Med. Wochenschrift*, No. 47, 1880, seem to have all improved under this treatment.

CORRESPONDENCE.

Apparitions or False Conceptions.

ED. MED. AND SURG. REPORTER:—

Much has been said and written on the subject of false conceptions, both visual and auditory, and of the causes of this mental derangement. The hideous phantasms, distorted appearances and fearful hallucinations which are usually attendant upon such attacks are very afflicting. However, it should be understood that these false conceptions are not *always* attended by unpleasant feelings; often the representation is of such a character as to cause a sense of real pleasure or consolation. A number of instances might be cited where persons were rather entertained than displeased by these illusions.

To be subject to these hallucinations need not be a mark of any intellectual deficiency.

It is evident that the more vivid is a person's imagination, the more subject is he to these delusions of both vision and hearing.

The case I will here report is of young Geo. W., student at a High school on the Pacific coast. He had attended two full courses of study, almost without intermission; and seemed, so far as outward appearances were concerned, to be in a sound state of both mind and body. Naturally ambitious, working most incessantly, day and night, had evidently unbalanced his mental capacity. He describes the occurrences as follows:—

"I was boarding with a classmate near the town of H——; we were nearly of the same age and were constant companions. In February, 1877, I, with the rest of a class of five, was to be subjected to a critical examination in the higher branches, including Geometry and Astronomy. At this time I was in my nineteenth year and was ambitious of my skill as a mathematician and logician. Walking up to the Examination Hall in company with my room-mate, I saw, or seemed to see, two fellow-students coming toward the building, at a distance of about thirty yards. Thinking no more of it, I entered the building and awaited the arrival of the other members of the class. My friend stepped out, and I, expecting the two first seen, went to the door but did not see them; thinking that perhaps they were in the vestibule, I returned to the recitation room and took my seat. I had hardly done so, however, when I heard my name distinctly called, as I supposed, by one of the class. Again going to the door, I peered in every direction, in vain, for the speaker, went in all the rooms and on the grounds. This apparent calling was repeated a number of times, with more or less distinctness. Half doubting my senses I awaited the arrival of the class. In the course of half an hour the two persons whom I had imagined I saw presented themselves in reality, and until then I was not convinced but that I had at first seen them in reality. After returning to my room in the afternoon, I was alone for some hours. Time after time I could hear my name uttered, but on approaching the spot whence the sound seemed to proceed no one could be discovered.

"I at once understood that these hallucinations were not real, but were the result of a diseased mind, or some undefined cause. In this case my terror was overbalanced by my judgment. So far, these delusions did not seriously trouble or affect me; however, I was from time to time annoyed by the sounds, not only of my own name, but imaginary of those in distress. Yet I was not frightened, except, as my natural judgment suggested my mental condition."

Shortly after the occurrences above related Mr. S. concluded his course at school, but continued his application to study, under the tuition of a former teacher, which did not in the least tend to subjugate this malady.

"At another time," says he, "I was residing at my home in the country, when, after the evening meal, I took a little stroll of a few minutes before again resuming my studies. I was walking along the path leading to the house, when, suddenly, I beheld the appearance of two acquaintances, a lady and gentleman, one of whom had previously been my student, and later both had been my college mates. Everything looked natural, and consequently, I did not at first understand but that I did indeed see them in reality. For an instant turning my eyes the other way, I could no longer behold them. I then knew the truth of the matter, and, as a natural result, felt somewhat badly. I had proceeded but a few feet further, when I beheld another spectre, so terrible to me that I have not language to express or pen power to describe it. The appearance was as nearly that of my own as is possible, except that the figure appeared worn and emaciated, as from some secret trouble or mental derangement. This vision was never afterward presented to me, till, after recovering from a severe sickness, I went to the looking-glass, and saw the precise representation that had previously appeared to me in the form of an apparition. After this I was but little troubled by anything of the kind, though I was frequently, more or less, attacked by these hallucinations, till about two years subsequently, when the ailment assumed a new aspect. The attacks were more like those of apoplexy. During these periods, which usually last but a few moments, the agony expressed must be terrible, from appearences, to those around me. Aside from this I am in perfect health." T. S. P.

Fresno, Cal.

[Such hallucinations are quite common, and still more remarkable when seen by several persons at the same time. When recurrent, they are generally epileptoid in character. Swedenborg is a well known example of recurrent hallucinations. We have in preparation a "Special Report" on mental diseases, which will give other instances.—Ed. Reporter.]

Was it Relaxation or Spasm ?

Ed. Med. and Surg. Reporter :—

I read, recently, an article on "Anæsthesia in Labor," by Dr. D. M. Culow, of Whitesville, Ind., in the *Obstetrical Gazette*, in which he reports a case, the main points of which are as follows:—

Mrs. B., sixth confinement, breech presentation, os rigid, appealed for chloroform, which was administered during each pain, but not sufficient to produce stupor. The breech and trunk were born in the course of a few hours, and just the moment the neck reached the external genitalia the pains ceased completely, and with all the known methods to establish them again, not a pain came till about twenty minutes had elapsed. The consequence was, complete asphyxia of the child, with no chance of resuscitation."

The Doctor attributes this to the effect of the chloroform, and "advises young physicians to use anæsthetics only in extreme cases, and let natural labors rest with nature's aid."

He does not inform us as to the condition of the uterus, whether it was in a condition of relaxation or *spasm*. If in a state of relaxation, he should have reached up into the uterus, hooked his fingers into the mouth, brought down the chin and delivered the head, thereby saving the life of the child; the uterus would have then have contracted of itself, or by grasping the fundus with one hand through the abdominal walls, and inserting the other into its cavity, immediate contraction would have taken place.

If the uterus was in a state of spasm, he should have crowded the chloroform; if that did not succeed, given opium, and waited for the spasm to subside.

My opinion is, that the uterus was in a state of tonic spasm, and that the chloroform had nothing to do with the condition.

Now for a case in point:—

About 9 P.M., January 25th, 1881, I was called to attend Mrs. C., in her third confinement. On my arrival I found her in the care of an ignorant midwife, who informed me that the lady was taken sick about noon, and that everything had progressed well till the feet presented at the vulva. Being unable to complete the labor, she sent for me. I found the child dead, with the lower extremities and part of the body protruding from the vagina; the os firmly contracted around the thorax. After exercising a good degree of patience and some force, I was enabled to insert my finger through the os, and finally succeeded in bringing down the arms.

The uterus being in a state of rigid spasm, the os contracted so firmly around the neck of the child that it seemed as if held in a vise, and I was utterly unable, even under the effect of chloroform, to insert my finger into its cavity. I now sent back to town, a distance of four miles, for my friend, Dr. E. R. Willard, to assist me, and in the meantime gave her gr. x of pulv. ipecac et opii. and sat down to wait for his arrival. In about half an hour she began to complain of pain, and upon examination, I found slight relaxation of the os. After awhile I succeeded in passing my index finger into the cavity of the uterus, and hooking it into the mouth, brought down the chin. By pulling steadily with my finger, at the same time pressing upon the uterus above, the head became engaged, and I succeeded in terminating the labor before the doctor's arrival. I neglected to state that she had not had any pain from the time her husband started for me until after she began to come under the effects of the opiate.

Here was a case in which chloroform produced no relaxation, but which yielded readily to an anodyne. I have used chloroform for years in my obstetric practice, and in a great many cases have often seen total cessation of uterine contractions from its effects, and been obliged to stop its administration, yet have never seen any untoward effects. It seems to me that the Dr.'s case has no bearing on the subject of anæsthetics in labor, and if his advice was followed, woman would be denied one of the greatest boons of the age.

I do not pretend to say that there is *no* danger in the use of anæsthetics, but I think that there is very *little* if ordinary care is exercised in their use. D. J. Merriman, m.d.

Wilmington, Ill.

A Complicated Case of Prolapsus Uteri.

Ed. Med. and Surg. Reporter:—

Since it has lately become the fashion to record, through the pages of the Reporter, errors in the investigation and treatment of cases, I venture, with less reluctance, to expose the details of a case which has given me a great deal of trouble and annoyance. I can, however, not forbear to give myself the advantage of the natural and usual shield of declaring that I make no pretensions to being a specialist, hoping thereby to mitigate the censures and criticism of your readers. But whatever may be the consequences, here are the facts:—

About a year ago, Mrs. B., aged twenty-four, was delivered, after a prolonged and painful labor, of her second child. The presentation was by the breech, though I learned that the first child had come down by the vertex. Her lying-in was attended by nothing unusual, except considerable prostration, and a slow recovery of strength.

Some weeks after her delivery I was sent for, when she complained of much discomfort and heaviness in the lower abdominal region; the bowels were constipated, and her rest at night was poor, formication being one of her most disturbing symptoms. She had just passed through a profuse menstrual flow of a week's duration, which had not yet entirely ceased, and this notwithstanding the fact that she was suckling her child. I prescribed potass. bromid. in twenty gr. doses, three times a day, and ordered a Lady Webster's dinner pill to be taken at bedtime, when the bowels had not moved during the day.

She told me she had suffered from a similar train of symptoms within a month of her first confinement (which occurred twelve months before her second), and had only recovered from them upon the supervention of her second pregnancy.

I saw her a few times, at intervals of five or six days, and finding no improvement made a vaginal examination. The uterus was unduly large and slightly prolapsed. I applied a pessary, which fitted well, but was sent for next day, and obliged to remove it on account of the pain it caused. At the same time the rapid pulse, high temperature, hypogastric tenderness and other signs pointed to the development of pelvic inflammation. After confinement to bed for the greater part of two weeks, subjected first to antiphlogistic and later to tonic treatment, she again moved about the house, and soon began to take part in the domestic service of the family. She was again very much in the condition I have described as applying to her previous to the introduction of the pessary. I continued using constitutional remedies, which, up to this time, the present date, include ergot, cinchona, strychnia, chlorate of potassium, iodide of potassium, iron, and others, till by consecutive trial I have exhausted the whole line of tonics and alteratives. I have employed chloral, bromide potassium, henbane, lupulin, opium, etc., at night.

Some time after the attack of metritis, I examined her with the speculum, and finding the os tincæ ulcerated, made local applications, which soon obliterated the ulcers, but left the os swollen and turgid. I proceeded with weekly applications of glyc. sodii boratis, applied on a plug of absorbent cotton, and allowed to remain for twelve to sixteen hours. The appearance of the parts indicated progressive improvement, but still there was little improvement in her general condition.

During August she passed through an attack of dysentery, and in September she had intermittent fever. These attacks precluded the use of topical measures to the uterus, and in October, when they were resumed, the cervix was as much congested as ever. I then began to puncture the mucous membrane of the neck, so as to cause slight oozing from numerous points, extracting in this manner from a half to one ounce of blood at every sitting. I directed her to syringe the vagina with warm water, within half an hour after each operation, so as to favor the bleeding. The congestion was again subsiding, but still no material general improvement took place.

Several times during the summer I had urged her to consult Dr. Goodell, of Philadelphia, but she would not consent. I now advised her to leave the matter, for a time at least, to nature, abandoning all treatment.

In the first week of January she was taken with diphtheria. The case was at no time alarming, and she made a slow recovery. On January 19 I again applied a pessary, but it was not retained more than twenty-four hours before it slipped away, as she walked over the floor. She said it seemed to do her much good while it remained. On the 25th I applied a larger size, but she at once experienced such severe pain that I removed it before leaving the house, I then made a digital examination, and recognized, for the first time, a small tumor in the posterior cul de sac, exactly in the median line. It could be easily moved upward or laterally, and its size, consistence and sensitiveness, indicated plainly that it was an ovary. On being touched the pain was acute, "darting into every part of the body," as she expressed it.

I am now convinced that this displacement has existed throughout the whole time of treatment, and that, though I have examined her, standing, on her back, on her right and on her left side, I never discovered it. It is very probable, that on account of its mobility it was frequently out of reach of the finger, or that the prolapse of the womb, which has lately considerably increased, has only recently dragged it down sufficiently far to be easily felt. True, I have all along given the ovaries credit for being the seat and source of much of her pain, and have for months had her paint the inguinal regions with tr. iodinii, and have applied belladonna plaster and blisters, but rather under the supposition that they were the seat of chronic engorgement than for any other reason.

The woman is in a position that requires her to do housework and attend her two children, and I cannot see what, under these circumstances, I can do for her, except to give her a well-fitting abdominal supporter, and an occasional course of tonics. Ovariotomy, of course, would suggest itself only as a *dernier ressort*. She now takes

℞. Ac. phosph. dil., f. ʒ vj
Liq. strychnia, f. ʒ ij. M.

SIG.—Thirty drops after each meal, well diluted. SAMUEL WOLFE.

Skippack, Pa., Feb. 1, 1880.

Poisoning by Chloral.

[Dr. S. Taylor inquires of us the minimum fatal dose of chloral, and the symptoms of poisoning by this drug. We referred his letter to Dr. H. H. Kane, whose able studies on this and other narcotics are well known, and he kindly furnishes the following interesting reply. ED. REPORTER.]

ED. MED. AND SURG. REPORTER :—

In reply to Dr. Taylor's letter, just at hand, I would say that the smallest amount of chloral to which death has been attributed is ten grains. It is reported by a writer in the London *Lancet*. Death from twenty grains, in two doses of ten grains each at an hour's interval, in a perfectly healthy German woman, is given by Ingalls, in the Chicago *Medical Journal and Examiner*. It was administered to dull the pain of having a tooth drawn. Dr. Chas. Hart, relates the case of a lady suffering from neuralgia, who died thirty minutes after a dose of twenty grains (New York *Medical Record*, 1871, p.164). "G" (*Lancet*, June, 1871), reports a death from fifteen grains in a patient who had manifested an idiosyncrasy regarding opium and chloroform. Fuller reports a death from thirty grains, given to relieve insomnia in a young lady (*Lancet*, June, 1871). For a large number of cases of death from doses of chloral varying from ten to six hundred grains, I would refer Dr. Taylor to my articles on "Deaths from Chloral," in the New York *Medical Record*, December 25th, 1880, and January 1st, 1881, also to an article on "Poisoning by Chloral," soon to appear in the same Journal.

The symptoms of chloral poisoning will vary according as death takes place by cardiac or respiratory failure. In the former, in brief, there is gradual or sudden failure of heart power, dilated pupils, blanched surface, fluttering pulse, almost imperceptible heart sounds, cold extremities and death. In the latter, dilated pupils (occasionally normal, still more rarely contracted), flushed and finally livid face, slow, stertorous breathing, congestion of the conjunctivæ, either rapid or very slow, full pulse, *profound coma*, involuntary evacuation ot fæces, and finally death. Occasionally there is delirium.

Small doses given for a long time may end in sudden death. Given at night, in small doses, the patient may sleep soundly, and, on attempting to rise in the morning, fall dead. (See cases by F. Jolly, *Bayer. Ærztl. Intell. Blatt*, N. Y., *Medical Record*, 1871, p. 824.)

The time after taking at which the effects of chloral manifest themselves varies with the temperament of the patient, the disease for which given, the amount of drug used, and the method of administration. From fifteen seconds to three hours. In intravenous injection the effect is almost immediate; somewhat less rapid when administered subcutaneously; and acting in about the same time when given by the mouth or rectum. In the last two the usual time is from fifteen to forty minutes. Never give larger doses by the rectum than by the mouth.

In poisoning by strychnia, in tetanus, and, in fact, all convulsive disorders, large doses of chloral are necessary, if any good result is to be obtained.

For the contra-indications to the use of chloral, I would refer the Doctor to the articles already spoken of. They are, in brief, anæmia, great age, respiratory and cardiac disease, delirium tremens with weak pulse, disease of the arterial system, conditions of hyper-alkalinity of the blood, etc., etc., etc.

H. H. KANE, M.D.

191 *West* 10*th street, New York city.*

Stones in the Bladder.

ED. MED. AND SURG. REPORTER :—

I forward to you the following history: Col. D., aged 54, occupation farmer and contractor, in the year 1870, while engaged in constructing a levee on the Mississippi river, from no known cause, there was retention of urine. After hot baths and all means at the patient's command failed, he was rowed to a town on the Kentucky side, and called a physician, who attempted to relieve him by the catheter, but failed; he called another physician, older than himself, with no better results. The patient then boarded the first steamer for New Orleans, was on the journey three or four days, all the while suffering tortures, being partially relieved by morphia and sitting in a tub of hot water. The urine would dribble from him; the only reason the bladder did not burst. On his arrival at New Orleans he called a physician, who succeeded in introducing a catheter, giving the patient immediate relief, but leaving the bladder paralyzed ever after, and for ten years he has had to relieve the bladder with the catheter. From the first the prostate gland became enlarged, and remained so until his death.

He consulted me April 1, 1880, and gave the above history. I told him my opinion was stone, and I would sound him, but being busily engaged in business, he postponed it for a month or two, gradually growing worse all this time. Finally, in June, he consented to have the examination for stone. I introduced the sound into the bladder with the greatest ease, as the urethra was very large, from the frequent introduction by himself of the catheter, but found it impossible to turn the sound down, from the acute pain it gave him, there being great inflammation of the coats of the bladder; and another difficulty was the enormously enlarged prostate. So, for the time, gave over any further efforts to sound, until we could allay the inflammation and extreme sensitiveness of the bladder, giving treatment for that and washing the bladder with carbolic water and phenol sodique. After some time, with this treatment, I again, with the help of Drs. Pace and Graham, attempted to find the stone, but failed, from the same cause as at first trial. All this time I felt sure there must be stone. But authors say you must not operate unless you can feel the stone, and at the same time say a stone may be so imbedded in the coats of the bladder that it cannot be felt. What are we to do? The consulting physicians could not determine what was best, but advised to wait for further developments, which we did. About two weeks after the patient had a severe hemorrhage from the bladder, that so prostrated him his life was despaired of. We succeeded in checking the hemorrhage by the hypodermic use of ergotine and by throwing astringents into the bladder. After the patient rallied a little he insisted upon an operation, for it was but death either way. I deemed an operation at this time to be hazardous. The patient gradually grew worse, in spite of tonics, nourishing food, etc., and on the 10th of September died. Autopsy found four stones as large as a medium white-alley, of phosphatic variety. Query: If we had operated six months before, and there had not been stone, would not the operation have been justified for the cure of the enormously enlarged prostate? The patient's father died from some disease of the bladder; no post-mortem. Also, has a brother in the State of Tennessee suffering from same trouble.

This is one of the failures you bid for.

Dallas, Texas. G. Beaumont, m.d.

Disuse of the Axillary Pad in Fractured Clavicle.

Ed. Med. and Surg. Reporter:—

I see in the Half-Yearly Compendium, of July, 1880, page 232, that Dr. L. A. Dugas claims to have been among the first to treat fractures of the clavicle with a sling bandage and without axillary pad.

I would like to know if he did not attend the lectures of Dr. Benjamin Dudley, of Transylvania University, at Lexington, Ky.?

Dr. Dugas' reasoning and treatment is about the same as Prof. Dudley gave his classes in 1831. E. Foster, m.d.

Louisville, Miss.

News and Miscellany.

The Accuracy of Clinical Thermometers.

We accede with pleasure to a request to publish the following card to the Medical profession, from the Winchester Observatory of Yale College.

The competition of business, coupled with the entire absence up to this time of any large observatory in this country paying special attention to thermometry, to which authoritative appeal could be made, has so affected the manufacture of thermometers for medical purposes, that it seems necessary to issue a card briefly indicating the errors commonly found to exist, and to explain why, in this case, the representations of the dealers may be at fault, through the want of a proper understanding of the subtle errors to which medical thermometers are liable.

Too great a desire to economize time, good material, and skilled labor has led, in the making of thermometers, to the following faults: 1. The graduation is sometimes started from one point of the scale, near the normal, and the size of the capillary tube is guessed at. No upper point being fixed by the maker, the higher graduations may be erroneous to the extent of several degrees. 2. Too much air separating the index from the column of mercury causes the index to rise with a jerky motion; air above the index forces the index down when the thermometer is taken away from the body. In some thermometers errors from this cause amount to two degrees at high temperatures. 3. New thermometers increase their readings rapidly during the first months after manufacture, so that instruments which were right when made may change their indications as much as two degrees within a year.

It will be seen that these errors are not such as the dealer can readily detect. Even in those cases where a dealer is provided with a standard thermometer with which comparisons could be made, it is a difficult matter to determine the errors of the standard itself, and the unsupported representations of dealers and druggists, therefore, though made in perfectly good faith, cannot, from the nature of the case, afford the physician satisfactory evidence that any thermometer he may buy is not affected with errors, which in many instances under our observation have amounted to several degrees.

Following the example of the Royal Society's Observatory at Kew, at which during the past year upwards of five thousand thermometers were examined, this observatory has established a department to which any physician or other person may send thermometers, by mail or express, and upon the payment of a small fee receive certificates of their exact errors. The facilities are such that there is no good reason why physicians should not buy their thermometers furnished with the Yale Certificate by the dealers; in those cases where no certificate is furnished the uncertainty may amount to two degrees. It should be remembered that thermometers which the physician has had in his possession for many months are certain to have had the requisite seasoning, and therefore an old thermometer with a recent certificate is more valuable than a new one, or one about whose age there is doubt.

The Observatory has been called upon within three months to certify about seven hundred thermometers from various parts of our country; the results of this work have demonstrated the gross inaccuracy of the cheaper clinical thermometers as commonly sold, and seem to render expedient the publication of this card calling the attention of physicians to these errors and the great difficulty of detecting them except with the appliances of an Observatory devoted to this work.

LEONARD WALDO,
Astronomer in Charge.

New Haven, Conn., February 1st, 1881.

Circulars with further particulars can be had by addressing Professor Waldo.

To insure the safe transmission of thermometers by express, they should be packed in two boxes, one inside the other, and the space filled with cotton-wool or its equivalent. Single clinical thermometers may be packed in wooden boxes and sent by mail. New York makers desiring to send thermometers by hand may do so by leaving them with Lockwood's private express, care Œlschlæger Bros., 162 William Street. The P. O. Address of the Observatory is Box 853. The office is at 89 Orange Street, to which all packages may be directed.

Pharmacy vs. Medicine.

A committee of the Board of Trustees of the College of Pharmacy, of this city, lately made the following report:—

The committee appointed to meet in conference a committee of the Philadelphia County Medical Society, by request of said committee of the County Medical Society, to discuss some plan of proceeding to regulate the evil claimed to exist in reference to, 1st, "the renewal of physicians' prescriptions;" 2d, "prescribing by druggists;" 3d, "the sale of proprietary medicines;" 4th, "ordering by physicians of special formulas;" 5th, "the adoption of such additions to the medical and pharmaceutical codes of ethics now existing as will tend to advance the professional rights of the physician and pharmacist in Philadelphia, and maintain mutual respect and consideration of the two professions without ignoring the short-comings of either"—

Respectfully report that a meeting of the two committees was held at the rooms of the County Medical Society, Dec. 10th last.

After a general discussion, embracing the merits of the *whole* subject, the divisions of the subject, as detailed above, were taken up *seriatim*.

It was the general impression regarding the vexed question of *ownership* in a prescription, that the decision of a case by a court of competent jurisdiction could alone settle the question to the satisfaction of all concerned; but that, in the absence of a statute law on the subject in Pennsylvania, the long continued custom of regarding the prescription as the property of the patient could not be disregarded. It was also brought to the notice of the medical profession that it would be difficult to prevent the holder of a prescription from obtaining a copy of the same, and that a *renewal* of the prescription could not be prevented by a decision of ownership adverse to the holder of the *original*. It was therefore the judgment of the joint committee that when physicians desired their prescriptions not to be renewed they should make such a request on the prescription, and, if printed, to sign their name under the *printed* form, to give greater weight to the request.

It was also the judgment of the committee that physicians should instruct their patients regarding the evils which sometimes occur in consequence of continuing a prescription beyond the time intended, without further medical advice being obtained.

"Prescribing by druggists," except in cases of trivial ailments, or where the necessity of the case demanded relief before a physician could be called, was unanimously condemned. The code of ethics of the Philadelphia College of Pharmacy on this subject was read, and, in the judgment of the committee, covered acceptably the question. The code is as follows:—

"Sec. 2d. As the diagnosis and treatment of disease belong to the province of a distinct profession, and as a pharmaceutical education does not qualify the graduate for these responsible offices, we should, where it is practicable, refer applicants for medical aid to a regular physician."

"The sale of proprietary medicines." Here, also, the code of ethics of the Philadelphia College of Pharmacy was found to be satisfactory, as follows:—

"While the College does not feel at present authorized to require its members to abandon the sale of secret or quack medicines, it earnestly recommends the propriety of discouraging their employment, when called upon for an opinion as to their merits."

"The ordering by physicians of special formulas." The practice of writing prescriptions so as to be understood by some one or two pharmacists alone was stated to be a violation of the ethics of the County Medical Society, and was condemned as unprofessional.

The committee agreed to recommend to the County Medical Society and to the Philadelphia College of Pharmacy that greater publicity among physicians and pharmacists should be given to the codes of ethics of both of these bodies, as tending the better to define the position of the two professions to each other.

The meeting was marked by a pleasant cordiality of feeling, and a mutual desire for a full recognition of the rights of each profession, and the maintenance of a mutual respect and consideration.

New England Agency.

Our New England Agent, Mr. D. M. Rice, No. 5 Madison Park Hotel, Boston, Mass., has made arrangements with Messrs HALL & WHITING, Booksellers and Stationers, 82 Bromfield street, Boston, who will keep a full stock of our Publications, and will be able at all times to fill orders promptly and at same terms as heretofore. Physicians and dealers residing in New England will please favor them with their orders.

Items

Correction.—Dr. Christine writes, in reference to his case of a curious affection of the Nails (p. 168):—

"The work in which the patient was engaged was of a *non*-poisonous character. Had her work been of a poisonous nature, I should have had in this a clue to the cause. But its freedom from anything of the kind renders the solution difficult."

—Charles Sumner, Mr. Z. L. White says, did not know what dyspepsia was. Speaking of his good fortune in this respect, one evening, he said that one of the first requisites to success in political life was a good digestion, and he reminded his visitor that a majority of the Senators were portly men. While he admitted that slim, dyspeptic men sometimes attained high position, still he maintained that in order to do so they had to overcome greater obstacles than those who had good stomachs.

—There were 976 deaths in Chicago last month, against 771 in January, 1880, and 664 in January, 1879. Among the deaths last month eighteen were from smallpox, eighty-six from diphtheria, fifty-seven from croup, and thirty-seven "through violence."

OBITUARY NOTICES.

—Dr. W. H. Baird, of Saline county, Ark., met his death suddenly by the caving in of the sides of a well, which he was having dug. He was thirty five years of age, and leaves a wife and family.

—Ebenezer Alden, M.D., one of the oldest citizens of Randolph, Mass., his native town, died on Wednesday, January 26th, being almost ninety-three years of age. He was born March 17th, 1788; was graduated from Harvard College in 1808; pursued his professional studies with Nathan Smith, M.D., at Dartmouth College, where he received the degree of M.B. in 1811; attended the lectures of Drs. Rush, Barton and others, in Philadelphia, and received the degree of M.D. from the University of Pennsylvania in 1812. He settled as physician in his native town, where he has resided during his entire life. He was laboriously devoted to his profession, and was well known for many years as one of the leading physicians and surgeons of Norfolk county.

QUERIES AND REPLIES.

Ethics.

Mr. Editor.—Dr. A. is treating a case. Some time after, Dr. B. is called to see the case in consultation with Dr. A. Afterward, by the friends of the patient, Dr. C. is sent for, without the assent of Drs. A. or B. But before Dr. C. arrives, Dr. A. is informed of the fact, and expresses his willingness to consult with Dr. C. Dr. C. arrives, and is requested by the friends of the patient to take charge of the case. Dr. C. replies that he cannot do so without a consultation with Dr. A., or unless Dr. A. is discharged; thereupon Dr. A is discharged, and Dr. C. takes the case.

Question:—Did Dr. C. act in accordance with the Code of Medical Ethics, or did he not? F. H. B., Ohio.

Ans.—As the case was first visited by Dr. A., Dr. C. should not have suggested his discharge, unless Dr. A. had refused to consult with him.

Calomel and Chlorate of Potash.

Ed. Reporter.—I notice, in your issue of January 29th, the Query of J.G., Jr., of Ala. "Will not chlorate of potash and calomel, when given together, form the bichloride of mercury? Also your reply. I recently met with a case which I think will warrant me in assuming the affirmative of the question clinically.

C.W., aged four years, suffering from an attack of pharyngitis (acute). I ordered a purgative dose of calomel, and at the same time a prescription containing tinctura ferri chloridi, and potass. chlorat. The latter not to be given until the purgative effects of the former had been obtained. But, contrary to my directions, in about one hour after giving the calomel they gave a dose of the iron and potash.

A short time subsequently I was summoned, and found my little patient suffering from all the symptoms of poisoning by corrosive sublimate, but with no salivation, nor did any appear subsequently. I administered the usual remedies for such poisoning, and the recovery was rapid. H. W., Ohio.

Mr. Editor.—Can any of your numerous readers give me the weight of the brain of the murderer Ruloff, who was executed at Binghamton, New York, some ten years since. It was asserted here to be the heaviest brain on record, and I contradicted it. Want to know if I was right, as I find no record of it in any of my works. T. A. B., of Pa.

MARRIAGES.

AMERMAN—LATTIMORE.—At New Boston, Schuylkill county, Pa., January 25th, by the Rev. A.M. Woods, A. Amerman, M.D., of Danville, Pa., and Carrie A. Lattimore, of New Boston.

JOHNSON—BAKER.—At Mr. Isaac Taylor's, the bride's home, January 18th, 1881, by the Rev. W. M. Taylor, assisted by the Rev. William Meminger, Mr. William H. Johnston, M.D., and Mrs. M. T. Baker, sister of the officiating clergyman, all of Huntingdon county, Pa.

MILLER—GAINES.—On Thursday, January 27th, 1881, at the residence of the bride's parents, Geneseo, Ill., Robert W. Miller, M.D., of Guthrie, Iowa, and Lucy A. Gaines, youngest daughter of Nelson Gaines, Esq.

DEATHS.

BELVILLE.—At Dayton, Ohio, on January 26th, Jacob Belville, M.D., aged seventy years. He was born at Newcastle, Del., in 1811.

CARSON.—At his residence, in Leechburg, Pa., January 7th, 1881, of malignant diphtheria, John Allingham Carson, M.D., in the thirty-first year of his age.

STEARNS.—At Elizabeth, N. J., February 2d, 1881, Josiah Q. Stearns, M.D., in the sixty-eighth year of his age.

TOWER.—At his residence, 295 Richmond street, Cincinnati, Ohio, on January 27th, at 5 P.M., Dr. E. C. Tower, of paralysis, aged sixty-six years.

WINTERBURN.—In New York, suddenly, January 23d, Charles Winterburn, M.D., formerly of Yorkshire, England.

WOODRUFF.—In this city, January 31st, Dr. A. Dickinson Woodruff, aged sixty-two years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1252] PHILADELPHIA, FEBRUARY 26, 1881. [Vol. XLIV.—No. 9.

ORIGINAL DEPARTMENT.

LECTURE.

ENDOCARDITIS, OR VALVULAR DISEASES.

BY ALONZO CLARK, M.D., LL.D.,

President and Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons, New York.

(*Continued from page 84*).

We will continue the subject of diseases of the valves of the heart. I had explained to you that endocarditis is perhaps the most prolific cause of derangement of the valves, and that it may occur as the result of acute disease, commonly associated with rheumatism, occasionally found in connection with Bright's disease, sometimes occurring in the course of measles, and rather frequently in the dropsical sequelæ of scarlet fever; then, too, sometimes occurring in septicæmia. And still again, I told you it may occur independently of any of these causes—a spontaneous, I might say almost idiopathic disease. That it does occur frequently in this manner is rendered evident by the large number of persons that suffer from disease of the valves who have not had any serious sickness preceding the development of heart disease; who have not had rheumatism; who do not remember that they have had scarlet fever; who have not had Bright's disease, etc. Then I told you of atheroma, a particular deposit, more frequently found on the inner, or rather under the inner, lining of the arteries, encroaching upon the elastic tissues of the walls. I told you that it undergoes, whether in the valves here or in the artery, one of two changes, as a rule. It may soften and form a yellow collection, looking like an abscess, and this may rupture the intima, and escape into the blood, and do mischief or not, according to the fineness of its division. The other change is to a calcareous matter, a calcareous degeneration of the arteries or valves of the heart, having been preceded by atheroma. It does not seem possible that the elements of an atheroma can be converted into a bony matter. It would seem altogether likely, therefore, that it is substituted for these after they are softened and have been absorbed. I told you that this deposit in the valves causes a thickening of them, an inflammation of them, a bony deposit especially being a constant irritation. I told you that the valves are sometimes ruptured; and I pointed out to you a specimen in which the inferior or lower portion had given way, so as to render that part of the valve useless in retaining the blood in the artery. I told you of a case—I don't know, though, whether I did—a case in which a man, lifting a heavy beam—he was a foreman in a cotton mill and some heavy beam connected with the machinery had fallen, or one end of it had fallen, and he with some other men attempted to raise it to its place—and while doing this he felt a sudden something, he could hardly tell what; but he said there was something that gave way, and he fainted and sat for a considerable time in the mill before he attempted to go home, and then went home with assistance; in a few days he revived again and went to his work. He lived twelve years after that, and had a very large hypertrophy. At post-mortem the longest portion of the tricuspid valve was seen to have been flapping backward and forward in the current of blood. As the blood ran down the strand was in the ventricle, and when the heart contracted it would double back on the rest of the valve. A tendinous cord had given way, and he felt a sensation of something giving way. There was a murmur heard in systole, not in diastole.

The valve may give way in a considerable variety of cases. A gardener had loaded his cart too heavily; his horse could not draw it, and he put his shoulder to the rear of it, to help the horse, and exerting about all his strength he also felt something give way, and was very much crippled after that. He came to Bellevue Hospital; there I had an opportunity of examining him before and after death. A portion of one of the folds of the aortic valve had given way in his case, and I thought almost without previous disease of it. Atheroma is a very common precedent of the breaking of valves. This man lived about two years after the accident occurred to him; the other seven.

I was with a gentleman who was making great haste to reach the top of a hill. He was within about fifty feet of it, and he started on a run up the steep acclivity. The result was, he was brought into the same condition as the gardener, and from that time on, as long as I knew him, there was a regurgitant murmur at the aortic opening. He broke something at that time. Precisely what, whether the bottom of the valve gave way, or whether it split down, I cannot tell. One thing, however, with regard to the splitting of a valve, that is worthy of notice. You remember there is on the top of the valve a kind of cord, and immediately below that cord the valve is not as strong as at the edge. The common way for a valve to break is to give way at that cord, and it vibrates in the current of blood, and frequently makes a musical sound, a sort of Æolian harp sound; making a noise that is not altogether unlike that of a cord stretched across a little opening in a window. It is quite a musical note, and I don't know that there are any other circumstances in which that musical sound is produced. Then I should add, in this enumeration, that the tendinous cords are occasionally found welded together, two, or three, or more of them, and, of course, a great deal crippled in their action. In certain instances the two folds of the mitral valve and the three portions of the aortic valve grow together, in the latter case leaving a slit by which the blood can go out and by which it will return in regurgitation. How in the world that can occur I do not know, but it does occur. They are almost always thickened, so that they do not play freely before this adhesion or coalescence takes place. But moved, as they are, continuously, by the current and reflux of blood, it is very difficult to understand how these three portions of the aortic valve can grow together, leaving only a little slit for the blood to pass through. It is easier to understand how adhesion may take place between the two curtains of the mitral valve, for by contraction they can be drawn together, and contraction is effected by the material that is deposited between the two folds of the valve.

I will put in your hands, now, for example, a few specimens of valvular disease. Here is one, for example, in which, as you open it in this way, the wall is the seat of spots of atheroma, and some of these have passed into a calcareous condition, just here, near the valve. Even the valve itself is shortened and thickened, but not remarkably. Now, here is the aortic valve, that is very much diseased. If you put your finger on it you will find that it has hard scales on it. It is not very much contracted, except one fold of it. One fold is thickened and hardened, and on the inside of it is a little calcareous matter. This has been a pericarditis, and the outside of it is roughened by the adhesions that formerly existed on the pericardium. The mitral valve is in a state of very marked stenosis, that is, contracted, and you see here almost nothing of the tendinous cords—they are shortened so much. The fleshy columns are a little elongated, to make compensation for that shortening of the tendinous cords. This is a pretty striking specimen of stenosis of the mitral valve, and in this connection it may be that we shall find an illustration of the rule that applies to such cases generally, that is, stenosis of the mitral valve induces hypertrophy of the right ventricle; stenosis of the left auriculo-ventricular valve induces hypertrophy of the right ventricle, and frequently of the right auricle, and also sometimes of the left auricle. This you see illustrated here. It is thicker than natural, the right ventricle, but not very much hypertrophied. This stenosis, marked as it is, did not disturb the circulation as the same lesion does sometimes. Then in this specimen you have two lesions, the aortic valves thickened and a little calcareous deposit in them; at the mitral valves, stenosis.

In this specimen the mitral valve is thickened and hard, but not disorganized, and it is large enough to allow the circulation to go on with ordinary freedom. The aortic valves are thickened, shortened, and hardened.

In this specimen the aortic valves are a little but not much diseased. The chief lesion is probably in the mitral. You observe the mitral valve is thickened, not exactly disorganized. There is some hypertrophy of the heart. This is not a very striking specimen.

Here is a very good one, and opened in such a way that you can see the change that has taken place: it is in the aortic valve. You observe they are contracted in their length, contracted in height, and thickened, but not nearly as much as in some specimens I shall show you hereafter.

Now comes the question, what sort of disturbance will these lesions of the valves produce. Of course, it will be first felt in the circulation. Let us take a mitral stenosis, such as you have in two or three of the specimens now going round, and its effects are perhaps as simple as the effects of any of these lesions. Indeed, they all follow pretty nearly in the same track after they have taken the first step. Remember, now, that the blood in the left auricle has just come from the lungs, and it is seeking its way into the left ventricle. It is obstructed at the valves; well, what will that do? The circulation by the right heart we are to assume is natural. The blood goes into the general system, and empties into the right side of the heart, and from that is thrown into the lungs, and it begins to come from the lungs into the left heart and is obstructed; what then? The first thing will be a certain amount of engorgement of the lungs. They receive blood faster than they can discharge it; the consequence is, therefore, an engorgement of the lungs, greater or less, depending upon the extent of the stenosis. Next after that comes a strain upon the right heart, which is attempting to send blood all the time into the lungs, and associated with this may be what is called an emphasized condition of the second sound in the pulmonary artery. That is pretty full of blood, the right heart pumps more into it, the reaction is stronger, and makes the valves strike with more force than natural. Hence, an increase in the second sound in the pulmonary artery, in an instance where the disease is at all considerable. Well, what more? Stop the blood from coming into the right heart and what will be flooded? Why, every important organ of the body. The blood cannot return from the veins with anything like its natural freedom. The liver will be engorged, the spleen will be engorged, the brain will contain more blood than it should, the face perhaps will be a little puffy, from a little effusion into the tissues from the veins. The veins cannot empty themselves freely. Little clusters of enlarged veins are found upon the surface of the body, chiefly upon the chest. The external thoracic veins frequently become enlarged. There is general hindrance of the blood in the general circulation, because there is obstruction of the blood in the lungs, and consequently obstruction in the right heart, to which the blood in the general system should naturally go. One consequence of this accident, then, is enlargement of the liver; not in all cases, not in the majority of cases, but now and then. And sometimes quite considerable hypertrophy of the heart, and enlargement of the spleen, from the same cause, namely, obstructed return of blood. The effect upon the stomach is often noticeable. There being more blood in the stomach mucous membrane, the digestive membrane, than can be used, the digestion becomes impaired. It is imperfect, and the appetite feels the effect of that. Then, too, the effect of the obstruction is sometimes so considerable as to hinder the contribution of the thoracic duct to the general nutrition of the body. The thoracic duct, you remember, receives the material that is digested in the intestine, and carries it to a vein, through a duct, and that vein delivers it to the general circulation. Well, that is obstructed also; it cannot freely give its nutritious fluid to the blood, and it not infrequently happens that the patient becomes pale, in consequence of imperfect nourishment, though he may eat a considerable quantity of food; and you will observe, frequently—I am referring now to an advanced case—that the patient speaks of his feet being swelled, particularly at night, if he is on his feet during the day, and you observe yourself some puffiness about the face. You will particularly be able to notice what has been called the tear line; that is, a something looking like a silver thread or a thread of transparent glass lying upon the upper edge of the lower eyelid. It is a little œdema of the conjunctival covering, and as the eyelid presses considerably upon the eye it is forced up along the ridge, above the tear line. There may not only be œdema of different parts of the body, but the whole body may be swollen. The kidneys have suffered congestion, and have taken on a condition analogous to that of Bright's disease, generally the large white kidney, and they are unable to perform their function properly. The urea remains in the blood, or a part of it, at any rate, and produces its general effects. The urine is commonly scanty, sometimes even bloody, and then again there is not unfrequently an effusion found in the chest, a double pleuritic effusion. Day before yesterday I examined a gentleman from the country, or rather from a distant city, who had been ill for some months, and in the course of the examination found fluid effusion coming nearly up to the lower angle of the scapula on both sides. My thought was, he has Bright's disease. He had heart disease, for his heart was enlarged, but there was no valvular murmur at the time I examined him. On examining the water I found it contained a large quantity of albumen. It was one of the cases that interested the late Dr. Stephens so much when this matter was first investigated. There was a good deal of the amorphous urates in the urine, and they settled slowly. Putting the urine charged with the amorphous urates into a test tube it was almost opaque; on heating it, it became perfectly transparent, but heating it more, up to about the point of boiling, it became cloudy with albumen, and heating it till it boiled, it became almost thick. I have a scale for estimating the amount of albumen in the urine, ranging from one to ten. Ten represents a coagulation of albumen in the tube, so that nothing will run out; invert the tube and nothing is discharged; the whole of the urine is imprisoned in the coagulated albumen. When there is but a trace of albumen it is represented by one. In the specimen of the patient spoken of the amount of albumen was represented by six; or more than half of the urine was composed of albumen. I did not know that this gentleman had Bright's disease when I found a double pleuritic effusion (although I felt pretty sure of it), for double pleuritic effusion does once in a while occur without Bright's disease.

This, then, is substantially the series of consequences that will result from obstruction, from stenosis of the mitral valve. And you can see that when the blood is returned through this valve, that is, when it has entered the ventricle and a part of it is returned into the auricle, that is going to do exactly the same thing when the condition becomes marked. It is all the same, save that that was stenosis, this is insufficiency. The valve is incapable of serving as a gate, a watch, and a part of the blood that enters the ventricle goes back into the left auricle, and obstructs the blood that would come in from the lung, so that the result in the end is exactly the same, congestion of these various parts, sometimes cyanosis. This latter belongs also to mitral stenosis.

Then there is another point which I may as well refer to here. You sometimes see a pulsation in the veins of the neck, the jugular. There are two modes in which what appears a little like a pulsation is to be accounted for. When this obstructed circulation occurs the vein is seen to fill in expiration. In expiration the blood does not flow so freely in the lungs or into the chest, as in inspiration, and in expiration you may watch the vein and see it fill, but it fills from above. It is not a wave coming up from below. About the only conditions in which the wave will come up from below are, when there are insufficiency of the tricuspid valve, that is, the valve of the right side of the heart, or when there is hypertrophy of the right auricle, or when there is a pulsation tumor, like an aneurism resting upon the vena cava descendens. In either of these cases a regular wave may come up the vein, but I know of no other condition in which it does occur; but in the cases referred to you observe the filling of the vein is a different thing from a wave coming from the heart, or a pulsation from an aneurismal tumor. It is not necessary to dwell longer upon the regurgitation at the mitral valve, as the effects of it in the end are the same as those of stenosis.

Now turn to the aortic valve, to the two conditions that have been named, obstructive disease and regurgitative, or direct and indirect, if you choose to so call it. When there is obstruction at the aortic valve the sound produced by it will be heard in the contraction of the heart in systole, and it will be loudest at the base of the heart, near the sternum. That may exist in moderate degree for a very long time, and no very grave consequences result. But if it is a growing disease, if it is a form of valvular disease that is irritating in itself, like a spicula of calcareous matter in the valve, action of the valve will excite an inflammation and cause a deposit of material that can contract and still further deform the valve. But there are a great many persons who can carry both mitral regurgitation and aortic obstruction a very long term of years. Indeed, my colleague, the late Dr. Gilman, came to me with mitral disease, at a certain time, and he said, "am I going to die of it?" "Well, maybe." "Well, when?" "O, I think you will live twenty years." The years rolled on, and I heard nothing more of it until, at length, Dr. G. came to my house, and exclaimed, "There, doctor my lease is out! I want to renew it!" He lived about four years after that.

I remember a patient who carried a valvular lesion fifty years before a fatal sickness occurred; a young man, at first, all activity, but, of course, he could not go up-hill or up-stairs as well as other people, but his mind was active, and as an evidence of his industry, in the old time, when speculation did not fill a man's pocket in a day, he had made by whale oil a million of dollars, and built up the fortunes of two brothers in this period of fifty years.

I am in the habit of referring to a certain case because it is rather impressive. Many years ago I had occasion to listen over a certain gentleman's heart, and I found a mitral murmur. He appeared perfectly well, and I went on, made no sign of surprise, and I thought the thing over. He is of phlegmatic temperament, and I do not think he will be very much excited; he will take the world pretty easy; I think he will take the world quite as easy without as with a knowledge of the disease of his heart. Now that gentleman is in active practice to-day; you see his name not infrequently in the medical journals, as having performed this or that operation, and he is a great deal happier than he would be if he knew he had mitral regurgitation. There is no knowing, then, when the unfavorable issue will take place; but I can tell you this about it: when a patient comes to you complaining of a great deal of shortness of breath, when he has œdema of the feet, and possibly some swelling of the face, look to the kidneys. They probably have become involved by that time, and in a few weeks, in a week or two, he may be pretty gravely sick, having carried disease of the heart for twenty, thirty, forty, or possibly fifty years, as in the case I have just referred to. And here it is perhaps proper to say that the last generation of doctors and the present generation of people who are not doctors look upon the statement that they have heart disease as equivalent to signing their death warrant. The profession have outgrown the idea that heart disease must be fatal in a few months; but the older physicians, physicians of past generations, not having auscultation to guide them, were not able to detect diseases of the heart until they came to involve disease of the kidneys, and perhaps of the liver, and possibly of the spleen. In other words, not until œdema came. Their post-mortem examinations told them what that meant. They were able to recognize then, by the general signs, what was the trouble, but the patients generally died pretty soon, in a few months after the œdema occurred. But they may have passed forty, fifty, or even sixty years before that, with the same disease of the heart, only it now comes to be obstructive to the venous circulation.

But to go on with the obstruction at the aortic opening. If it is moderate there is compensation. The heart has the faculty of growing in size and in strength to meet an emergency. and we speak of compensating hypertrophy of the heart. If the blood does not flow easily through the aortic opening the heart will gain additional strength by gaining additional fibres, and will overcome the obstacle, so that a man may carry a disease of that kind a great while without knowing that he has it. But when regurgitation occurs, and that is only in the advanced stages of obstructive disease, when the valves become shortened and thickened, so that they cannot fall together, a certain quantity of blood that has been sent into the aorta goes back again into the ventricle every time the heart dilates, and here is work to be done over and over again. The heart has to do its work twice over, substantially, at any rate, once and a half. The ventricle has just been filled from blood forced in from the auricle, and half filled from that that comes from the aorta. The effect of that is exactly that which I have been describing to you, and you will see how it must be so. When blood from the aorta falls back into the left ventricle it prevents blood from coming in from the left auricle. Only about half the contents of the ventricles can come in from the left auricle, and consequently the blood will set back upon the right heart, and engorge the lungs, and it will also produce very much the same general symptoms that I have described to you. Well, then, these all come to about the same thing. Regurgitation by the aortic valve, regurgitation by the mitral valve, are only one step apart, and their consequences are substantially the same. So also contraction of the mitral wave. A contraction of the aortic valve, you observe, is compensated for very generally, and that is not so grave a trouble. A stronger current of blood is sent over it, and, of course, into the general circulation more blood is sent in a given time, and consequently the general circulation does not feel it so much. These are the general effects relating to the advanced stage of cardiac disease.

The question has been often raised and discussed, which comes first, the kidney disease or the cardiac disease. My own answer is very positive; that while the cardiac disease may come after the kidney affection has begun, in the great majority of instances in which they are connected, the connection is as I have been describing to you. The kidneys become congested because the circulation is obstructed at the heart, and after they have suffered a certain length of time they will begin to give albuminous urine; they do not secrete the urea in full measure, and œdema then begins in different parts of the body. It is my strong conviction that in nine cases out of ten where the two are associated the cardiac disease preceded, and the others will be instances in which kidney disease from some other cause has occurred, and the cardiac disease has followed it, possibly by the influence of congestion in a certain degree. But the order is almost always cardiac disease first, and renal disease afterward. I have noticed so often what I have already explained to you that I cannot have a doubt about it. I examine a man and find he has valvular lesion of one sort or another; I watch him for a year; he gets along very well; and perhaps ten, fifteen, or twenty years after I had examined him for the first time he begins to suffer; he begins to get œdema of the lung, which is one of the effects I have not mentioned—œdematous condition of the lungs, as well as of the legs, body, and face.

With reference to the right side of the heart: we have but little experience with disease of the valves on this side. For forty-nine cases of valvular disease of the left heart there will hardly be one of valvular disease of the right heart. I have told you that after birth the left side of the heart is the seat of disease, and before birth the right. In the right heart there are lesions of the valves, though rarely met with. In a little boy about eight years old, when the college was in Crosby street, I found a very peculiar sound in listening over the base of the heart. It was not a murmur, but it was a snap, and it was in both actions of the heart. It was a double snap, very much such as you get by pulling a piece of ribbon suddenly. He died, and at the post-mortem examination, that sealing together of the pulmonary valves was found which I have already described to you. The edges of the three portions of the valve were sealed together, with the exception of an opening, which must have been less than half an inch in the middle, and one of the lips of that opening was a little longer than the other, and it was that that snapped when the blood came against it from the heart, and snapped again when the presure from the artery was felt. That was the only lesion about it. I did not distinguish that from aortic disease, for it is a difficult thing to do it, but some persons claim to be able to do so by getting the sounds of the pulmonary valves a little to the left of the sounds that come from the aorta. I dare not trust my ear for the diagnosis; and besides, there is another mode that is worth something, and not worth a great deal either, and that is, if the sound is at the base of the heart, to follow it to the artery, and particularly to the left and right clavicle. Listen to the sound from the heart there; if it comes up there pretty fully, it is in all probability in the aorta. I say, in all probability. I make that modification because the two vessels, the pulmonary artery and the aorta, are sealed together by loose connective tissue, and for a certain distance after they leave the heart they run together.

COMMUNICATIONS.

CHRONIC NASAL CATARRH.

BY JOHN W. GUSTINE, M.D.,
Of Carroll, Iowa.

Read before the Central District Medical Association, of Iowa, December 21st, 1880.

My principal object in writing this paper is to excite an interest, if possible, in a disease which is certainly as prevalent in the west, if not more common, than any other morbid affection to which our population is subject. Iowa especially may be termed an ozæna State. It may be said to be almost indigenous to her population, the proportion being about one in three.

Authors have assigned various causes of this disease, and what few have written upon its nature and cause differ, and leave us in as much doubt as to what really produces it as we were before we read their views.

Dr. Allen,* Prof. of Physiology in the University of Pennsylvania, gives a very unique and ingenious cause for this affection; he says, "The nasal chamber being a modified portion of the respiratory tract, it follows that its functional integrity is dependent upon the freedom with which a current of air can pass through it. Obstruction is fatal to its efficiency, for not only is the sense of smelling lost, but the unconscious effort to breathe through the nose ordinarily causes congestion and distress, and at all times the normal outflow and distribution of mucus is interfered with. Nasal mucus has a tendency to flow backward. The gentle inclination of the floor of the nose from before backward and the dip of the turbinated bones determine this. Nasal obstruction interrupts this flow, and occasions accumulation and subsequent inspissation of mucus, or a reversal of the current, which results in escape of the secretion at the nostrils." He also claims that in most instances this obstruction is produced by the bones of the nose impinging on the soft parts, not by slight, but with firm pressure. He further says that there are "a variously defined group of cases encountered, in which the nasal chambers are everywhere capacious and yield nowhere any abnormal contact. These are probably instances, when not local expressions of constitutional conditions, due to rhinitis fluxes, the result of structural changes in the membrane itself, or the sequence of imperfectly guarded chambers, which permit the too free ingress of irritating currents of air, and thus the membranes are continually exposed to the contact of extraneous substances, and to abrupt changes in temperature." Prof. Allen does not exclude other causes as operating to produce this disease, but contends that this is one of the principal causes.

---

* *American Journal of the Medical Sciences* or January, 1880.

Prof. Samuel D. Gross, in his *System of Surgery*, gives it as his opinion that ozæna is produced, in most if not all instances, by a scrofulous diathesis or a contamination of the system with syphilitic virus. Admitting this to be the fact, that these two causes are the main factors in producing this disease, we would be loth to concede that one third of our population have either inherited morbific elements destructive to the vigorous health of our citizens, or acquired demoralizing vices, which would leave them but human wrecks; that we are either syphilitic debauchers or strumous descendants. Niemeyer, in my opinion, comes nearer to the true etiology of this disease than most of those who have written on it. He believes it to commence with cold in the head, local irritants, such as the entrance of hot air, dust, acrid gases, or foreign bodies, the snuffing of tobacco by persons unaccustomed to its use, blows, shocks, etc. He also alludes to the strumous and syphilitic taint. These latter, no doubt, have a tendency to disseminate the malady and increase its inveteracy. But these causes are insufficient to explain why this disease is so prevalent in the West; why so many persons of apparently good, sound constitutions, should be afflicted with it for years, and some even for a lifetime.

If we examine the anatomical parts involved, we find an extensive surface lined with one of the most sensitive and vascular membranes in the human body. The Schneiderian membrane is one of extreme vascularity; it is also furnished with a large number of nerves and nerve filaments, the blood vessels having a very superficial course, rendering it very sensitive to changes in the temperature and to the deleterious effects of foreign bodies. Underlying it, in some parts, are the most delicate and thin plates of bone, and filled with cells, which are met with in the osseous system. This membrane is also composed of mucous glands, which pour forth a white, transparent, inodorous and insipid fluid; liable to undergo various changes, such as irritation, congestion, inflammation, ulceration, gangrene, polypi, schirrus, cancer, atrophy and hypertrophy. Guarding the entrance to the organs of respiration, exposed to the first impressions of all noxious as well as innoxious emanations, it is strange that it should be equally if not more predisposed to morbific action than other parts of the human system. If noxious effluvia are impressed upon it, congestion follows, even though evanescent in its effects; cold also produces the same condition; after the irritant passes off, it returns to the normal state, and hence these continual wavelets of repose and reaction in its vascularity must, of a consequence, eventually produce disease.

Microscopical investigation has done scarcely anything towards elucidating the cause of this affection, neither has pathological anatomy contributed anything towards arriving at a correct conclusion; for the opportunity seldom presents itself to take observations on the cadaver, therefore we are compelled to reason, to a great extent, from analogy, to assist us in determining what may be the etiology of this disease, even though our conclusions may be based somewhat on hypothesis.

Wherever the temperature falls below the freezing point, we find chronic nasal catarrh co-extensive with this condition of the atmosphere. Its prevalence and frequency depends much upon this thermal line. In warm latitudes you scarcely ever find a case of this disease, unless imported. Removal to a warm climate is more certain to benefit this class of patients than all the remedies yet discovered. The more variable and cold the climate, the more frequent are its subjects. Might not the sudden extremes of heat and cold incident to our climate, acting on a sensitive membrane like the mucous tissue of the nose, driving the blood from the external surface to the internal, and then in a short time followed by reaction, keeping up diminutive waves of excitement and depression, be one of the great sources of this disease? We find our population afflicted six or eight months in the year with all forms of cold in the head, from a highly congested condition of the Schneiderian membrane down to various shades of vascular excitement. Continuous attacks of this kind for months and years must cause disease of this organ in the end. There is no truth better established in pathology than this fact, that frequent acute or lengthy attacks of morbid action in any tissue is followed by a chronic state, unless its violence destroys the part. If this position be true, are we not warranted in supposing ozæna, in this climate, due to this cause? Why may there not be some unseen and peculiar condition of the atmosphere in localities producing this affection, as well as those causing malaria and goitre in the mountainous districts of Europe. An objection may be raised to this line of argument, that in many individuals laboring under this disease only one of the nasal passages is involved. Why not both in all subjects? If Prof. Allen's investigations are correct, that "out of fifty-eight skulls preserved in the Wistar and Homer Museum only eighteen exhibited normal nasal chambers; in the remaining thirty-seven, nineteen were narrowed on the left side and twenty-one on the right;" this goes far to explain why one nostril is more frequently affected than both.

According to Rokitansky, this disease gives rise "to polypous outgrowths, which appear first as a diffuse thickening over a large surface of the mucous membrane, particularly on the turbinated bones, growing with an uneven surface, and developing wart-like protuberances and fold-like ridges. Sometimes the growths are more circumscribed, assuming a rounded, pedunculated, pyriform shape. They consist of a gelatinous growth from the matrix of connective tissue of the mucous membrane and from its glands, which frequently degenerates into cysts. Gradually the material of which the growths are constituted is converted into firm fibrous tissue. They contract or block up the air-passages, and finally may become visible in the openings of the nostrils."

There is another fact, so patent to the pathologis that it would be an oversight not to refer to it. It is this: that we have diseases analogous to chronic nasal catarrh, involving the mucous membrane lining other organs, which to a great extent present similar symptoms, course and termination, resisting, in numerous cases, any rational plan of treatment. Follicular inflammation of the throat, chronic bronchitis, catarrh of the stomach, chronic inflammation of the mucous membrane of the bowels, catarrh of the bladder, leucorrhœa, chronic endo-metritis, chronic endo-cervicitis, are some of those morbid affections which present a number of features similar to the disease under discussion. In the affections invading the mucous membrane of these organs above mentioned, which are of a chronic character, we have the turgescence, increased flow of mucus, or muco-purulent secretion. We have in some of them the same intractibility, the same futility of treatment; the diseases resisting often our best directed efforts, running on for years without any amelioration; teachers advising the most opposite plans of treatment; the remedial measures differing as much as their effects are various.

The inference to be drawn from these facts is, that less is known about the successful treatment of the chronic complaints of mucous membrane than any other diseased tissue of the body. This inference is certainly true with respect to chronic nasal catarrh.

The causes enumerated by those who have written on this subject are insufficient to explain why so many persons are affected in this latitude; we are therefore compelled to seek some other predisposing cause, and that cause we believe to be a peculiarity of our western climate. True it is that some persons are more susceptible to its influence than others, especially those who are subject to irritable and granular throats, chronic enlargement of the tonsils, those who snore in their sleep, and are of a lymphatic temperament. Individuals who are susceptible, as many are in this cold, variable climate, to frequent attacks of coryza or acute colds in the head, are most afflicted with ozæna.

This disease may involve a large portion of the lining membrane of the nose, or it may be confined to a locality. It may affect the turbinated bones, the middle and inferior meati, the floor of the nostrils, the soft palate and the pharynx, the superior maxillary and frontal sinuses, and even extend to the ethmoidal cells.

Mere chronic congestion may alone be present for a long time, with increased flow of mucus or muco-purulent matter. If the diseased action continues and the morbid secretion becomes obstructed, large flakes of inspissated matter are thrown off, some of them having the form of the turbinated bone; and in some instances I have seen the discharge like the yolk of an egg. If the secretion is retained for any length of time, decomposition occurs, with fetor, and frequently sanies and ichor, as a result, especially if there is ulceration. The formation, inspissation and obstruction of this secretion, causing it to be expelled with force from the nostril, injuring the vascular texture of the mucous membrane, is one of the principal causes of its inveteracy. The secretion often becomes so copious that it passes down the throat into the stomach while the patient is asleep, causing nausea and vomiting. In dependent positions of the head it sometimes runs from the cavities for a few moments, in a continuous stream. The fetor is often so great as to be observed within a few feet of the person affected, rendering the apartment where the individual is unbearable to others. In persons of a strumous or a syphilitic taint its ravages may extend to the bones, causing caries and necrosis, with discharge of osseous matter, involving parts adjacent to the brain, as once occurred under my own observation, the bones of the palate, nose, and even of the face, dropping out one by one, while the destruction of the soft parts goes on, until the most hideous, horrible and irremedial deformity ensues; the pain, discharges, and fetor harassing the victim by day and night; rendering him an object of disgust and pity to his friends; life a burthen to himself; loathing his existence, he is almost induced to follow the advice of Job's wife, "curse God and die." It is unnecessary to dwell upon the symptons of this disease, as you are all too well acquainted with them, and they are too obvious to require any extended description. It might be well enough to add, that this rapid and terrible destruction of the parts involved can seldom occur except where there is some systemic taint. Chronic catarrh in a vigorous and healthy constitution, in this latitude, may run on for years and present no other appearance of morbific action than increased secretion, erosions or ulcerations of the mucous membrane. There is one other point, corroborative of the position maintained in this paper, which I desire to refer to, and that is, the prevalence of this disease among the African race, who have emigrated from the southern States to the northern. They may be entirely free from its effects in the south, and yet a residence of a few years in this climate seldom ever fails in producing it among them. In fact, some of the most inveterate cases are seen among this people.

The treatment of chronic nasal catarrh is various as the remedies employed for its alleviation. I wish I could recommend a course of treatment that would insure a cure, something that would act as a specific in restoring the parts to health. It has been said, and well said, "that to cure a disease you must discover the cause, and when it is removed two-thirds of the treatment is accomplished." There is a good deal of truth in this adage, but numbers of cases are treated daily, where the cause is unknown and the remedies contraindicated, who get well through the agency of the *vis medicatrix naturæ*, and in spite of the senselessness of the treatment. The treatment of ozæna, in many instances, demonstrated this last idea very forcibly.

Rhinoscopy, in the last few years, has done much toward elucidating the morbid action in localities hitherto unexplored, and has been a great aid in the proper administration of medicines to the parts affected. It has shown when congestion, erosions, ulcerations and necrosis exist; when hypertrophy and atrophy invaded the tissues: and that condition of the membrane, to which Rokitansky refers, giving rise to polypous outgrowths. But there are parts, even with this adjuvant, it is impossible to explore; hence, in numerous instances, we are unable to arrive at a correct diagnosis of the morbid anatomy of the tissues involved, and must, of necessity, be guided by the symptoms presented.

My experience in the treatment of this disease has been a complete failure, in most instances, so far as producing a cure. Improvement has followed the use of the various remedies, both local and constitutional, recommended by the most reliable authorities on this subject; but I must confess that my success in this latitude has fallen far short of that which they have represented, especially in old and inveterate cases. I deem local remedies of paramount importance. For local applications, one of the best to commence with is a weak solution of permanganate of potash, one grain to the ounce of water. And let me here say, that I prepare the water myself, taking rain water and boiling it, to destroy as much as possible the infusoria always present in this fluid, and then strain. Much of the distilled and medicated waters in the shops is impregnated with this adulteration by long standing, and hence is unfit to be used in this affection. The zinc salts, the sulphate and the chloride, are especially indicated when the discharges are of a thin, dirty yellowish color. In mild cases without erosions or ulcerations, the strength of the various local applications must be increased as the patient can bear them. Do not produce too much pain. Carbolic acid is one of our best remedies to allay fetor, and aids often in restoring the parts to a more healthy action. One important point to remember is, that the membrane must first be cleansed of secretions more particularly from inspissated mucus, so that the medicinal substances may come directly in contact with the diseased surface. One of the best remedies for this purpose is a solution of common salt, half an ounce or one ounce to the quart of water; also a solution of muriate of ammonia is an excellent dissolvent. They can be administered by means of Thudichum's apparatus, or by a large syringe. When there is a thin, gleety discharge, you will find a weak solution of sulphate of copper, one-fourth to half a grain to the ounce of water, a most excellent remedy. It will not do to continue one substance too long at a time. It is best to alternate them every two or three days, unless the improvement appears to be very decided under their use. Change of remedies is beneficial in this disease as well as in most others. We often fail from inattention to this rule. When ulcers or erosions can be seen, I have no doubt, though I have never tried it, the plan of Prof. Allen, making the application by means of an instrument similar to a hypodermic syringe, to the spot, would be far better than any other method; and for this purpose nitrate of silver is one of the best preparations.

When the maxillary sinus is involved, it will be necessary to extract one of the molar teeth and make an opening into the antrum, through which the injections can be administered. Sometimes the disease extends to the frontal sinus, and these are the most obstinate cases we have to deal with, because it is impossible to make our applications *vias naturales.* The idea has occurred to me, though I have never tried it, that it would be well to dissect the soft parts, by means of a flap, from the frontal sinus, and make a small orifice with a trephine, and administer our local remedies through this opening. I merely suggest it for your consideration. Hypertrophy and atrophy of the nasal membrane are very unfavorable conditions, and, as a general rule, resist treatment a long time; and many cases of this character are never cured. These are the conditions which require strong caustic and ointments. Ointments are more effective here than solutions, because their effects are more permanent. It is often necessary to apply them in full strength, so as to change the diseased action of the part. Boracic acid has been highly recommended in the latter, and the iodine preparations in the former. A weak solution of corrosive sublimate, as an alterative, in hypertrophy, has been used with benefit.

Administration of remedies by the atomizer was at one time used extensively, but experience has not confirmed its utility.

Insufflation through the posterior nares of various powders, is now more fashionable than any other treatment. Of its merits I know scarcely anything. This treatment, however, is worthy of an extensive trial, for it has been recommended to me by a few of our best physicians in the State.

Of course, constitutional remedies are not to be neglected when there is a systemic taint of any kind, and these indications are too obvious to you for me to occupy your time with the treatment.

There is one important point it will be well to impress upon your attention, and that is, the great improvement produced by climacteric influences. A removal to a latitude where the temperature is scarcely ever below the freezing point has benefited and cured, when the disease is not too far advanced, more persons than the most effective remedies. Corroborative of this position, to which allusion has been made, is the fact that the negroes who have emigrated from the far South to a more northern latitude are most universally attacked. I would, therefore, recommend, as a great factor, a removal to such a climate as Florida or Southern California.

CASE OF ACUTE GLAUCOMA IN A CHILD OF EIGHT YEARS, CURED BY SCLEROTOMY, WITH AN ADDITIONAL ACCOUNT OF NINE SCLEROTOMIES PERFORMED FOR GLAUCOMA IN ADULTS.

BY M. LANDESBERG, M.D.,
Of Philadelphia.

The high expectations which were raised by the introduction of eserine into the therapeutics of glaucoma have totally failed. Even the enthusiastic admirers and supporters of this remedy had to yield to the evidence, to which I first drew the attention of the profession, that eserine is not only an unreliable, and in most cases worthless, remedy, in glaucoma, but also a very dangerous one, which, by its primary results, may lull the patient as well as the attending physician into a delusive security, endangering thus the favorable chances of another more efficacious therapeutic action.*

For the present, the only indication in cases of glaucoma must still be *operation.* Until recently, iridectomy was the only operative procedure to which we had to recur for the cure of glaucoma. To this old method, to which the name of Von Graefe is immortally attached, and which had been approved in thousands of cases, a new operative procedure has lately been added. This procedure, called sclerotomy, consists in making an incision at the scleral border of the cornea, as if about to form a flap for linear extraction of cataract without excision of iris, avoiding the prolapse of the latter.

Introduced by Von Wecker, enthusiastically recommended by Mauthner, sclerotomy has been tried by few oculists only. But it has still its future before it. It is not a method of fashion, in vogue to-day, abandoned to-morrow; it is a real enrichment of the therapeutics in one of the most fatal diseases of the human eye. Whether it will succeed to supplant totally iridectomy is an open question; but it always will keep a prominent place in the treatment of glaucoma. It is a simplification of the operative procedure; it has many advantages over iridectomy, and shares with the latter its curative effects.

In my article "On the Use of Sclerotomy in

---

* See my article on the "Therapeutic Use of Eserine in Glaucoma," *Knapp's Archives of Ophthalmology*, Vol. VIII, No. 2.

Glaucoma," just issued in Von Graefe's *Archives of Ophthalmology*, Vol. xxvi, No. 2. I give a full account of thirty-five sclerotomies, performed in the years 1876 to 1879, in the different forms of glaucoma. The results which I have obtained by this new procedure justify me in setting forth the following instances in which iridectomy has to be abandoned and replaced by sclerotomy. These instances are:—

1. Absolute glaucoma.
2. Secondary glaucoma, and glaucoma like conditions of the eye, as observed in iritis, serous choroiditis, in certain forms of keratitis, etc.
3. Cases of glaucoma in which iridectomy had been made, and the reappearance of the glaucomatous process indicates the repetition of the operative procedure.

In all other instances it entirely depends upon the personal feelings of the surgeon, whether in his proceedings he prefers to be backed by high authorities, or by his own judgment only. That sclerotomy is apt to bring about a full effect in all other forms of glaucoma has been illustrated by my first communication, and will receive further evidence from the following cases, which I have observed during the last year.

Case 1.—C. B., workman's son, eight years old, had been suffering through all the summer, from intermittent inflammations in both eyes. In the first days of November, after a period of relative rest, intense symptoms of inflammation set in, in the right eye, the sight of which rapidly decreased. Examination, made November 10th, showed, left eye, some small infiltrations around the corneal border; right eye, multiple infiltrations of the cornea. Pronounced picture of subacute glaucoma. Aqueous humor dim; intraocular pressure intensly increased; pupil medium dilated; optic disc deeply excavated; intense venous hyperæmia of the retina. Vision reduced to counting fingers at $5'$.

Instillations of eserine acted at first very favorably. Aqueous humor cleared up; tension decreased and pupil contracted somewhat. But from November 18th the morbid process exacerbated, evolving, on November 16th, into acute glaucoma. Vision was reduced to quantitative perception of light. Background of the eye could not be seen.

November 17th, I performed downward sclerotomy. Course of operation and of healing was normal. Tension decreased immediately after the operation. All symptoms of inflammation and irritation subsided very rapidly. On the second day tension was normal, anterior chamber clear and perfectly restored.

The final examination, November 24th, showed irritation vanished; pupil of normal shape and reaction; optic disc somewhat hyperæmic, but no trace of excavation; some retinal ecchymoses in the state of resorption. Vision (reduced on account of the existing maculæ corneæ) = $\frac{15}{40}$, Jæger 8. Field of vision normal.

Case 2.—C. F., Farmer's wife, 49 years old, came under my notice June 19th, with acute glaucoma of the left eye. She was not prepared at the time for operation, but something had to be done in order to alleviate the severe neuralgic pain. In this emergency I resorted to paracentesis corneæ, repeating twice the escape of the aqueous humor. The relief was immediate, and there was considerable decrease of tension. When I saw the patient, twenty-four hours afterward, I was not a little astonished at the improvement of the eye. Symptoms of irritation were but slight, intraocular pressure was almost normal and pupil but very little dilated. Background of the eye showed slight excavation of the optic disc and venous hyperæmia. V = $\frac{15}{70}$. Field of vision intact. Improvement progressed in the following days, bringing complete recovery.

When, after eleven weeks of perfect health, acute glaucoma reappeared, I performed, September 19th, downward sclerotomy, with the most favorable result. Intraocular pressure diminished instantly. The course of healing was very short; the restitution complete. Tension and pupil became normal and V = $\frac{15}{30}$. Field of vision was free.

Case 3.—O., grocer's wife, 59 years old, had iridectomy performed on her for acute glaucoma of the left eye, about two months previous to her coming into my notice. The operation afforded but temporary relief. Glaucomatous attacks set in again, with greater violence than ever before.

Examination, made September 15th, showed, left eye, media cloudy, anterior chamber shallow. Broad upward iridectomy. Eyeball of stony hardness. Fundus oculi cannot be seen. Vision reduced to counting fingers at $5'$. Very intense symptoms of irritation

September 16th I performed upward sclerotomy. Course of operation was normal. Tension decreased but slightly after the operation. The healing process was interrupted by frequent acute exacerbations. After a long and tedious period of convalescence, the final result, October 29th, was: media clear; anterior chamber almost normal. Intraocular pressure only slightly above normal condition. Somewhat deep excavation of the optic disc. V = $\frac{15}{70}$, with + 6 Jæg. 8. Field of vision limited in the upward-inward quadrant.

Case 4.—F. G., shoemaker, 39 years old, had been suffering from intermittent inflammations of his right eye, from July 4th, when it was struck by a fire cracker. At first the paroxysms were short and subsided without impairing vision. In the last month the symptoms of inflammation remained stationary, and there was a gradual loss of sight.

Examination, December 15th, showed, right eye, deep ulceration on the lower third of the cornea, with diffuse infiltration; anterior chamber somewhat cloudy; pupil medium dilated; immovable intraocular pressure = T. 2; deep excavation of the optic disc; spontaneous arterial pulsation; vision reduced to counting fingers at 8′.

The administration of eserine brought complete contraction of the pupil, but no improvement whatever of the morbid process. December 20th, I performed downward sclerotomy. During the section small prolapse of iris occurred, the reposition of which succeeded. Tension decreased immediately, and the morbid symptoms subsided very rapidly; recovery was complete. Pupil and tension became perfectly normal and $V = \frac{15}{30}$. There was no excavation of the optic disc and no limitation of the field of vision.

Case 5.—D. C., weaver, 57 years old, applied to me February 4th, with subacute glaucoma of his left eye; pupil was medium dilated; intraocular pressure = T. 1; optic disc deeply excavated, with atrophic ring; spontaneous arterial pulsation. In the peripheric part of the retina there were some choroidal atrophies and pigment macerations. $V = \frac{20}{70}$, with + 6 Jæg. 5. Field of vision limited in the lower inner quadrant.

February 6th. Sclerotomy downward. Small prolapse of iris occurred after the section had been made, the reposition of which succeeded perfectly. Slight decrease of tension after the operation; healing process very favorable. Final result, $V = \frac{20}{30}$, with + 12 Jæg. 1. Field of vision much enlarged; pupil roundish; dilated but slightly above the normal condition, of fair reaction; intraocular pressure normal; excavation of the optic disc flatter.

Case 6.—G., peddler's wife, 56 years old, came under my treatment April 10th, with subacute glaucoma of the right eye. Anterior chamber was very shallow; pupil irregular, very sluggish, medium dilated; intraocular pressure about T. 1; deep excavation of the optic disc, with arterial pulsation. $V = \frac{20}{40}$ Jæg. 8, with + 10. Field of vision limited in the upper half, almost to the point of fixation.

April 11th, downward sclerotomy. Course of operation and of healing process normal. After the operation the intraocular pressure is below normal condition; it increases pathologically in the following day, and becomes normal on the third day; final result, $V = \frac{20}{40}$ with + 10 Jæg. 2. Field of vision considerably enlarged; pupil round, of almost normal reaction; no arterial pulsation; no change in the optic disc.

Cases 7, 8.—W. O., farmer, fifty-five years old, applied to me June 30th, in the following condition: Right eye, subacute glaucoma; pupil medium dilated, of slow reaction; tension = T. 1; optic disc slightly excavated, with atrophic ring; venous hyperæmia. $V = \frac{15}{70}$ with + 10 Jæg. 4. Field of vision limited downward and inward, in the latter instance almost up to the point of fixation. Left eye, chronic inflammatory glaucoma; ciliary veins greatly enlarged; cornea hazy, of diminished sensibility; anterior chamber somewhat shallow; pupil medium dilated, immovable; tension moderately increased; opacities of vitreous. Fundus oculi only indistinct. Vision counting fingers at 5′.

July 2d, downward sclerotomy in both eyes. In the right eye prolapse of iris during section, the reposition of which did not succeed. Iridectomy was made. In the left eye sclerotomy was successful; tension became normal; cornea cleared up; pupil and vitreous remained unchanged; vision improved to counting fingers at 15′; optic disc showed deep excavation and considerable hyperæmia. In the peripheric retinal parts there were choroidal atrophies and particles of pigment.

Case 9.—R., shoemaker's wife, forty-nine years old, came under my treatment with glaucoma simplex of both eyes. Iridectomy, performed June 21st, checked the morbid process and improved vision. While the condition of the right eye remained stationary, the left eye showed, from the first days of August, renewed increase of tension, with failing of the sight and narrowing of the field of vision. Sclerotomy, successfully performed, August 15th, had the most favorable result. Tension became normal; vision increased from $\frac{15}{100}$ to $\frac{15}{50}$, and field of vision enlarged.

Case 10.—C., peddler, sixty-seven years old, applied to me October 3d, in the following condition: Right eye, iridectomy upward; tension normal. $V = \frac{20}{70}$. Field of vision limited in the upper inner quadrant; slight excavation of the optic disc, with atrophic ring. Left eye, eyeball of stony hardness, intense sub-conjunctival and conjunctival injection; cornea opaque, with calcareous concrements; anterior chamber cloudy;

pupil ad maximum dilated; secondary catarrh; intense neuralgic pains. Iridectomy of the right eye had been made, for glaucoma, in Germany, in the year 1876. At this time the left eye had been blind for two years, without causing any annoyance to the patient. The latter set in in January, 1880.

October 4th. Downward sclerotomy. Course of operation normal. Healing process very slow and interrupted by frequent exacerbations. Final result favorable. All symptoms of irritation vanished and tension decreased very considerably.

General Remarks.—These cases show most evidently the high therapeutic value of the new operative procedure. In the nine cases in which sclerotomy was successfully performed, the latter succeeded to check the glaucomatous process, to reduce the morbid increase of the intraocular pressure and to improve vision. In these instances sclerotomy had the same beneficial effect as of a successful iridectomy, and had besides this great superiority over the latter, that, by leaving the iris intact it saved the eye from so many optical disadvantages (symptoms of dazzling, polyopia, etc.) which are often caused by the coloboma.

The first case which heads my present communication is highly interesting from many a point. Acute glaucoma is a very rare occurrence in children; it is the only one that I observed among 13,000 patients. The fine result obtained here by sclerotomy may be regarded as the best exemplification of the value of the new procedure. Before its introduction into the therapeutics of glaucoma, we had had only one recourse, in iridectomy. A permanent mutilation of the eye would have been the inevitable consequence; whereas sclerotomy restored the eye to its normal condition. The same favorable results have been obtained in Cases 2, 4, 5, 6, and 8. In Cases 3 and 9, in which glaucomatous process recurred after a successful iridectomy, sclerotomy made superfluous a repeated excision of iris, and checked the morbid process. In Case 10 sclerotomy gave abundant proof that in this instance it is the best substitute for iridectomy. In Case 7 the intention of the operation failed; prolapse of iris occurred, and iridectomy had to be made. It shows that we do not in the least endanger the condition of the eye by first trying sclerotomy; being enabled, in any emergency, to add to the section of the sclera the excision of a piece of iris, and thus change sclerotomy for iridectomy.

1912 *Arch street.*

Hospital Reports.

DROPSY IN CARDIAC DISEASE.

A Clinical Lecture delivered at the Hospital of the University of Pennsylvania, Sept. 27, 1879.

BY WILLIAM PEPPER, M.D.,

Prof. of Clinical Medicine in the University of Pennsylvania.

REPORTED BY WM. H. MORRISON, M.D.

Gentlemen—I have to-day two patients who come together very well as illustrating the different significance of the same symptom arising from different causes. This is particularly true in dropsy of the legs arising from cardiac disease.

This young man was admitted a few days ago. His history is as follows. He is twenty-two years old and a blacksmith by trade, but lately has been a bartender, and has taken more liquor than was good for him. He considered himself perfectly well, until three or four weeks ago, when he noticed pain in the chest, shortness of breath, decrease in the quantity of urine, inability to lie down, and afterwards dropsy of the legs. I do not think that his disease came upon him as an acute attack a few weeks ago.

I shall, in the first place, examine the heart. The heart is enlarged. Its action is very rapid, weak and irregular, and on auscultation I find murmurs. One of which, at least, is organic, that is, one resulting from insufficiency of the mitral valve. This is so harsh and strong, and transmitted so far downward and to the left, that there is no doubt but that it is organic. I cannot believe that the disease developed so rapidly as our patient thinks. It is probably a case where there has been a latent cardiac disease for some time, which has been aggravated by an acute attack. There is a great deal of congestion of the liver, and some congestion of the lungs. There is a high degree of dropsy of the legs. It is rather remarkable that the swelling of the feet is not nearly as great as that of the calf of the leg. This seems to be due to the hardness and tightness of the skin of the feet.

When we meet with a case like this, where we have a cardiac murmur and œdema of the legs, it is, of all things, important that we should learn the exact cause of the dropsy. The gravity of this œdema will depend entirely upon the cause that produces it.

Let me now call attention to this lady, who is fifty-nine years of age and has had swelling of the feet and ankles off and on for the past four or five years.

Here we find, upon examination, that the heart is exceedingly weak, feeble and frequent. We have here a marked *arcus senilis*, due to fatty degeneration of the corneæ. There is no valvular murmur, but there is evidently fatty degeneration of the heart.

In some cases this œdema of the feet is evidently connected with anæmia, a watery condition of the blood. The œdema in these cases is to be removed by the remedies useful in anæmia. There are other cases of cardiac disease, where the swelling of the legs is connected with a state of plethora. In other cases there is some obstructive disease of the heart, and great obstruction to the passage of the blood from the heart. This leads to venous congestion and effusion.

We meet with other cases connected with heart disease, due to the failure of the power of the heart to propel the blood through the whole circulation. Lastly, we meet with œdema in cardiac disease, where the kidneys become involved, and it is in this last condition that œdema becomes most marked.

In this lady we have had transient œdema coming on during the day and disappearing at night, no evidence of disease of the kidney, no organic disease of the heart, so that we must attribute this œdema to debility of the circulation.

In this young man we have a serious combination, because we find that the urine contains a large amount of albumen. In this case we have existing obstructive disease of the heart and a renal complication. This is a very common combination, and wherever you have swelling of the feet in cardiac disease, you should examine the urine carefully. We have not yet arrived at a clear understanding of this case. If we find only albumen in the urine, it will be probable that there is only congestion of the kidney, which will disappear when the congestion is relieved. We may find tube casts, showing that there is also organic disease of the kidney. Before meeting you again I shall have a microscopic examination of the urine made, and when we meet I shall take up the case at this point.

September 30th. Gentlemen, I again bring this young man before you, in order that we may study his case more carefully. Further examination of the urine has shown that there is no organic kidney trouble. There was, on Saturday, as you will remember, a considerable amount of albumen in the urine, the feet were œdematous and the dropsy extended some distance up the leg. We also found cardiac disease, and I told you that this case illustrated the relations between one kind of dropsy and cardiac disease, in that we had, with evident obstruction of the venous circulation, congestion of the kidney. This patient's expression when he came into the hospital indicated an intense degree of anæmia.

On Saturday I first asked you to observe the different relations that dropsy bore to cardiac disease. How, in some cases, it was due simply to weakness of the heart, debility of the cardiac walls, so that the heart was unable to propel the blood around the whole current of the circulation, and congestions were produced at the most dependent parts, and œdema became established; secondly, that patients with cardiac disease sometimes suffered from such impairment of nutrition that they became intensely anæmic, and, as in all cases where we have a watery condition of the blood, there is a great liability to the escape of serum and the formation of dropsies; thirdly, in cases in which there is marked obstruction or marked regurgitation at some orifice of the heart, we find that the venous system becomes engorged and dropsy ensues; and, lastly, in some cases of cardiac disease we find special congestions of various organs, the lungs, liver or kidneys, and when in connection with cardiac disease there is renal congestion, we are pretty apt to have dropsy, and especially apt to have œdema of the feet. So that, when you meet with a patient who has dropsy of the feet, the first questions to be settled are: What organ is at fault? Is there any organic disease? Is it the liver? In hepatic dropsy we have ascites developed. Secondly, are the kidneys at fault? Is the heart also at fault? Having found out, in any case of œdema, what organ or organs are at fault, we must next discover the special causes that exist.

I find in this man intense renal congestion and marked œdema, but no indication of inflammation of the kidney. Let us now study the condition of the circulation in the heart, liver, and kidneys. The apex beat is nearly in its natural position. When I place my hand over it there is a very unnatural feeling imparted to it. In the first place the impulse extends over a larger area than natural. The natural impulse extends over an area about the size of a silver half dollar. In the second place, there is a distinct thrill imparted to the hand, which is very marked and is felt with every impulse. On percussion I find that the cardiac dullness does not much exceed the normal. When I auscult the heart, there is a strong murmur heard at the base. One murmur and then one healthy sound. It becomes louder as I descend and go to the left. It attends the contraction of the ventricles—it is a systolic murmur. It is heard very powerfully around the left side of the chest. It is transmitted in the axis of the heart and in the direction that the blood takes in coming through the mitral valve. This is, therefore, disease of the mitral valve. The murmur attends the contraction of the ventricles when the mitral valves should be closed; therefore the mitral valves are insufficient and the murmur is a regurgitant murmur. Is there, also, any regurgitation through the tricuspid valve? The murmur is heard to the right of the heart, but it is lost too quickly. While we find that the jugular veins are filled with blood, they pulsate very little if at all. If there was insufficiency of the tricuspid valve the blood would be driven back into the right auricle and thence into the jugular veins, causing marked pulsation in the neck. Since the murmur is not transmitted much to the right, and there is no pulsation of the jugular vein, we may consider that, practically, there is no disease of the tricuspid valves.

The heart has, singularly, not become much enlarged, which makes me think that this is rather an acute case. If this had been an old trouble, and six weeks ago an acute affection had increased the trouble, we should find the heart enlarged. So that the absence of enlargement inclines me to believe that this is the result of an acute endocarditis. The aorta does not get as much blood as it ought. The consequence is that the patient is excessively pale, because, probably, half of the blood is forced back into the left auricle. This blood meets the blood returning from the lungs by the pulmonary veins, and, owing to the power of the left ventricle, it greatly impedes the passage of blood, and almost alters the direction of the current. In consequence of this, the passage of the blood through the lung is greatly impeded. Therefore it was that there was such intense congestion of the lungs, shown by the moist and crackling râles heard over the base of both lungs. We still hear a good many râles over the base of the lungs, chiefly on the left side. The vessels, in this case, seem to be very strong and elastic, allowing such marked congestion. If they had not been so strong they might have given way, causing pulmonary apoplexy or hæmoptysis. Here we merely have congestion and some escape of serum. But, notwithstanding this, the congestion has done its full work. The right side of the heart has not been able to propel the blood through the lung, and thus we find that the right side of the heart has been greatly congested. The veins have not been able to empty the blood into the heart, as we see by looking at the jugular veins, and we find that the ascending cava, which carries the blood not only from the lower extremities but also from the hepatic and portal circulations, is also congested. In consequence of this, we find dropsy of the lower extremities and remarkable congestion of the liver. The epigastric and hypochondriac regions are much enlarged. When the man holds his breath you can see a pulsation in the epigastrium, and when the hand is placed over this region a distinct impulse is felt. When we examine the liver by percussion, we find that it extends from the fifth interspace downward, for a hand's breadth below the normal line. We have here an enlargement of at least 25 or 30 per cent. The edge of the liver can be felt at the point indicated on percussion. In this great congestion of the liver we find another proof of the strength and elasticity of the vessels in this young man. When the veins are so engorged, the watery portions of the blood usually exude into the peritoneal cavity, causing ascites. In this case there is, at present, no trace of ascites.

Here, then, we see what important results may follow this lesion of the mitral valves—congestion of the lungs, liver and kidneys, congestion of the right side of the heart, of the ascending and descending cavæ, congestion of the veins of the lower extremities and œdema. The œdema is owing, in part, to the great extent of the venous stasis; but this is not the only cause. We find a further cause in the special congestion of the kidneys, as shown by the extreme albuminuria. When the kidneys are thus congested, they are not able to perform their function properly, and some of the effete matter remains in the blood. This poisoned blood will not be transmitted as freely by the capillaries as will healthy blood, and congestion of the veins and œdema results. I would add that, probably owing to the small amount of blood passed into the general system, all the functions have been poorly performed, especially the digestion. Owing to this the patient's blood was very watery, and he was exceedingly anæmic. So that, in a case of this kind, we have several indications to meet in promoting the removal of the dropsy.

In regard to this pulsation in the pit of the stomach, you will often observe it in cases of this kind. The pulsation is sometimes so marked that it gives rise to the idea that the liver itself is pulsating. This sometimes occurs, but the pulsation is usually due to the transmission of the impulse from the heart itself. In this case I am satisfied that it is a transmitted impulse from the heart, which lies right on top of the liver, separated only by the diaphragm.

Now let us see what we should do for a patient in this condition. There are some cases in which we have nothing to do but stimulate the action of the heart. Take, for instance, such a case as I saw a few days ago in private practice. A man who has been overworked has a slight regurgitant mitral murmur which had never caused any trouble. He begins to lose general strength, is easily tired, the pulse becomes more frequent and feeble, face is pale, he has to stop and pant for breath on going up stairs, and his feet begin to swell, but there is no albumen in the urine. There is a little congestion of the lung, the surface is cool and the pulse is irregular, intermittent, frequent, very weak and small. Now, there is a case of œdema of the lower extremities, due solely to cardiac failure. You will find in such cases that absolute rest, small quantities of food at short intervals (because the digestion is weak), a little alcohol and plenty of digitalis, will in a few days cause the dropsy to disappear.

Now one of the elements in the treatment is, as I have said, absolute rest. You will find that the simple fact of making such a man sleep upon the ground floor will do more for his comfort than any drugs. It prevents him from having to lift the weight of his body in going up stairs, and also enables him to take exercise in the open air without going up or down stairs. The carrying out of this single element in the treatment of heart failure will often be followed by a disappearance of the dropsy, which seems almost miraculous.

Again, I spoke of the use of food in cardiac disease with dropsy. It might be said that in all such cases a diet of liquid should be preferred to a solid diet, for the reason that a liquid diet stimulates the action of the skin. This is true whether you give strong meat broths, beef tea, or milk; for after all beef tea is nothing but a mineral water containing various salts and a little albumen in solution. In the same way milk contains a great many salts and with these some albumen and sugar. Therefore a liquid diet of milk and broths is really a diuretic and diaphoretic in itself, while we also present the elements of nutrition in an acceptable form. I think I may say that in almost every case of cardiac disease with dropsy, a diet chiefly liquid is an important element in the treatment. This becomes more important when the digestion is weak or in any way deranged. In cases with hepatic and renal derangements I think it may be laid down as the rule, that a liquid diet is to be used. In case of hepatic involvement, in which there is a diminished secretion of bile, you will find that skim milk, or better, buttermilk, is very useful, because they contain no fat. The food should be taken at short intervals and in small quantities. A small quantity of green vegetables and lean meat will often have to be allowed, in order to satisfy the patient.

I spoke of alcohol, and this is a very important element in the treatment. The strong forms of alcohol are injurious, but the weaker forms, as diluted sherry or gin diluted with water, which, on account of its containing juniper berry, is diuretic, are well digested and stimulate the action of the heart. Lastly, digitalis, which in this condition is the most valuable of all drugs, may be given freely, watching its effect. Twelve drops of the tincture may be considered an average dose.

In cases where we find that instead of there being failure of the heart, the heart is acting powerfully, and there is extreme nervous congestion, we have to alter our treatment. Here, while we use the same elements—rest and the modified diet—alcohol will be injurious and digitalis will not of itself suffice. We have now to take away this condition of congestion. We have to relieve the heart, lungs, liver and kidneys, by depletion of the engorged veins. For the relief of the lungs we apply dry cups over the lungs and administer saline expectorants. In the case of the liver, repeated doses of mercurials, followed by a saline laxative, should be used. In no condition of the system will you see better results from repeated doses of mercurials followed by a saline laxative, than in hepatic congestion from cardiac disease. Three grains of blue mass once or twice a week, followed by a saline, will be a most important and valuable element in the treatment. In the case of the kidneys, dry cupping and saline diuretics should be used. Buttermilk is also useful in this condition.

In our patient it is the last form of treatment that we need. Twice a week a pill of blue mass, and during the interval cream of tartar water taken freely, moderate doses of digitalis and a restricted liquid diet, constitute the treatment.

There is another question to be considered, that is, the treatment of the anæmia. Some practitioners fall into a stereotyped way of treating cardiac diseases. Some give only iron, others give only digitalis; but the only right way is to treat the disease according to the indications of each case.

Iron is useful where there is anæmia. It does not make much difference what form of iron is used, but preferably the diuretic salts, the potassii et ferri tartras, the citrates and the chlorides, should be used in cardiac dropsies. It should be given in large doses, beginning with a moderate dose and slowly increasing it. In the present case the patient has been taking the tincture of the chloride of iron, the effects of which have been shown by the improvement of color and digestion and the lessening of the dropsy. We have now spoken of the elements of heart failure, venous stasis and anæmia, as entering into the treatment of heart affections.

We will find that if our diagnosis in this case is correct, and there is no organic disease of the kidney present, and the albumen is simply the evidence of congestion, as we improve the tone of the heart, and restore the nutrition, the albumen will disappear from the urine. We will watch the case with interest, to see if this will be the course.

He is taking ten drops of the tincture of iron, with twenty drops of the tincture of digitalis. He will have dry cupping over the kidneys and liver, and blue mass twice a week, followed by a laxative.

The remarks that I have made to you indicate the rational treatment of cardiac dropsy. I have little doubt but that in the course of six or eight weeks this treatment will restore our patient to almost perfect health, but he will need to exercise the greatest caution.

The extent to which organic disease will diminish, if you can keep the heart perfectly quiet and have no tax or overwork placed upon it, is wonderful. Even in a patient as old as ours, I have seen organic murmurs actually disappear after two or three years. This result, which is rare in the adult, is quite common in children. So much so that if you can only induce the parents of a child with organic heart disease to follow out a proper hygienic and medicinal course of treatment, you will find, after several years, in a notable proportion of the cases, that the child not only remains well, but that from year to year, as you watch the case, the organic disease itself becomes modified, that the valves are being restored to their normal form, and that the signs of organic disease are slowly passing away.

I have watched cases of this kind, and after the child has reached adult life, I have been unable to find any signs of heart disease, and watching the case on through life there has been no development of cardiac disease.

When this man has recovered from his acute condition, I shall give him one or two grains of potassium with $\frac{1}{60}$ of a grain of corrosive sublimate. This will be stopped at intervals, so as not to derange the digestion. With this we shall combine rigid hygienic treatment, and we may hope to relieve, to some extent, the cardiac trouble.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Value of Colotomy.

This operation is strongly recommended by Mr. Christopher Heath, F.R.C.S., in the *British Medical Journal*, January 1. He says:—

I do not, of course, mean that colotomy is desirable in every case of cancer, for the progress of some cases is slow, and much may be done to relieve pain and promote comfort by the use of morphia suppositories, or of starch and opium enemata, and the careful selection of bland and unirritating food and drink.

As regards the operation itself, I would say that, though it often is extremely easy and simple, yet, in some cases, it is of the greatest difficulty. In a case of obstructive disease, the colon is often distended and easy to reach; but, again, when distention is great, the colon may be contracted, and the small intestines overlap it completely, and cause great difficulty; or the peritoneum, distended with air, may closely simulate the bowel. Again, the anatomical arrangement of the meso colon may be such as to render it impossible to reach the bowel without opening the peritoneum. Should the peritoneum be opened, I believe the best mode of proceeding is to bring up the colon to the opening, and stitch it carefully before opening the bowel—so that the two peritoneal surfaces may be well in contact and rapidly adhere, when a good result may be anticipated. It is said, by a distinguished lithotomist of the day, that every case of lithotomy has its own peculiarities; and the same may, I think, fairly be said of colotomy. Although my experience of the operation is now not inconsiderable, I must confess to a feeling of relief when I have fairly opened the colon without misadventure.

In the after-treatment of cases of colotomy, some little care is required in washing out, periodically, the diseased piece of bowel below the artificial anus, for, if this be neglected, the mucous secretion collects, and is apt to irritate. It is undoubtedly the fact, though it is difficult to explain it, that fecal matter does occasionally find its way into the rectum, in some cases; but the bulk of the fæces is, of course, discharged at the loin, and with great regularity, and singularly little discomfort. A simple bandage, with a pad of tow or wool, applied over the anus, is sufficient to prevent injurious friction of the part; but if, as sometimes happens, there be a tendency to prolapse of the mucous membrane, another air-pad may be added.

On Excision of Cancer of the Rectum.

An analysis of 140 cases of excision of cancer of the rectum is given by Dr. A. Kelsey, in the New York *Medical Journal* for Dec. last. From their study he draws the following conclusions:—

1. The fatal results which have thus far been recorded as following this operation nearly all occurred in cases where, from the extent of the disease, such a result was not improbable.
2. When the disease reaches above three inches, or involves neighboring parts to such an extent as to render its entire removal without injury to the peritoneum questionable, the operation is contra-indicated.
3. Although there have been a few cases of cure, such a result is so rare as not to justify the exposure of the patient to the risk of immediate death which attends the attempt to remove extensive cancerous disease.
4. The operation is chiefly valuable as a palliative measure, and as such it is applicable to cases where the disease has not made extensive progress.
5. As a palliative measure in proper cases, it compares favorably with the results of lumbar colotomy, both in prolonging life and in relieving pain.
6. The operation is not followed by an annoying incontinence of fæces, except in a small proportion of cases.
7. The operation is not a substitute for lumbar colotomy in cases where the disease has reached more than three inches from the anus.
8. There is no proof that the operative interference shortens life by hastening the progress of the disease.

Extraction of Foreign Bodies from the Ear.

At a recent meeting of the Surgical Society of Paris, M. Verneuil stated that when a child having a foreign body in the ear is brought to the hospital before any attempt at extraction has been made, there is rarely any difficulty in removing the foreign body. If, however, such attempts have been made, chloroform should be employed. If the tissues have been irritated, if the membrana tympani has been torn, the application of an instrument, however gently, causes more or less severe pain and provokes movements so violent that the auditory organs are in danger of being seriously injured. Chloroform has this great advantage, that by rendering the patient insensible to pain, it prevents violent motion. M. Verneuil stated that he has seen children brought to the hospital by physicians in attendance on them who were firmly convinced of the presence of a foreign body in the meatus externus, and who, under this conviction, had introduced instruments and made attempts at extraction, with the effect of lacerating the tissues, tearing the membrana tympani, and even laying bare the petrous bone, adducing as proof of the presence of a foreign body the sound given by the instrument on striking the bone thus uncovered. M. Verneuil succeeded with difficulty in convincing them of their error. Having administered chloroform to the unfortunate child he then demonstrated that the body sought for existed only in imagination, and that the only reality was the injury to the child. According to M. Verneuil the methods of treatment should be employed in the following order: First, injections of water, suitably practiced; secondly, if the foreign body resists, chloroform to be administered without hesitation, as instruments may then be employed without danger to the patient, as, for instance, a forceps or scoop to seize or draw out the foreign body.

The Diagnosis of Rheumatic Gout.

Mr. Jonathan Hutchinson says, in an article in the London *Medical Times and Gazette*:—

Of the peculiarities presented by joints which have suffered from rheumatic gout, two stand out before all others in their value as means of diagnosis. I allude to the dry grating caused by the removal of cartilage, and the development of lips. We may venture to assign the chief place to the second of these, for it is the one which is earliest to be found. Grating is never present excepting at an advanced stage, and although very characteristic then, its value becomes, of course, much limited by that fact. Nodosities and lips, on the contrary, are among the very earliest of the products of this malady, and are often, indeed, present before the patient is aware that he has had any inflammation in the joint concerned. Nor have we, so far as I know, any reason to think that they occur to any characteristic extent in association with any other causes. On the contrary, I believe that their diagnostic value is as great in rheumatic gout as is that of chalk concretions in true gout. Our differential definition of rheumatic gout may then, I think, be based on these peculiarities, and we may say that any form of joint disease which tends to the production of lip-like outgrowths at the margins of the cartilages has a claim to be placed in this category. I have already hinted that there are many varieties, some of them probably of considerable clinical importance, which are grouped under this head, and that in a certain large group, occurring in patients under middle age, while removal of cartilage is common, outgrowths of bone are rare, and if present usually small.

For the last few years I have been in the habit of using these outgrowths for the purpose of diagnosis, in a somewhat novel way. I had often been struck by the marked prominence of these rheumatic lips on the condyles of the femur in museum specimens, and it occurred to me that they ought to be perceptible during life. I examined the knees of a few patients who had the disease in an advanced stage, and found that I could detect them very easily. Afterwards, with some practice, I found that I could appreciate their presence even in comparatively early stages, and also that they are frequently present when the patient has no external deformity whatever. By degrees, and after the examination and comparison of a great number of patients, I have come to rely with much confidence on this symptom. If you wish to employ it successfully you must first practice carefully on healthy joints. In many, if not in most, there is a ridge at the part referred to, more or less resembling the pathological lip. The distinction between health and disease can only be acquired by practice. In examining a knee I prefer to place myself in front of my patient, and to employ both hands at once. I place the finger-tips of one hand flatly over the edges of the one condyle, and those of the other on the opposite, and then direct him to bend and extend the joint slowly several times in succession. In this way you may find the edges and appreciate their elevation without risk of error. I much prefer to use the fingers flatly at first, and not to employ their tips, as I think there is less risk of error in estimating elevation; but afterwards I use the tips in order to determine whether the lip overhangs. In well-marked cases it curls outwards.

These condyloid crests, as I have already observed, are not to be expected in all cases. As a general rule they are present only in those who have passed middle life. You must not expect to find them in the young. In the latter, absorption of cartilage without osseous outgrowth is the rule. In the aged, however, these crests are invaluable as symptoms. I have very often recognized them in cases in which the patients were not aware that the knees had ever suffered. I have often been able by their aid to say which knee had suffered most frequently, and have found the patient's statement confirm my inference The symptom is of especial use in those cases in which we are consulted, not on account of joint affections, but for iritis, or lumbago, or a skin disease which we suspect to be of arthritic origin.

Prognosis of Cerebral Hemorrhage.

M. Jorisenne has published an interesting memoir on this subject, in the *Annales de la Soc. Med. Chirurg. de Liège* :—

The prognosis for the first few hours after the attack should be guarded; according to Rosenthal the diminution of intra-cerebral pressure and the regularization of the circulation is marked by the return of consciousness and speech, the respiration and action of the heart remaining calm, deglutition, motility and tactile sensibility becoming re-established at the same time that a rise of temperature occurs. On the contrary the immediate prognosis is bad when there is persistent coma, lasting thirty-six or forty-eight hours, with complete loss of reflex irritability, irregular and snoring respiration, small pulse with intermissions in its beat, paralysis of the sphincters with dilatation of the pupils, which were primarily contracted. A sudden fall of the temperature to 35°–35.4° C., persisting for several hours after the apoplectic attack, is one of the signs of a fatal termination (Bourneville); a great elevation of temperature (to 41°–42.5° C.) is also of bad augury.

Convulsions and contractures occurring at this early stage indicate that effusion has taken place into the meninges or ventricles, and recovery after such lesions is very exceptional. M. Jorisenne, in his memoir, devotes more attention to the prognosis after the first few days have passed without fatal result.

Persistent cephalalgia is generally unfavorable, as it indicates a cortical or cerebellar lesion.

Intellectual derangement, when it persists several weeks, generally passes into imbecility, or into weeping dementia (Brouardel).

Aphasia, rare in cerebral hemorrhage, but more frequent in softening, persists long after amelioration is observed for the paralysis; if, after a few weeks, it passes into paraphasia, speech will probably be reëstablished; by paraphasia is understood the substitution of one word for another, the patient in favorable cases being conscious of his errors.

Verbal amnesia is of more favorable augury than aphasia; the patient has forgotten the words but can repeat them after another person, and may be thus taught his letters, etc., as a child. Hemiplegia is a grave and common symptom; cross hemiplegia is of more serious import, and if there are facial troubles is a sign of meningeal hemorrhage at the base.

If, in conjunction with cross hemiplegia (hemiplegie alterne) there are pains at the occiput, troubles of hearing, of deglutition, and of respiration, death is imminent. When, after a variable period, contractures appear in the paralyzed limbs, the paralysis will, thereafter, remain permanent.

Anæsthesia persists rarely after the ictus; when it supervenes later it proves permanent. Deafness is grave, for it indicates that the lesion is situated at the base. Conjugated deviation of the eyes with rotation of the head toward the paralyzed side announces a rapidly fatal termination (Desnos); rotation of the head toward the non-paralyzed side is transitory. Visual troubles are rarely of long duration; atrophy of the optic nerve is limited and the hemorrhage must be very abundant to induce sufficient compression of the cavernous sinus to bring on hydropthalmia or sanguinolent effusion into the retina.

Cerebral atrophy, eschars, and pulmonary lesions are frequent consequences of cerebral hemorrhage.

Lung troubles kill the great majority of those who survive the attack (Charcot, Brouardel). Repetition of the attack is the rule in cerebral hemorrhage; the lesions are ordinarily multiple and each attack aggravates the situation.

According to Durand-Fardel, death is common when the attack supervenes in subjects from sixty-five to seventy years of age; recovery more frequent from forty to fifty.

The Induction of Abortion as a Therapeutic Measure.

At a late meeting of the Obstetrical Society of London, Dr. Priestly read a paper on this subject. He considered that the indications for the induction of abortion, as distinct from the induction of premature labor, had never been laid down with sufficient precision in this country. It was usual to say that each case must be judged on its merits, and this lack of rules might unfortunately lead to serious abuse. Examples had repeatedly come within his knowledge, where abortion had been provoked for reasons which seemed to him quite inadequate. Though the medical man was no doubt acting in entire good faith in these cases, it would have been very difficult to sustain his action in a court of law. For instance, in one case abortion was induced at the fourth or fifth month, on account of a bad rupture of the perineum at the last confinement. In a succeeding pregnancy a sound was introduced with a similar object at the end of a month; this, however, had no effect, and she went to full term, and had an easy and natural labor. In a second instance an attempt was made to induce abortion at the second month because the patient had aborted not long before, and it was feared that pregnancy had recurred too speedily, while a much desired journey would have to be postponed if miscarriage recurred at the same period as before. Fortunately, the attempt failed, and the patient went to her full term. It was necessary to remind wives and mothers that even spontaneous abortion is often more damaging to health than natural parturition, more frequently lays the foundation of disease, and if repeated, abridges the period of youth and comeliness. These risks were necessarily greater if abortion was induced. The reasons which may be adduced as justifying the induction of abortion are the following: (1) Pelvic deformity so great as to preclude the birth of a viable child. (2) Narrowing of genital canal by tumors, cicatrices, or cancer, so as to prevent the passage of a viable child. Great care was here necessary not to over-estimate the amount of obstruction. If a series of cases of Cæsarean section with fair success should occur, the reasons for inducing abortions in such instances would be undermined. In cases of cancer there was fair ground for this operation, since the woman had but a short time to live in any case. (3) In obstinate vomiting in pregnancy, when all other expedients are fruitless, and a fatal result is anticipated if relief cannot be afforded. (4) In eclampsia abortion should only be induced as a last resort, to save life. (5) In irreducible retroversion or retroflexion of the gravid uterus, but only when life is seriously threatened, not merely because the displacement is irreducible. (6) In severe hemorrhage. (7) In certain other diseases where the complication of pregnancy is undoubtedly endangering life. The responsibility of inducing abortion should never be undertaken without a consultation of two or more medical men, and M. Tarnier had even suggested that a legal declaration should be made to the public prosecutor in every case. He would lay it down that the induction of abortion is only legitimate when the life of the mother is so imperiled by the continuance of pregnancy that emptying the uterus presents itself as the only alternative to save the mother. In insanity, chorea, and the like, the proper treatment was probably to treat the morbid conditions, and leave the pregnancy to take care of itself.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Physician's Daily Pocket Record* for 1881, published at the office of the MEDICAL AND SURGICAL REPORTER, has the particular convenience that, begun at any time of the year, it holds good for one year from date. All those, therefore, who have not yet provided themselves with a Pocket Record or Visiting List, will find this the most desirable one in the market. Price for thirty-five patients, $1.50; to subscribers to this journal, $1.25

BOOK NOTICES.

How to Use the Forceps. With an Introductory Account of the Female Pelvis, and of the Mechanism of Delivery. By Henry G. Landis, A.M., M.D., Professor of Obstetrics, etc., in Starling Medical College, New York. E. B. Treat, Publisher. pp. 168.

Perhaps no accoucheur, when called in consultation, to aid in a forceps delivery, but has seen, again and again, the absolute want of knowledge, on the part of the medical practitioner, of the mechanism of delivery. Carus' curve is, to many, an unknown land, and as our author forcibly states, the effort is made to drag, by main force, the head through the pelvis, without the slightest regard to the pelvic curves. The forceps, in such hands, become a curse, in place of, as it always should be, a blessing. If every one who aims to practice midwifery will follow the teachings of Dr. Landis, the employment of the forceps will speedily be demanded rather than dreaded, by the parturient woman and her friends.

In order that traction by the forceps shall accomplish all that is required, the author counsels the placing "of the left hand so that the ball of the thumb comes over the locks, while the index finger rests upon the upper arm of one blade, and the middle finger upon the other. Now, while the right hand holds the handles almost at rest, the fingers of the left *push* upon the blades so as to move them and the contained head downward, backward, and a little to the left of the median line. Secondly, while the fingers are pushing downward in this way, we may also make use of them as a fulcrum, and by elevating the handles, cause the blades to move in an opposite manner; but care must be taken that the force thus applied by the right hand is not enough to overbalance the downward pressure of the left, else we will merely extend the head without propelling it." The principle is, that *pushing*, and not *pulling*, is the first step in traction. That is, continued, slight pulling, with elevation of the handles, while the blades are pushed down. Thus the author compels the head to emerge in the line of the pelvic curve. Nor does he find great force required, as of two men pulling at the handles, or the foot braced against the bed. This simple manœuvre of Dr. Landis readily explains the apparently miraculous results observed in the lying-in chamber when two powerful men, having exhausted themselves in futile efforts to extract a head, give way to a skilled accoucheur, who, with but slight effort, accomplishes the wished for purpose.

We are glad also to note his earnest condemnation of the "to and fro," or pendulum movement of the forceps. He justly accredits our townsman, Dr. Albert H. Smith, as having given the best refutation of the fallacy of this method.

We cannot forbear quoting his rule for the time to use the forceps: "Whenever the second stage of labor has lasted two hours, and the head is still stationary, or advancing with great slowness, we should inform the patient that we are about to apply the forceps. If we explain the necessity and propriety of the operation, we will rarely find any objections, especially if the woman is already tired of her fruitless sufferings. This rule may be deviated from, according to the circumstances of each case, but it will more often be proper to shorten it than to protract the time of giving relief. There is no need of keeping the woman in suffering for hours, solely that she may deliver herself; and still less for keeping her under the noxious influence of an anæsthetic for hours, when we can safely extract the child at will."

The book is of decided value as an addition to obstetric lore, and we hope that many will buy it, and profit by its teachings.

Handbook for Coroners, containing a Digest of all the Laws in the thirty-eight States of the Union, together with a Historical Résumé. A Guide to the Physician in Post-mortem Examinations, etc. By John G. Lee, M.D. Philadelphia: Wm. Brotherhead, 1881. Cloth, 8vo, pp. 288.

The author does not claim more for this work than that it is a compilation. In fact, the nature of his subject does not permit much more. The first chapter gives a historical sketch of Coroner's law; the second describes the duties, compensation, etc. of the physician who is called upon by the coroner to aid in the medico-legal researches rendered necessary by a case of death; a third chapter is on the aspects and surroundings of death. The remainder of the volume is occupied by a synopsis of the laws relating to coroners and their duties in the different States; winding up this rather gloomy topic with a little relief in the shape of a dozen pages of humorous anecdotes and descriptions of funny incidents in coroner's courts. It is a volume which all who are occupied with this branch will do well to possess.

The manufacture of the book is not so good as it should be.

Compendium of Microscopical Technology. A Guide to Physicians and Students in the use of the Microscope and in the Preparation of Histological and Pathological Specimens. By Carl Seiler, M.D. Illustrated. Philadelphia, 1881. D. G. Brinton. Cloth. Price $1.00.

In this small book of upward of 112 16mo. pages, containing sixteen illustrations, the author and publisher present to the profession a very handy little compendium of nearly all that is really essential to be learned by the inexperienced who would unravel for himself some of the fundamental truths of histology. It will, we think, very satisfactorily meet a want which the student has often felt when he has attempted, alone and without the guidance of an experienced instructor, to penetrate some of the mysteries of the microscope. As the author states in his preface, other books on this subject, although excellent and indispensable to the advanced student, are far too comprehensive and perplexing, by the redundancy of methods and formulæ recommended, for the beginner.

In the present volume the author has sought to give a clear and concise description of a few processes which he himself has found to give uniformly satisfactory results. Histological details have very properly been eschewed.

In the first chapter the student becomes acquainted with the essential points of a good working microscope, and learns how to manage the light, the micrometer and the camera lucida.

The three following chapters briefly and lucidly discuss the preparation of animal tissues, the principles of section cutting, and some of the more commonly employed means of differentiating histological elements.

Two more chapters treat, in the same satisfactory manner, of injection of the blood vessels, and of mounting and permanently preserving thin sections and other specimens.

In the last two chapters the author succinctly considers the best methods of preparing vegetable tissues and insects, and some of the physical and chemical conditions for successful photomicrography.

Of course, a little book of so few pages could mention scarcely more than the barest essentials; on the whole, we think the author deserves congratulation upon fairly attaining the object which at the outset he aimed to reach, namely, the production of a useful, brief, clear and practical little guide to the early student of microscopy who would be self-taught.

Finally, we should not forget to commend the publisher for the neat and excellent style in which the mechanical part of the book before us is presented to the profession.

A Practical Treatise on Diseases of the Skin. By Louis A. Duhring, M.D., etc. Second edition revised and enlarged. Philadelphia, J. B. Lippincott & Co. 1 vol. Cloth. 8vo. pp. 644.

The opinion which we expressed of this treatise when it first appeared (in 1876), has been amply borne out by the verdict of the profession. It impressed us then, for the purposes of the general physician, and even for most special students of dermatology, as the most satisfying volume, not only from an American author, but from any author in our tongue. It has, moreover, advantages over any foreign treatise, inasmuch as it describes cutaneous diseases as they are found in the United States, and it is well known they sometimes differ considerably from those prevalent in other climates and continents.

The author has given the present edition a conscientious revision, supporting the results of his own daily extensive observation by frequent reference to the book and periodical literature of his subject, which has assumed very large proportions in the last decade. Indeed, he thinks that no specialty in medicine has grown so rapidly; and though in this opinion we think he may be supported by the specialists of other branches, he certainly has found very considerable additional matter of real practical interest to insert. There are quite a number of new articles; the anatomy of the skin is presented with new lights, and about one hundred pages of matter have been added. Very few sections but have received some editorial attention. As it stands, the volume is an admirable summary of practical dermatology.

Diagrams of the Nerves of the Human Body. By Wm. Henry Flower, F.R.S. Third edition. Philadelphia. Presley Blakiston, 1881. 4to. Cloth. Six plates and text. Price $3.50.

These plates exhibit the origin, divisions and connections of the nerves, with their distribution to the various regions of the cutaneous surface and to all the muscles. They were originally published in 1860, and aim to render the nervous distribution—always a difficult subject—readily understood by those who would acquaint themselves with it. The nerves and ganglia are clearly represented in six plates, printed from stone, each plate being accompanied by a page or more of explanatory text. These plates represent I, II, the cranial nerves, III and IV, the spinal nerves, V, the sympathetic system of nerves, VI, distribution of the cutaneous nerves. The impressions are well made, and no doubt the diagrams will prove quite useful for those fo whom they are designed.

A German-English Dictionary of Words and Terms used in Medicine and its cognate sciences. By Fancourt Barnes, M.D., Lond., etc. Philadelphia, Presley Blakiston, 1881. 1 vol., 8vo., pp. 300. Price $8.00.

Dr. Barnes, in the preface to this dictionary, does not appear to us to give proper credit to Dr. George R. Cutter's similar work, published in 1879, by the Putnams. He has substantially copied the latter, even to the typographical display, and merely inserted a number more words from other sources. He indeed mentions Dr. Cutter's work among others, but does not even give it the first or second place on his list. Many of the words he has added are needless additions, as not particularly or at all medical or scientific, as—to look at the first page only—eel, eagle, kite, superstition, etc. Nevertheless, he has materially added to Dr. Cutter's medical vocabulary, and in a certain measure supplanted it, until the former revises and extends his list.

THE
Medical and Surgical Reporter,
A WEEKLY JOURNAL,
Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

THE EFFORT TO ESTABLISH A BOARD OF HEALTH.

The effort which is making in this State to form a State Board of Health should enlist in its favor the active coöperation of every medical man in the commonwealth. If this is done, this and any other wise and beneficent legislation of the kind can easily be carried through. The medical profession has but to exercise its influence, and represent to every member of the Senate and House the real importance to the community of such a Board, and certainly there will be no material opposition to it.

By such deliberate and general action was secured the passage of the State Board of Health bill for New York. Dr. STEPHEN SMITH says:—"It was determined to rely on the medical profession of this State for the necessary influence to secure the requisite vote in each House to pass the bill." Immediately after the election last fall, the name and post office address of every member elect was obtained, correspondence was immediately opened with an influential medical man in the immediate neighborhood of each member, and he "was requested to take an early opportunity to explain to his representative the necessity of establishing a State Board of Health, and to urge him to support such a measure if introduced into the Legislature." The response to this appeal was unanimous and most cordial, and before the meeting of the Legislature a large proportion of the members elect had expressed themselves favorable to the measure. The next step was to secure the preparation of a proper bill, and the "third step was to secure for the bill the personal care of a competent member of each House." In the meantime petitions were extensively signed by leading citizens throughout the State, and the coöperation of thoughtful persons and favorable newspaper editorials were enlisted, by the circulation of a pamphlet entitled, "Care of Life and Health in the State of New York." And "so the State Board of Health became a law."

The Committee, Drs. W. B. ATKINSON and BENJAMIN LEE, appointed by the Pennsylvania State Medical Society to urge the formation of a Board of Health, have addressed to the profession of the State a circular, which reads:—

> In the interest of the lives and health of our vast population, we beg leave respectfully to urge upon you the importance of bringing your personal influence to bear upon your Senators and Representatives in the Legislature of the State in favor of the immediate passage of a bill to create a State Board of Health. Since the last meeting of the Legislature the States of New York and New Jersey have both taken this important step, and Pennsylvania is now left with a small and rapidly lessening minority of those Governments which still neglect the sanitary interests of their people. We are convinced that a determined and concerted effort on the part of the entire profession is all that is needed to remove this opprobrium, and thus restore our noble State to the front rank of progressive Commonwealths.

It is sincerely to be hoped that this appeal will fall on attentive ears. That this State has not a Board of Health already cannot be called anything short of discreditable for a commonwealth of such intelligence and wealth; and the discredit rests on the physicians of the State, who now have and long have had it in their power, by united action, to obtain it from the Legislative branch of the Government.

No greater economy can be practiced by

commonwealth than to create an efficient Health Board, and give it ample funds and legal authority to protect the health and lives of the community. To prevent disease and to prolong and protect life is to add directly to the wealth of a community as well as to its happiness. To neglect such much needed and obvious precautions indicates great neglect of the true welfare of the State, great ignorance of what that welfare is based upon.

Let this reproach no longer rest upon us; let this excellent measure no longer fail, from the lethargy of the profession.

NOTES AND COMMENTS.

Porcelain Pessary Twenty Years in the Vagina.

At a meeting of the Societé Medico-Pratique, of Paris, M. Rougon related the case of a woman, fifty-three years of age, who had a pessary introduced twenty years previously. She found so much difficulty and pain in removing it, that after the first three years she left it in place. From time to time she experienced slight pains in the hypogastric and lumbar regions; and there was a sensation of heat with slight discharge from the vagina.

But in 1877 she suffered from acute pain in the lumbar region, with dysuria, which led her to consult a physician, who on examination found the pessary, which he extracted with great difficulty. Examination with the speculum demonstrated the presence of a diaphragm, with central depression, which was all that remained of the os; a uterine sound could be introduced but one centimetre through the opening in this central depression.

Curious Form of Coryza.

M. Bauwens, in the *Journal des Sci. Med. de Louvain*, Dec. 20th, 1880, reports the case of a young man, nineteen years of age, who had a sudden attack of violent headache, accompanied with a feeling of weight and stoppage in the posterior nares. Then, after a fit of sneezing, there supervened an abundant flow of serous liquid from the nostrils; this lasted for three or four hours, the liquid becoming thicker.

After this attack he suffered from the same at first every third day, and later on every day, and even twice a day; the attack was always the same and there was no fever; rhinoscopic examination revealed a congested state of the Schneiderian mucous membrane, but no ulcerations or polypi.

Astringent injections of every description, as also of solutions of chlorate of potash, proved of no benefit, and it was determined to try sulphate of quinine, on account of the periodicity of the attack. For four days there was no attack, but the benefit was but momentary.

Arsenic was then given, in doses of 1 milligram gradually increased to 1 centigram, and the success was immediate. There has been no access for three weeks, and there exists no longer any trace of inflammation of the olfactory mucous membrane. Trousseau has cited cases where similar attacks of coryza alternated with the habitual manifestations of asthma, but the success of arsenic in this case would seem to prove for M. Bauwens that the periodical attacks were a manifestation of intermittent fever (forme larvée) particularly as there existed no antecedents pointing to the existence of any asthmatic tendency.

Hemorrhagic Pleural Effusions.

In a recent monograph on this subject, by Dr. Charles Nélaton (of Paris), he gives the following as the conclusions at which he has arrived:—

(*a*) Effusions of blood into the pleuræ may be due—1. To a lesion of the vessels of the thoracic walls (the intercosto-mammary). 2. To a lesion of the intra-thoracic vessels. In the latter case the hemorrhage is generally furnished by the arterial branches which accompany the bronchi, of the second and third magnitude.

(*b*) Respiration favors the hemorrhage. The accumulation of blood in the pleural cavity quickly arrests the hemorrhage.

(*c*) The effused blood coagulates entirely and immediately; it then separates into two parts—coagulum and serum.

(*d*) If the effusion is not very abundant the serum is re-absorbed within three or four days, and when the phenomena of inflammatory reaction supervene, they centre round the coagulum, and finally encapsule it.

(*e*) If the quantity of the effused liquid is very great the exuded serum is not absorbed at the time when the inflammatory reaction comes on. Then the remaining serum becomes altered, and its presence gives rise to accidents.

(*f*) The symptoms and prognosis of the hæmothorax are not identical in the two cases. In the former case the prognosis is favorable; in the latter it is grave.

(*g*) The treatment of the cases also differs.

For the former class of cases occlusion should alone be practiced; for the latter class the pleural effusion must be evacuated.

(*h*) Capillary aspiration may be tried first.

(*i*) If the fluid so drawn out be purulent, or if its flow be imperfect, the operation for empyema must be undertaken.

Preserving Subjects for Dissection, Etc.

From the appearance of the subjects in the dissecting rooms of our best medical colleges, some simple but effectual method of preservation would seem to be urgently needed.

M. Hairion, in a report on the medical Section in the last Paris Exposition (*Journal des Sci. Med. de Louvain,* November, 1880), speaks of the different systems of preservation on exhibition:—

1. Laskowski injects into the arteries glycerine and carbolic acid, and his preparations remain in a fit state for dissection for six or eight months.

2. Prof. Efisio Marini, of Naples, presented admirable dry preparations, which on immersion in a certain liquid become softened and appear fresh, having the natural color of the various tissues. In another preparation putrefaction had been arrested after the twentieth day. These preparations received the approbation of MM. Nélaton and Sappey. Unfortunately Prof. Marini's method is kept secret, but there is no reason to suppose that it differs essentially from that of Dr. Wywodzoff, chief surgeon of the St. Petersburg military hospital, who embalmed the body of Anson Burlingame, which was found in excellent state of preservation several years later.

Dr. Wywodzoff makes as few incisions as possible, and does not open the cavity of the abdomen or of the thorax. He opens only the carotid and crural arteries, and after many experiments has arrived at the following conclusions:—

1. The best liquid to inject an entire subject, a limb, or a visceral organ, is the following solution:—

WYWODZOFF'S FLUID.

℞.	Glycerine,	4 pounds.
	Water,	2 pounds.
	Thymol,	8 grams.

2. A quantity of liquid about one-half the weight of the subject is necessary.

3. The liquid should be slowly injected; if one limb is to be injected, the denuded part should be immersed in boiling water and the medullary canal stopped up with a cork.

4. The veins accompanying the carotid and femoral arteries, the jugular and femoral, should be opened near the openings in the arteries and the liquid injected until it appears in these veins.

5. When the liquid commences to pass by the mouth of the subject, the trachea must be opened, a cork inserted and a stout ligature applied.

6. When the capillaries of the skin are filled, the operation may be considered as finished; if one of the limbs should appear not well done, it should be separately injected.

Men as Nurses.

The *Lancet* represents what may be called the hide-bound conservative English medical opinion. Not only does it scorn women as doctors, but now it intimates that they are not much as nurses. In the issue for December 11th it says, editorially:—

"It is a mistake to suppose that women are necessarily the only good nurses. In the opinion of some persons who claim to be judges of the question, they are neither so quiet, so self-possessed, so precise, nor so strong as men. It is alleged that no man who has been nursed by a gentle-handed male servant would desire, in any subsequent illness, to be attended by a female. It is said that whatever element of the female character or influence is desired in the sick chamber, can be best contributed by the presence of a mother, a wife, or a sister. When the circumstances exclude these forms of the luxury it can seldom be a necessity. If the employment of men to nurse men were encouraged a great difficulty would be surmounted, and a good social reform begun. The whole subject is one of pressing interest, and the hints we have now thrown out are intended to state the question rather than to discuss it. There is urgent need to uproot growing prejudices, and to amend grave errors and misconceptions to which special circumstances have given rise."

Dry Cupping in Typhoid Fever.

Dry cupping was recommended in 1857, by Behier, in cases of typhoid fever where the thoracic complications were predominant.

In a recent article in the *Journal de Med. et Chir. Prat.*, M. Huchard has shown, by numerous observations, that dry cups may be employed with benefit in very many cases of dothienenteritis.

He uses them in all, except very benign cases; typhoid fever is essentially a congestive disease; lungs, kidneys, intestines and even the brain are loaded with blood, and this state must be energetically combated. Dry cups act by derivation, rendering the capillary circulation more active; substituting cutaneous congestion for active visceral hyperæmia; under their influence, the general condition improves, there is less stupor; in certain cases, even, there is a fall of temperature. M. Huchard has followed this course of treatment for two years, and cases at present in his service demonstrate the good results of the treatment.

The cups must be freely applied twice a day, morning and evening; twenty or thirty must be applied at the lower posterior part of the chest and on the abdomen; they must be left in place a quarter of an hour. The application is often painful in regions where there is little cellular tissue under the dermis, but the advantages drawn from the treatment more than counterbalance this drawback.

CORRESPONDENCE.

Product of Cow Vaccination.

Ed. Med. and Surg. Reporter:—

The prevalence of smallpox in your city at this time revives the interest in a mooted question—namely, the relations of variola and vaccinia.

In the first editions of his work on the practice of medicine, Dr. Flint says that vaccine virus may be and has been obtained by inoculating the cow with variolous matter obtained from the human subject, and that the matter thus obtained will, when inoculated into the human subject, produce the true vaccine disease.

You have, on more than one occasion in the last few years, denounced this as a dangerous error, in your journal, and Dr. Flint himself, in the later editions of his work, has recanted the opinion formerly expressed.

But now comes Dr. Edward Cator Seaton, in "Reynold's System of Medicine," who says the "common origin of smallpox and cowpox may be considered as established."

He cites no less than six instances, where vaccine virus has been obtained by inoculating cows with human variolous matter, concluding with that of Mr. Badcock of Brighton, England, who, he says, succeeded in thirty-seven separate occasions in obtaining genuine vaccine lymph by inoculating cows with the lymph of human variola.

I think it will be a matter of much interest to your readers to have your present opinions on this subject. Richard Dingée, m.d.

Newportville.

[We have submitted this question to several experts in the matter, for instance, to the late Dr. B. Rush Senseny, who, we believe, made an experimental investigation of this subject, and they all agree that lymph from the vesicle on a cow produced by vaccination with humanized virus is not effective; nor does the cow exhibit the same symptoms as when inoculated with vaccinia. We are always desirous of new light, however. Mr. Seaton is not an authority on bovine virus. Ed. Reporter.]

Weights and Measures.

Ed. Med. and Surg. Reporter:—

For many years I have been noting the use and advancement of the French weights and measures; especially so far as they are applicable in writing prescriptions. And with no fault to find, provided that we are French.

It is evident, however, from the past, that it will be a long way down through the centuries before they will be adopted generally by English speaking peoples, and perhaps never.

The grain, minim, etc., have come to be ineffaceable upon the English brain; and it seems somewhat unfortunate, too, that none of our weights and measures can be expressed by that system without a fraction.

Might not a change be made, though very slight, which would render our method of prescribing much less objectionable, as well as equally simple and accurate? I have so concluded. First, by discarding the scruple altogether, and also the signs ʒ and ℥ in prescribing, thus avoiding a confusion which has led to so many serious errors. Secondly, by expressing all quantities entering into prescriptions in grains and minims, provided that they shall be so grouped as properly to represent grains, minims, drachms, ounces, etc.

Let X, Y, Z, be the signs—

Thus X^d_gj=1 gr. Y^d_gj=60 grs. or ʒ. Z^d_gj=480 grs. or ℥, and Z^d_gxij=5760 grs. or ℔.

And X♏j=1♏. Y♏j=60 ♏ or fl. ʒ. Z♏j =480 ♏ or fl. ℥, and Z♏xvj—7680 ♏ or O. Further explanation is unnecessary. *e. g.*

℞. Ferri et quiniæ citratis, Y^d_gij
Acidi citrici, X^d_gxx
Aquæ calientis, Z♏ij
solve. deinde adde
Aquæ, q.s. ad. Z♏iv. Agitans.

Sig.—Dose, 60 minims, after meals, in anæmia.

℞. Antimonii et pot. tartratis, X^d_gv
Morphiæ muriatis, X^d_giv
Extractum ipecac. fluidum
Ex. hyoscyam. fluidum, āā Y♏iiiss
Aquæ, q. s. ad. Z♏v.
Agitans.

Sig.—Dose, a teaspoonful every 3 or 6 hours, in obstinate cough.

Geo. Hill, m.d.

Hughesville, Pa., Feb. 9th, 1881.

Vomiting in Pregnancy.

Ed. Med. and Surg. Reporter:—

Some time since I was called to see a Mrs. R. who was afflicted with vomiting in pregnancy to such an extent that she could eat nothing. I gave her about all of the usual and well-known remedies and methods of relief, with no benefit whatever.

Another m.d. was called in and tried all of his skill with no benefit, when I was again called. I found my patient emaciated and dropsical, with œdema of legs and feet, in fact, reduced to a pitiable condition. I had exhausted the resources of the materia medica, to such an extent that I was at my wits' end, as to what to give or do, and in my dilemma prescribed comp. cathartic pills. U. S. P. formula. I did not hear again from my patient for several weeks, when her husband visited my office and wanted another box of the pills. His wife, he stated, had been perfectly relieved from the first dose of the pills, and an occasional dose kept her perfectly well and entirely free from the sickness.

I recommended the same remedy to another physician who detailed a case to me in which everything he had tried had failed, and miscarriage had threatened. He reported his case perfectly relieved of her sickness by the pills, and also of her threatened miscarriage. She had had three successive miscarriages previous to this time. I have no doubt but this simple remedy will relieve a large majority of these obstinate cases of vomiting; it will at least relieve those cases caused by reflex action, produced by pressure of fecal matters on the gravid uterus.

Grove City, Ill. J. G. HARVEY, A.M., M.D.

Dysmenorrhœa.

ED. MED. AND SURG. REPORTER:—

I have for some time past treated cases of dysmenorrhœa as follows, with very satisfactory results.—

℞. Iodidi potassii,
Bromidi potassii, āā ʒj
Syr. simp., ℥iij.

A teaspoonful to be taken three times daily, commencing ten days previous to menstrual period.

When pain commences—

℞. Tinct. opii camph., ℥ij
Morph. sulph., gr. ij
Ol. piper., gtt. ij.

A teaspoonful every three or four hours while pain continues.

The above has proved very satisfactory to me and may be worth something to others, as I have seldom had to repeat the course more than once to effect a permanent cure. I. W. PEARSON, M.D.

York Springs, Pa.

NEWS AND MISCELLANY.

Interference Acts.

The following extraordinary acts have been introduced before the Pennsylvania Legislature, and we are informed by a responsible gentleman that they are strongly urged, and may possibly pass. Let not this folly be committed:—

AN ACT TO REQUIRE PHYSICIANS AND OTHERS TO WRITE THE NAMES OF MEDICINES IN THE ENGLISH LANGUAGE ON THEIR RECIPES.

WHEREAS, Grievous errors and mistakes have been made by druggists and others in the compounding of the prescriptions of physicians, by reason of the same being heretofore written in the Latin tongue and in abbreviations thereof, as well as the quantities or proportions of the drugs or medicines being designated therein by figures or symbols in a mode not readily understood by the bulk of the people, whereby undue advantage and a mystification of the patients may be taken by unscrupulous doctors, druggists and persons who prescribe or compound medicines for the sick and poor, and it being desirable to simplify the practice of medicine, and to enable the public generally to better comprehend the names and nature of such drugs; therefore—

SECTION 1. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in general assembly met, and it is hereby enacted by the authority of the same,* That physicians and all other persons engaged in prescribing medicines or drugs for the sick, shall write the names, quantities and designations of the same plainly, in the English language, and without abbreviations; and a copy of such recipe or medicines so compounded by druggists, herbists or any other persons shall be labeled or written on the outside of the bottles, vials or packages containing the same.

SEC. 2. That any persons violating the provisions of this Act shall be guilty of a misdemeanor, and on conviction before a magistrate, alderman or justice of the peace of the county where such offence may be committed, shall be subject to a fine of twenty dollars for each offence, together with costs; and in default of payment, to an imprisonment of not less than ten days, or more than twenty days, at the discretion of the court.

SEC. 3. This Act shall take effect immediately.

AN ACT TO REQUIRE DRUGGISTS AND OTHERS TO LABEL THE BOTTLES, ETC., OF MEDICINES IN THE ENGLISH LANGUAGE.

WHEREAS, Serious mistakes and confusion in the sale and compounding of medicines for the sick have occurred by druggists and others, by reason of the names thereof being written or printed in the Latin tongue; therefore

SECTION 1. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in general assembly met, and it is hereby enacted by the authority of the same,* That all druggists, vendors or compounders of drugs, medicines or herbs for the use of the sick are hereby required to label or print the names thereof conspicuously on the outside of the bottles, pots or packages containing the same, in the English language and without abbreviations.

SEC. 2. That any person violating the provisions of this Act shall be guilty of a misdemeanor, and on conviction before a magistrate, alderman or justice of the peace of the county where such offence may be committed, shall be subject to a fine of ten dollars for each offence, together with costs; and in default of payment, to an imprisonment of not less than ten days, or more than thirty days, at the discretion of the court.

SEC. 3. This Act shall take effect immediately.

We have not learned who the parent of this absurd legislation is.

National Association for the Protection of the Insane and the Prevention of Insanity.

We have been requested to state the scope and object of this Association, which was organized last summer, and held a meeting at Cleveland, Ohio. Its purpose may be understood from the following quotation from the circular then issued.

"There are multitudes of insane men and women in the United States for whom no special provision is made in the way of care and treatment. Occasional legislative and other investigations have brought to light the misery and suffering that this absence of special care and treatment has produced. Furthermore, even when it has been supposed that this has been secured by the establishment of State, County, and City insane asylums, these have sometimes failed of their purpose, through mismanagement, or a misconception of the proper methods to be used. Thus there is room for organized effort to improve the condition of the insane. Again, inasmuch as each State has the exclusive control of the policy and the mode of management of the insane within its borders, it would seem as if such organization were desirable to unify the principle and the practices in the care and treatment in the United States generally. Two other organizations may, perhaps, be supposed to cover the same field with the new society.

"The Association of Superintendents of Insane Asylums was established with somewhat similar ends in view. But this is strictly a professional and technical organization. It includes only the Medical Superintendents of insane asylums, and it is safe to say that their interest in the insane bears no greater proportion to the public interest in the same class, than their membership bears to the vast number of the insane under treatment, together with their families and friends.

"The Conference of Charities, which has been working in the same direction, falls short of covering the whole field, in the fact that it is commensurate only with the States where Boards of State Charities exist, and also because its energies are scattered over the whole ground of the dependent and criminal classes. This National Association, then, by confining its labors to a single class, but the whole of that class in the United States, wherever situated, may reasonably hope to accomplish more in the line of its purpose than the others named, especially if coöperating with them in the general aims. It solicits, therefore, the general coöperation of all friends of the insane, and all interested in the subject, whether connected with the other organizations named, or among the public generally."

At this meeting the following officers of the Association were elected: H. B. Wilbur, M.D., Syracuse, N. Y., President; Nathan Allen, M.D., LL.D., Lowell, Mass., Vice President; Miss A. A. Chevaillier, Boston, Mass., Secretary; George M. Beard, M.D., New York, N. Y., Treasurer.

Is Cold Favorable to Health?

In his last report as registrar of Providence, Dr. Snow writes:—

"There is a popular error, which we often hear spoken of in the winter season, that clear, cold weather is favorable to the public health. The truth is, that *in this climate* severe cold weather, if continued more than two or three days, increases the number of deaths as certainly as continued hot weather, though in a different manner. Severe cold depresses the vital forces, and exposure to it produces fatal results among those persons, or classes of persons, whose vital force is weakened by any cause. Such persons are the aged and the very young, and also all who are sick or debilitated from any other cause. Besides this, severe cold is no preventive of, but on the contrary, is favorable to the spread of some of our most fatal diseases, as smallpox, diphtheria, and scarlatina. This is shown at the present time in Brooklyn, New York, Philadelphia, Chicago and other places."

"Dr. Buchanan."

Judge Allison declined, on February 12th, to sentence Dr. Buchanan, the "diploma vendor," for the crimes to which he pleaded guilty in the Quarter Sessions. He was then under indictment in the United States District Court, upon which he was sentenced to the Eastern Penitentiary, and, added his Honor, it is now impossible to sentence him to the County Prison, as he cannot at one and the same time be imprisoned under sentence in the Eastern Penitentiary and the County Prison.

Dr. Charles H. Kehnroth, who pleaded guilty, some time ago, to selling academic degrees, was sentenced, on the same day, to twelve months' imprisonment.

Items.

—On February 22, Dr. William Pepper was formally inaugurated as Provost of the University of Pennsylvania.

—We have a number of letters from physicians in different sections condemning the effort to force the metric system upon the profession.

—At an annual dinner of the Baltimore Med. and Surg. Soc., Jan. 26th, 1881, Dr. J. J. Caldwell recited an interesting poem on "The Triumphs of Science."

—A young Russian lady, who was studying medicine in Paris, committed suicide, in December, by firing off a revolver through her head. Death was instantaneous; and it was ascertained that the despair of passing her examination, which was to come off the next day, was the cause of the melancholy event.

—An ingenious philanthropist proposes to diminish the mortality among the wounded in war by tattooing on the soldiers' bodies the principal points where compression may be made in cases of hemorrhage. Life may be lost in a few minutes by a wound of a large artery, and it is thought the soldier might often escape if he knew where to command an artery while waiting for help.

—Dr. J. T. Reeve, Secretary of the Wisconsin State Board of Health, writes us that the alleged presence of smallpox in Wisconsin is an error. Only one case has been reported in Wisconsin, and effective measures have been taken with that. The Board has issued a circular impressing on the people the importance of vaccination.

OBITUARY NOTICES.

—Dr. Allison E. Perrine, a brother of Quartermaster General Perrine, died Feburary 7th, age 75 years, at his home, a few miles from Trenton, N. J.

—Dr. William Trevitt, a prominent citizen of Columbus, Ohio, ex-legislator and ex-Secretary of State, is dead, at the age of 82 years. He was surgeon on the staffs of Generals Taylor and Wool, of the Mexican War, consul at Valparaiso and afterward at Callao, under Buchanan.

—Dr. Edward A. Page, who had been a practicing physician and surgeon for thirty years, died February 18th, at his residence, No. 1415 Walnut street, from disease of the liver, in the fifty-first year of his age. Deceased rendered valuable service as an army surgeon during the war, and afterward resumed his practice in this city. He was medical director of the Penn Mutual Insurance Company, and was connected with St. Joseph's and other hospitals.

—Dr. Edward S. Bell, of Zanesville, Ohio, died in January, at an early age. The Zanesville Academy of Medicine passed resolutions of respect to his memory, in which they say:—

"The death of our accomplished young friend, Dr. E. S. Bell, can fairly be traced to his excessive devotion to books, to the bad air and his self-sacrificing attentions to the sick in hospitals, and to malarial and septic poisoning: in truth, his life was another sacrifice to science and humanity."

—In December, in Rio de Janeiro, a Professor of the School of Medicine, Dr. Louis Pientzenauer, committed suicide while the bailiffs were in his house executing a distress for rent. The fact caused an extraordinary sensation. His salary was about $2500 a year, but it appears that his private practice was very small, and the expenses of living in Rio are enormous. He was separated from his wife, but left an octogenarian mother and four children. Subscriptions have been opened for the benefit of the family, the Emperor and Empress having both contributed.

—Dr. James O. Pond died in New York city last week, at the age of 90 years. Dr. Pond was a native of Torringford, Conn, where he lived for nearly thirty years. He graduated from the medical department of Yale, and first practiced his profession in his native town. He represented Torringford for several terms in the Connecticut General Assembly, and at one time, while President of the Senate, became, temporarily, the acting Lieutenant-Governor of the State. He came to New York City in 1829 or 1830, and opened an office in the neighborhood of Carmine street. While in that part of the city he was called by a friend to participate in making an autopsy on the body of a 'longshoreman. The popular feeling against dissection was at that time so strong that, the matter becoming noised abroad, great crowds collected about the house where the autopsy was to have taken place, and a riot was imminent. Through the efforts of the militia and Bishop Dubois, violence was prevented, and Dr. Pond and his friend escaped injury, but their residences were specially guarded for several days, so determined were the 'longshoreman's friends on revenge for what they considered at least an insult to humanity. Dr. Pond subsequently became the treasurer of the New York Academy of Medicine, which position he held for many years.

QUERIES AND REPLIES.

Dr. A. N. Dougherty, Newark, N. J., on the results of aspiration and of free incisions in the treatment of chronic emphysema. He will be glad to receive statistics and cases from any member of the profession.

MR. EDITOR.—In No. 6, February 5th, 1881, is a reply to "Sicurus," in your medical and surgical journal, concerning a plant with the name of *hermodactyl*. The orthography of this word is, in German, *hermodatteln*, in English hermodates—and means the bulbous roots of Iris Germanica, belongs to the family Irideæ, used in old times as a diuretic, by Hydrops, etc.

Yours, respectfully,

Mahanoy City. PHILIP WEBER, M.D.

Dr. T. B. T., of O., would like suggestions for the treatment of an obstinate case of chorea in a girl eight years old. All ordinary plans have failed

Dr. E. N., of S. C., asks: Can a fœtus at two months' gestation receive the infection of measles and it lie dormant till after birth, and then the infant have a well-developed case of measles?

Dr. E. D., of Pa.—We cannot find that the instrument you inquire about is still manufactured. It seems to have been superseded.

Dr. P. P. A., of Miss., asks whether there are any means by which the female breast can be developed. Many ladies are greatly grieved at the atrophy of the gland after nursing, and if there are any hygienic measures by which the symmetry of the form could be restored, he should like to learn of it through the REPORTER.

Dr. M., of Tenn.—Dr. Leonard mentions various depilatories, but none free from serious objections.

Dr. H. A. A., of Ala.—The "liver regulator" you inquire about has not, we believe, been analyzed.

MARRIAGES.

ALBA—GUNDAKER.—At Newark, N. J., January 31st, 1881, by Rev. S. L. Baldwin, D.D., Rev. Francis Tait Alba, M.D., and Mrs. Emma Scheerer Gundaker, all of Newark.

BECKWITH—HUNTER.—In New York city, on Thursday, January 13th, 1881, by Rev. Thomas S. Hastings, D.D., Frank E. Beckwith, M.D., and Miss Rachel B. Hunter.

OWENS—FOSTER.—On January 18th, 1881, at the residence of the bride's parents, Ashland, Schuylkill Co., Pa., by the Rev. James Robinson, Pastor of the First Presbyterian Church, Dr. Wm. R. Owens and Miss Lillie Foster, all of Ashland, Pa.

DEATHS.

BARTLETT.—In New York, on Saturday, February 5th, Rodman Bartlett, M.D.

PERRINE.—In Lawrence Township, N. J., on the 6th inst., Allinson E. Perrine, M.D., aged 75 years.

POND.—In New York, on Tuesday, February 1st, Dr. James O. Pond, aged 90 years.

SMATHERS.—Of scarlet fever, on January 30th, Mary Myrtle, only daughter of Dr. W. J., and M. C. Smathers, of Du Bois, Pa., aged 4 years, 8 months and 16 days.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1253] PHILADELPHIA, MARCH 5, 1881. [Vol. XLIV.—No. 10.

ORIGINAL DEPARTMENT.

LECTURE.

VALVULAR DISEASES—HYPERTROPHY.

BY ALONZO CLARK, M.D., LL.D.,

President and Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons, New York.

(*Continued from page* 230.)

I have some curiosities here, some that are so rare that you may never see anything of them, and some that you will see plenty of. Here, for example, is a heart, the pericardium of which is attached to the heart, but between the pericardium and the heart is a layer of bone that makes a perfect hoop, or did make a perfect hoop, about the heart. I have heard of people having to be hooped to avoid splitting, but never of a hooped heart. This bony material, you observe, is covered over by the pericardium on the outside, and attached to the heart on the inside. It comes around here, flattens out here to make quite a broad covering, then it grows narrow, and is broken at this point—you will feel the rough bone on each side—it then goes on up to the point of starting. How a heart hooped in this way could pump out blood is a matter of wonder. It was probably by a change in its usual motion. The contraction was probably from the point toward the base. There is also here a considerable amount of thickening and hardening of the aortic valves, but not so much as in some specimens I shall show you. The amount of effusion that took place during the pericarditis, between the pericardium and the heart, was too large to undergo organization, and for some reason, bony matter has taken its place. It was very likely broken down and absorbed in part, and a calcareous matter is deposited, in the fashion you see.

Here is a heart that I shall have occasion to refer to, perhaps, at our next hour. Observe particularly its flabbiness, but more its color, yellow—compare it with other hearts on the table—its yellow hue. This is not so very deeply marked, however. It is a fatty heart. It is Quain's degeneration. It is a feeble heart also; the walls are hardly of the usual thickness. But I will touch on this again further on.

As I shall have something to say about hypertrophy of the heart soon, you may now examine these hearts. In this one you observe the left ventricle is enlarged. The dilatation is equal to the hypertrophy. The right heart has undergone but little change. Observe, it is not larger than the ordinary size. I call your attention particularly to the valves now; observe, they are thickened, shortened and stiffened.

Here is quite a little heart which contained, at one time, in its left auricle, which you observe is hypertrophied, a false membrane; a disease of the heart which I alluded to when speaking of common endocarditis. But the false membrane has all been pulled off by experimenters, and handlers, but this is the heart, and you will observe very marked stenosis, with calcareous degeneration of the mitral valve. You can hardly get your little finger through it.

I have but little more to say regarding valvular diseases. I told you that the valves are occasionally torn out; the aortic valves are torn out at the bottom, at the attachment to the aorta. The cup is made no cup by having its bottom fall out, so to speak. That is almost always the consequence of atheromatous degeneration, weakening the valve at that point. There is another atheromatous change that is met with occasionally, and that is atheromatous deposit at the point where two of these valves are together attached to the aorta. You will observe as you examine these specimens, that each pair of the valves, each of the two valves that are near to each other, have their attachment to the aorta at the same position; that is, one is in immediate apposition to the other. Now, it sometimes happens that the aorta at that point gets atheromatous deposit, and it happens that that attachment has been torn down. It is torn down so that the attachment comes to be about a quarter of an inch below the attachment of the other valve, and this produces insufficiency. The valves will not, even suppose they are not diseased, meet in the middle of the aorta; one will fall in below the others, and consequently the valve is incomplete—insufficiency, in other words.

These, I think, with those enumerated before, will constitute the changes which you will be most likely to meet. Possibly not all the changes, but they are all that occur to me as occurring with any degree of frequency.

There is a point which I omitted to refer to, but was reminded of by one of the students, and that is with regard to the pulse in regurgitation at the aortic opening. There is a peculiar pulse. It has not, as our Methodist friends say, *the gift of continuance*. It is a blow, and then nothing—short, sharp, I cannot say decisive. It seems as if the pulse is instantly cut off as soon as you feel it. There is a little duration to the swelling of the artery in the healthy condition, and still more in hypertrophy of the heart. Supposing there is no obstacle, but if there is regurgitation at the same time, the pulse has that short, quick, sudden beat and sudden subsidence; the force that created the pulse seems to be withdrawn instantly after you feel the pulse, and then there is not infrequently, on account of the smaller wave of blood that is sent out, a little retardation; that is, the pulse does not come to the finger as soon after the heart-beat as in health. But that you can only appreciate by putting one hand on the præcordial region and the other on the pulse. The arteries in the neck, in instances of hypertrophy and regurgitation at the aortic opening, are apt to be enlarged, and to have a wider beat. You observe I do not say *stronger* beat, but a wider beat than usual, and the pulse in them is apt to be feeble; and further, the arteries in time not infrequently grow tortuous, they wind about instead of going direct to the point of distribution.

In regard to the treatment of valvular diseases, it is so entirely bound up in the general subject of treatment of cardiac diseases in general that it does not require attention at this moment. The question will naturally occur to you, how much havoc can be made by these diseased valves? How dangerous is it? The reply would be this: Obstruction at the aortic opening is the least dangerous of all, because of the compensation that can be furnished by the hypertrophy of the heart. Obstruction at the mitral opening will be grave or not, depending upon its extent. As I told you, one day it may become a very grave matter, producing a cyanosis that may be visible in the face, a congestion of all the important organs of the body, and leading to rather a slow death, that is, an illness that may be protracted through several months, or half a year, or even a year, and finally death, perhaps not so soon as the patient desired it. But diseases of the mitral valve usually have a slow ending through affections of the kidneys and dropsy, particularly œdema. Regurgitation at the mitral valve goes in the same class; it stands with obstruction of the mitral valve in regard to its mode of termination; that form of disease that is most likely to have a sudden termination, that condition in which the patients are sometimes told they may drop down dead in a moment, which is a very unwise thing to tell a patient, it makes him anxious all his life, fearing at every moment he may drop down dead. It is a very proper thing to say to such a man, we are, any of us, liable to drop off, we do not know when, and in health is the time to arrange one's business for death. And especially in New York should the wealthy make a will, since the administrators, if there were no will, would have to get security in double the amount of the estate. Suppose Cornelius Vanderbilt had died without a will, how could his estate be administered? Who could go security for thirty or forty millions of dollars—double the amount, in two securities. This is a fact that it is important you should know as medical men, because you may do a good deal of good to families by giving them, not exactly a warning of their deaths, not write down in the almanac the day they must die, but tell them, if they have property, to make a will, no matter how well they are; the better the health the better the will. The condition that is most likely to be attended by this sudden result is regurgitation at the aortic opening, by a return of blood into the ventricle after it has once entered the aorta. You can easily see that in this case, depending upon how much regurgitation there is, there will be a diminished quantity of blood circulating in the arteries of the body. The brain will not receive its due amount, and syncope may take place, you cannot say when. It does not require a very grave lesion of this kind to lead, in certain instances, to sudden death, and it almost always occurs by a sort of syncope, the brain receiving too little blood to stimulate it to proper action, and to react upon the heart. The heart ceases to beat and the patient is dead. And yet do not give these patients unnecessary alarm. They may carry this lesion that leads to regurgitation from the aorta into the ventricle for a great many years. The number of instances in which persons die with this lesion suddenly, compared with those who die a lingering death, is very small. It is an old error to suppose that persons who have cardiac disease must die suddenly. They may, and others may. A good many years ago, when I was just entering upon the profession, I took up the study of the cause of sudden deaths; and one of the first that occurred, which I studied, was of a young woman in Bellevue Hospital. She had had typhus fever. It was in 1847. I was not so young in the profession as I was thinking. Well, typhus fever was prevailing there to a remarkable extent. She had got through with her typhus fever, and was in a condition of convalescence. She got able to go about the wards and take care of other patients to a certain extent, but she felt a little weary at times. After eating dinner she had lain down upon her bed and taken a nap. Another patient, her next neighbor, had done the same thing. She woke from her nap, raised herself in bed, and said to her neighbor, "I have not felt so well as I do at this moment since I was first taken sick," and had scarcely finished the sentence when she fell back senseless, dead. At post-mortem examination we found there was an effusion of blood at the base of the throat, involving all the nerves of respiration, compressing them to a certain extent, so that the respiration stopped suddenly. In following up the inquiry, I found within six months six cases of the same kind. Since then I have not seen one. Sudden death, then, has a variety of causes. In a person who is known to have cardiac disease it is usually ascribed to that affection, but it is not a matter of course that it will be so. And then you are to bear in mind that in certain forms of disease of the heart there is greater danger at the brain than there is at the heart itself. That is, hypertrophy of the heart without obstruction is a rather frequent cause of apoplexy. An hypertrophy of the heart without obstruction between the arteries of the brain and the heart itself is apt to lead to apoplexy. With these remarks, then, on the relation of valvular disease to life, I leave that topic at present and call your attention to hypertrophy of the heart.

When I was a student of medicine hypertrophy was described under three divisions: First, simple hypertrophy; Second, eccentric hypertrophy; and third, concentric hypertrophy. We do not use those terms now. It is hypertrophy, and hypertrophy with dilatation. Hypertrophy with contraction, concentric hypertrophy, is probably, in every instance, no hypertrophy at all. The last act of the heart was to contract, and to force out the blood that was, just the instant before, within its cavity. It is very much contracted, its cavity is nearly obliterated, and it may be taken for a diseased condition. But it is a natural office of the heart to contract, and if death strikes at the instant the contraction is completed you will, of course, find no blood in the ventricles of the heart; you will find it smaller than natural, and that would not be consistent with the term hypertrophy. The walls are thicker, because they are contracted. I think it would be found that every instance that was of old called concentric hypertrophy, could be resolved into the condition that I have described. So that now we have hypertrophy, and hypertrophy with dilatation.

The first question that presents itself is, what is hypertrophy of the heart? Well, the obvious answer is, enlargement of its walls; increase in the bulk of matter that constitutes the walls of the heart. Well, what constitutes the walls of the heart? Mainly, muscular fibres, and some connective tissue. Then it is the muscular fibres of the heart that are increased; and how increased? I asked myself that question a great many years ago, and I resorted to some old specimens and to others I found at the hospital for the answer. A point to be investigated was, the size of the muscular fibre in hypertrophy of the heart; is it larger than the muscular fibre in the heart of natural size? I procured about twenty or twenty-five, and drew fibres from different parts of the heart, from one ventricle, and then from the other, and compared those from the natural heart with those from the hypertrophied heart, and though occasionally I would find an enlarged fibre the average was pretty nearly the same in the healthy and in the hypertrophied heart. Well, then, the conclusion is inevitable, that if the same proportion exists between the size of the muscular fibre of the natural and of the hypertrophied heart, there must be a multiplication of the fibres of the muscles in the latter, and that is a fact. There is a new production of muscular fibres. From what origin they spring I cannot tell you, but nature has so arranged it that if the heart needs additional strength it can get additional fibres.

The size to which the heart may grow is, perhaps, limited to sixty ounces. When we meet next I intend to show you one that weighed fifty-seven ounces—within three ounces of the largest heart the weight of which has been recorded. The natural weight of the heart in a full grown person, not remarkably broad upon the shoulders, is eleven ounces; if, then, it is increased to sixteen or eighteen ounces, you see there is some hypertrophy; if it is increased to twenty-five or thirty, there is very considerable hypertrophy; and if it is increased to anywhere in the neighborhood of sixty ounces it is *cors bovinum*, an ox heart. And here I may say that that enormous size is never attained except in persons in whom disease of the heart began in infancy. This, the largest heart I possess, perhaps the largest heart in the country, was taken from a man who, at six years of age, was taken over by his physician, from Randolph, Vermont, to Dr. Nathan Smith, and was shown by him as an instance of heart disease arising from inflammatory fever, rheumatism. The boy had had articular rheumatism, and his heart became involved, and Dr. Nathan Smith had interest in it as an instance showing there might be some connection between articular rheumatism and disease of the heart. It was fourteen years after that—more than that—twenty odd years, before Buillot made out a connection between articular rheumatism, pericarditis and endocarditis; so that, really, had it been published, that discovery of Dr. Smith would have been put first, as showing the relation between rheumatism and inflammatory affections of the heart. The boy grew up, attained the age of twenty-eight years, and to show you his was not a useless heart, he was foreman of a manufactory in the immediate neighborhood of Springfield, Massachusetts. He was only incapacitated for work about a month. He kept his men all in line, all at work, until his breath became so short, probably through involvement of the kidneys in disease, that it was so painful to him he gave it up. He remained at home after that, and died about a month after ceasing to work, and yet carried this enormous heart. I have never seen a very large heart in a person in whom it did not begin to grow in early life.

The heart may be hypertrophied in the wall of one of its cavities. The hypertrophy usually found about the heart is that of the walls of the left ventricle. The left ventricle is hypertrophied oftener than any other portion of the heart. You will find, also, hearts that are hypertrophied in all of the cavities; perhaps some such among those that I shall show you at our next meeting; and others, perhaps, that are hypertrophied in the two ventricles; and one or two, I think I have, that are hypertrophied in the right ventricle, the right auricle, and the left ventricle. So that hypertrophy may be single, or it may occupy each one of the walls of the heart cavities.

The causes of hypertrophy are various. The most common cause is the need of more strength in the walls of the cavity that is immediately affected. Obstruction, then, at the aortic opening, as has already been stated to you, is attended by hypertrophy. It is at first over filled, and it has to make up for the loss; but the heart does not seem to know exactly when to stop growing, though it does know when to begin to grow, and it may go on to become diseased. A moderate hypertrophy, then, with obstruction at the aortic opening, may not be regarded as a grave disease. Then, regurgitations will lead to hypertrophy. That the obstruction not requiring increased strength in the walls of a cavity will not produce hypertrophy, you will see in the fact that stenosis of the mitral valve is attended by no change in the left ventricle. If there is regurgitation, then the left ventricle may become hypertrophied. It needs more strength for the work it has to do. But if it is simply an obstruction of the blood coming from the left auricle into the left ventricle, and the left ventricle becomes in the end fairly filled, and does not throw the blood back again into the auricle, then there is never any hypertrophy of the left ventricle. It is only in regurgitation with this lesion that hypertrophy comes. Here, then, is one cause.

Another cause is increased strain upon the heart; an increased demand continued for a long time, attended by a nutritive, non-deteriorated condition of the blood. You see why I make that limitation: because a man with typhoid fever may have his heart beating rapidly and pretty strongly for four weeks continuously, and no hypertrophy follow. But then his blood is deteriorated: all his tissues are, throughout. If by mental or physical excitement his heart should beat this way, at the same rate and for the same length of time, and his blood were in a nourished condition, it would become hypertrophied to a certain extent. Disease that produces increased action of the heart and full action of the heart, does not, then, give hypertrophy, unless the blood is in good, full, nutritive condition. Occupations that are attended by great mental excitement and by heart beating are dangerous in this respect, producing only hypertrophy without valvular disease. The little tyrants that command on vessels at sea sometimes are very passionate men. I have seen them beat their men about and swear at them as if they belonged to our army in Flanders; and those men are very apt to get hypertrophy of the heart. They do not observe the rule of scripture, let not the sun go down upon thy wrath. They are wrathful after night. A French physiologist has interested himself in the cardiac condition of the domestic fowl, and he found that where one rooster was to be the husband of ten or twelve hens, he was apt to get hypertrophy of the heart. This may be a warning in regard to sexual indulgence.

Then, again, hypertrophy comes from causes that are not known. We say in general that it is an error of nutrition, but why, we do not know. Persons of quiet temper and of easy life, not subject to particular excitements, and having no valvular disease of the heart, do once in awhile get hypertrophy of the heart; but it is uncommon; decidedly uncommon.

Now the question comes, how to recognize hypertrophy of the heart. A heart like that one that is passing around, which I told you is hypertrophied, occupies a greater space in the chest than it did when it was of normal size, and what will that do? It will crowd the lung away. The space over which a heart of natural size will practically come in contact with the walls of the chest, or, in other words, not be covered by lung, is about equal to two superficial inches; but when a heart grows, as that has, it must crowd the lung out of position. In a healthy person you can hear the respiratory murmur over the whole præcordial region; but when you listen to a person who has considerable hypertrophy of the heart you will very likely fail to find the respiratory murmur over the anterior portion of the heart, because the lung has been crowded away. That comes to be, then, one sign for the recognition of it. The same thing, however, occurs when the pericardium is dilated with fluid. The lung then is necessarily crowded away in the same manner.

Another point is, that the region of dullness is increased more or less markedly. The point to which the apex of the heart can be pushed to the left by its hypertrophy is perhaps six inches and a half from the median line. Then you get to about the outer curve, the outer limit of the curve of the chest. It may be pressed backward beyond that, but I do not remember to have measured a heart which extended to the left more than six inches and a half. I have found it six inches a great many times, and five inches and a half a great many times. You can measure it in either one of two ways. Find the apex, and be sure that there is no heart beat beyond that, and you can pretty safely measure up to that point from the median line. But it is always better to make percussion, so that you will be sure of the point to which you should measure. Dullness over the lung upon an enlarged heart is very decided. The line of division between them is pretty clearly cut. Yet, even suppose you get dullness over six inches from the median line, your diagnosis is not yet made. The same thing may happen with pericarditis and an enlarged pericardium. Then, seek for the apex of the heart. If there is marked enlargement of the right side of the heart the apex will be tilted up toward the axilla. It will be, perhaps, as high as the fifth rib, following the curve of the rib upward, or it may not be as high as that. Its direction is upward and outward, and to the left. If it is the left side of the heart exclusively that is hypertrophied, the apex may be situated in the seventh intercostal space, outward, downward and to the left. Of course, it will be in the sixth before it is in the seventh. It is in the intercostal space, of course, that you can most easily feel the impulse of the heart. And then, again, you must make percussion to verify the indications of the apex beat. There is nothing that is likely to trouble you in the attempt at diagnosis but pericarditis. It is true, the heart is sometimes the seat of tumors; and the pericardium becomes enlarged sometimes by air, but that will not give dullness. In general practice, with the exception of the extraordinary cases, that you do not expect to see, these two things will give you the only trouble there will be. Hypertrophy is otherwise easily recognized. There is a point, however, to be borne in mind. I examined a gentleman who had been educated to the profession, but had gone into business, yesterday. He had pleurisy filling the left side of the chest, and his heart was pushed over so that the apex beat was about in the position on the right side that it would naturally occupy on the left, crowded over by this accumulation of fluid in the left side of the chest. Now, a person who has hypertrophy of the heart may have a pleurisy as well as anybody else, and the heart may be displaced in the same way. It may be displaced to the left also. An effusion upon the right side will enroach upon the mediastinum sufficiently to crowd the heart over an inch further to the left than it naturally would be. Such a case as that you may mistake for hypertrophy, when it is only a displacement. It will be important to know, then, whether there is any effusion upon the right side of the chest.

Then, again, the history of hypertrophy and of pericarditis will be found different. Hypertrophy is a chronic affection, and a man who has it, and is sent to you for it, will have had, for a good while, some shortness of breath in going up stairs. Then, again, the dullness extends, in pericarditis, as I have already told you, in a direction different from the dullness in hypertrophy. You get a certain degree of dullness, in pericarditis, with copious effusion, on the right side of the sternum, and you get it above the third rib. It is only fluid effusion in the pericardium that does that. The physical signs of hypertrophy, therefore, are pretty clearly made, pretty clearly cut, and you need hardly make any mistake about it.

The rational signs are more obscure. You cannot be sure, by any study of the general symptoms, that you have hypertrophy and nothing else. You can pretty easily determine, from the rational symptoms, that there is heart disease, but exactly what it is, is almost impossible. The usual symptoms of heart disease are to be observed in these patients, that is, a certain degree of shortness of the breath on exertion, frequently a disposition to rest the head on two or three pillows, instead of one, in sleep; a disinclination to sleep upon the right side of the body, not because it gives them pain, but because it disturbs them, it makes them nervous; they feel the heart beat, and that makes them nervous. Palpitation cannot be relied on as a means to distinguish hypertrophy. It is wonderful how much of thumping the heart will have, and the patient be entirely unaware of it in some instances; and it is really surprising how little of real palpitation will give other persons much uneasiness. There is a real palpitation and there is a subjective palpitation. Persons of particular habits will become nervous and feel palpitation when there is only natural action of the heart. It arises alone from their increased sensitiveness or the heightened state of nervous perception. And then, as I said before, a man who has real hypertrophy of the heart, who has been accustomed to hard knocks in life, may pay no attention to it, while it will lift your head half an inch at each beat, when you apply your head to the chest. It knocks like a hammer against the face and ear; and yet, ask him if his heart palpitates? "O no, O no, my heart is good!" But palpitation is not a certain guide to diagnosis. The man that was at the clinic yesterday had no palpitation; that is, nothing that you could feel with the hand. You could feel that the heart was beating, but not with extraordinary force. He had had his disease for a considerable time, and it is to be presumed that the heart had lost some of its energy. But even in persons in whom the disease may be gradually growing there may be decided palpitation, and there may not be, so that you will have to consider what is the cause of the palpitation if you find it.

Shortness of breath is common to almost all the forms of cardiac disease, so that there is nothing particularly distinctive in that.

Then comes the question, what can be done for the relief of these patients? and then, again, as all the diseases, or nearly all the diseases, of the heart, have about the same physical history, their treatment will be substantially the same, so that I will say what is to be said about that further on.

There is another condition of the heart walls that deserves particular attention. I say particular; it is not nearly so common as hypertrophy with dilatation. It is dilatation alone. And this brings me to the question, what produces dilatation of the heart, whether it occurs with hypertrophy or singly? The answer to this question, I think, has been given by Niemeyer: dilatation of the heart by a reflux of blood into it, which blood has just been thrown out of a cavity. For example, the blood is thrown into the aorta, there is a reflowing, a reflux of it into the ventricle; perhaps one-half of it that was thrown out comes back again, and this is in the period of non-resistance of the heart; its muscle is all relaxed, flabby. If it were to come during contraction there would be resistance to enlargement, but the muscle is, so to speak, dead at the moment; it is in the period of repose that this reflux takes place. It stretches it, together with the blood flowing in from the auricle. It is compelled to contain more than it was made to contain, and the result is a moderate dilatation, and this continued seventy-two times a minute, for days, and weeks, and months, will produce an effect. One occurrence, probably, would not be felt, but a repetition is what produces the dilatation. Well, this dilatation, then, is caused by an unnatural flow of blood into the ventricle, and the heart feeling its contents, naturally acts with more than ordinary force, so that hypertrophy and dilatation often go together, step by step.

COMMUNICATIONS.

PNEUMONIA.

BY HIRAM CORSON, M.D.,
Of Norristown, Pa.

(*Continued from page* 176.)

Professor J. Russell Reynolds, in the introduction to his "System of Medicine," vol. 1, page 30, after speaking most disparagingly of the treatment of "a few years ago," seems to have been somewhat conscious of the danger of his teaching, and therefore added: "If we can, by bleeding, and by it alone, save the eyesight which may be threatened by iritis, or if we can, by depletion, save a life endangered by laryngitis, we are quite satisfied in adopting that measure, though it may entail some injurious consequences. It would, however, be as unkind as it would be unphilosophical, to relieve the pain of a simple pleurisy by abstracting blood in such amount as should damage the individual in after years, when equal relief might be obtained by *poultices* and *patience*." One meaning of the word disingenuous, given by Webster, is, "meanly artful," and with that meaning in my mind, I say the above statement is disingenuous; for no advocate of depletion, in those cases, would be likely to carry it so far as to injure a patient permanently. I have never seen a man who had recovered from a laryngitis or pleurisy, where venesection, or cups, or leeches had been used, who showed any evidence of injury from the depletion. And I do not believe Dr. Reynolds can point to such a case, nor that any physician in Philadelphia has ever seen such a case. Let the opponents of depletion by venesection, if they cannot show us a case of that kind, point us to the disease or injury likely to be caused by the abstraction of blood sufficient (with the aid of the means in vogue) to cure these diseases, before the treatment by digitalis, verat. virid. and aconite took their place. What injury would now be likely to follow such loss of blood? None; absolutely none. I have bled freely, in hundreds and hundreds of cases, and never have seen any bad results follow after the recovery from the acute affection which it had aided to relieve. It is easy, perhaps quite pleasant, for Dr. Reynolds to write about means of cure of which he likely knows almost nothing; but while it is fun for him it is death to the patients of those readers of his volumes who are looking for a guide to practice in the cases of which he speaks. And what is it that he recommends in the place of depletion, in inflammations of the pleura, the lungs, iritis, and laryngitis? Poultices and patience!

That reminds me of a physician whom I knew very well, and who, when sent for to a rheumatic patient, always advised, "red flannel and patience and rest in bed;" his neighborhood was filled with cripples—legs and arms, and fingers contracted and stiff and useless for years. In Dr. Reynold's region I would expect to find many blind, and others voiceless, or dead. Just here it occurs to me to put against the author of the "System of Medicine"—whom I have noticed here only because he is the exponent of the new practice of poultices, patience and a few poisons deemed very hazardous by the bulk of the profession—the experience of Professor Gross, of Philadelphia, on this very subject of inflammation of the tissues of the eye. In a discussion which took place at one of the meetings of the Medical Society of the State of Pennsylvania, on the efficacy of venesection in acute inflammations of the various organs of the body, Dr. Gross gave the following illustration of the effect produced by that kind of depletion, contrasting it with the effects produced by veratria and aconite: he said, "Suppose the conjunctiva to be inflamed, so that the small vessels are distended with blood, and the physician should bleed him to syncope; the membrane would become pale, and the vessels would be relieved; but not so if, by the almost poisonous use of verat., you should reduce the pulse to half its usual number of beats per minute." I do not pretend to give his words; the above conveys their exact meaning. What a striking illustration! and how true! And had it not been that I wished to give Prof. Gross the credit of it, I would, in my last article, have stated my views in relation to the mode of relief procured by venesection, in pneumonia and pleurisy and other inflammations; as it acts on the eye, it acts on the capillaries and small vessels everywhere. When congestion has set in, on the lung, a good bleeding, that makes a decided impression on the system, takes away the force of the circulation which is pressing the blood into the small vessels and thus blocking up or squeezing the sides of the air cells so that no air can get into them, thus relieving the congestion, the first step in the diseased process produced by the primary irritation. So distended are these vessels before the blood is drawn, that the blood in the capillaries of the lungs is oozing through the mucus membrane and being coughed up as blood and rust-colored sputa, but after the bleeding there is almost no expectoration for hours, the vessels, like the vessels in the eye spoken of by Dr.

Gross, are relieved, the extra amount of blood has been drawn away, or is so relieved from the pressure behind that it is no longer driven into them, and opportunity is allowed them to relieve themselves, and the air to be again permitted to reach the cells.

I have often seen immediate relief thus produced; it was so in Canarra's case; from the time of the bleeding and cupping in the forenoon of one day until the evening of the next day he was comfortable, breathed easily, and if he had had a good nurse, would likely not have needed more treatment of the depleting kind. From that time, too, until the revival of the inflammation, there was but little expectoration of the viscous sputa. Every close observer must have noticed the great diminution of the characteristic exudation after a free bleeding for many hours. Although I seem to be getting entirely away from Dr. Reynolds, I feel as though this is a good place to speak of a change often made by the new lights—or, to speak more respectfully, the opponents of bloodletting—namely, that "the more you bleed the more inflammatory the blood becomes;" the increase of fibrin, the "buffy coat," on the top of the crassamentum, being the index to the inflammatory condition. In my experience this is not true. Many years ago this objection was urged against it, by a friend who was, in a friendly, private way, as an "eclectic," wanting me to abandon it. From that time I was careful to observe the effects of bloodletting on the crassamentum. And here are the facts, observed over and over again:—

Suppose a man, commencing to be affected by pneumonia, to be bled when the congestion has advanced for a few hours, but has not yet caused inflammation to any considerable degree. There is yet not much increase of frequency of the pulse; but little if any thirst; not much pain or cough. The blood drawn does not show the buffy coat at all, or, at most, to a very slight extent; and if the bleeding have been a free or copious one, the progress of the congestion will be arrested, it will extend no further, and that existing will be soon removed and the patient well. But suppose that the bleeding be an inefficient one, not sufficient to make a decided impression on the system; in that case the inflammation will progress almost as though nothing had been done, and before the return of the doctor on the following day will have a thick, buffy coat. There was, at the time of the first bleeding, but the very commencement of inflammation in the part, and the blood had not been affected by it. Might I not say, was not yet poisoned by the inflammation? And this suggests another thought: *The change in the blood* evidently *comes from or is the effect of the inflammation on the system.* Not the disturbance of the system and the local inflammation, from an inscrutable something which, in a state of health, has insinuated itself into the blood. This view of the case will be considered hereafter. The first bleeding, when the inflammation had but just commenced, showed no fibrin; the second, a strong, firm coat; and if this last one was sufficient to arrest the extension of the disease, the blood drawn next day would show a very diminished amount of fibrin. You may bleed a healthy man to day, and again to morrow, and, my word for it, there will be no increase of fibrin found in the blood drawn the second time. I may appear very tedious, but this point is one much dwelt on by the opponents of the lancet; indeed, it was almost the only stock in trade of the Thompsonians and Eclectics, in their early war against venesection by the "regulars," as they called them, and if bleeding were dangerous we should here have a good guide. The diminution of the fibrin on the top of the black clot of blood swimming in the serum would suggest caution; but it is not a dangerous remedy when used to relieve acute inflammations. It is infinitely less dangerous in the hands of the common practitioner than is digitalis, or aconite, or veratria, as I hope yet to prove.

But let us return to Dr. Reynolds, one of the leaders of the blood-poison, poultice and patience schools. He continues, "We still find it written, if these conditions are found, a hard, full, strong, frequent pulse, with great heat of skin, no prostration, then bleeding, antiphlogistics and the like, must be employed. But, as a matter of fact, we do no not find these cases, and the more common *on dit* of medical practice is to the effect that, as the inflammation seemed extending, the quantity of wine has been doubled, the supplies of beef-tea increased, and bark and ammonia given more frequently." And he emphatically denies that the *type* of disease in England has altered. Without following him through all his praise of the present poultice and patience, and veratria and aconite practice, and denunciation of "the practice of a few years ago," I will pass to his summing up: he says, "If the general condition be one of weakness, it matters not that the brain, the heart, or the lungs may be in a state of so-called inflammation; *the weakness is the one thing that demands immediate treatment*, and to neglect *its* treatment is to run the risk of sacrificing the patient to a theory of a compound state, even now but imperfectly understood." (The italics are mine.)

In the above extract we have a synopsis of the belief, or theory and practice, of Dr. Reynolds and the opponents of depletion in this country. It matters not that "the pulse is full, hard, strong and frequent, with great heat of skin and no prostration;" he and his disciples cannot see them. They see only great weakness, and in that a demand for more wine, more beef tea, more bark and ammonia. My patient's case was a typical one, to them; a case in which they would have seen only weakness, a weakness calling for wine, beef-tea, bark and ammonia. The "weakness" which he exhibited being the one thing that, in their eyes, demanded immediate treatment.

In regard to "the weakness being the one thing that demands immediate treatment," and to his other declaration that it is "the starting point, the essential element in therapeutics," the American editor of the work, Dr. Henry Hartshorne, one of the most learned and accomplished physicians of the city of Philadelphia, when, I am proud to say, the profession is full of men the equals in intelligence and skill of those in any country, thus discourses: "Few, if any pathologists will hesitate to admit that a difference, often momentous, exists between the *exhaustion* of a system weakened by the continuance for some time of severe disease, and that *oppressive* debility with which the most robust person may be temporarily affected under the influence of an acute malady, such as pneumonia, meningitis, or croup." Had I regarded the "oppressive debility" of the boy Canarra, as Dr. Reynolds and his followers would have regarded it, as an exhaustion, and given the bark and wine, the beef tea and ammonia, a poultice all over him would not have saved him.

I made the declaration in my first paper, that before the advent of the new treatment by the poisons, veratria, digitalis and aconite, and by overloading the stomach with food, the physicians of thirty years ago rarely lost a patient from pneumonia, and that at the present time it is so fatal that it is one of the most dreaded of our diseases; and yet with the blood-poison believers the very contrary is considered to be the truth. Only last week I met a gentleman, a very intelligent man, having a large practice, but who has not practiced more than fifteen years, perhaps, and one reason that he gave for not bleeding in pneumonia, and even, too, in other diseases, was that "when physicians used to bleed and cup in pneumonia, it was much more fatal than it is now. Poor fellow! I pitied him, and trembled, in view of the danger to those who should hereafter employ him in that disease. He had gotten this idea from Dr. Reynolds and others of that kind. In support of my declaration that it is much more fatal now than before the poison treatment came into fashion, under the name of antagonistic treatment, allow me to quote again from Dr. Hartshorne's comments, on page 32: "The mortality of pneumonia in Philadelphia has, for some reason, certainly increased; not in the hospitals, where the average character of the patients has always made them unfavorable subjects for depletion, but in private practice."

It is not too bold an assertion, indeed, for one who, without partisanship, maintains his conviction of the occasional importance of venesection and local depletion as remedies, that, while uncomplicated pneumonia, under moderate depletory treatment, was, thirty years ago, rarely fatal outside of hospitals, and not frequently so within them, *the indiscriminately stimulating method now often applied to all classes of cases has increased very considerably the fatality of this and other inflammatory diseases in private practice.*" (Italics mine.) What a commentary on the boasted skill of those who rely, for the cure of pneumonia, on digitalis and carb. ammonia, or veratria and whisky, or aconite and poultices and patience. How ashamed the teachers of medicine in Philadelphia, lecturing to large classes of young men who know nothing of the great value of depletion as practiced in former days, should be, to be denouncing it now, and teaching them that it was more fatal than their present treatment! What will their pupils think of such teaching when they read Dr. Hartshorne's approval of that which they have been taught to regard with horror, and his declaration of the fatality of that treatment which they have been urged to accept as the best? Dr. Hartshorne has been a close observer, has practiced in and out of hospitals for more than a quarter of a century, and knows whereof he affirms, has seen the life-saving power of depletion, and the fatal results of the stimulant and stuffing practice, founded on nothing but the *apparent* weakness so invariably present in real pneumonia. I say *real* pneumonia, because some of these new lights seem to regard all slight bronchial affections as pneumonia, and boast of scores of cures, when they have never had a single case of inflammation of the lung. If they do have a real case it is almost certain to prove fatal; and then they call it typhoid pneumonia; they tell what a *fearful* case it was; "how weak, how prostrate; it was impossible to keep him up, with all the whisky we could get down him; he was greatly oppressed, and as a proof of the severity of the case, he only lived three days after we began his treatment, though, to sustain the action of the heart, we gave him twenty drops of tinct. digitalis every two hours." They might have added to this, "and sent antagonistic remedies through the blood to neutralize the poison which produced the disease." It does not occur to them that they might turn their attention to the condition of the diseased lung. It is strange that under such treatment the patient should have lived so long as even the short time of three days.

I have repeatedly seen in the newspapers announcements of the death of persons from pneumonia, headed "suddenly;" and suddenly, indeed, many of the deaths are, from such poisons as digitalis, veratria and aconite, when given, as they often are, in large doses. It would be a rare thing for a person to die of pneumonia in three or four days, if let alone. I have used the term poisons in speaking of three articles in common use by the opponents of depletion, and have used that term for a purpose, which may be seen hereafter. It pains me to see how very fearful our young physicians are of depletion by taking blood. They are really conscientious in their refusal to follow a practice which they have heard denounced in strong terms. Even Dr. Pepper, who tells the students that cups are useful; and even says that "if inflammatory reaction is very great, with intense throbbing pain in the head, great dyspnœa, etc., venesection produces effects with more certainty than local bleeding," hedges its use in ordinary cases with so many restrictions, that a graduate fresh from his teaching would use such depletion with fear and trembling. But I am obliged to the Professor for the declaration of its usefulness. I have no fear to use it in any case, in the very young or very old, as well as in the strong adult. There is no remedy more readily adapted to the varied conditions or degrees of inflammation. While writing the preceding page of this paper, I received from my friend, Doctor Traill Green, a practitioner of more than forty years' experience, and well known all over our country, the following letter, which I take the liberty to insert here, as evidence that the remedy which we recommend may be used on weak people with as much efficacy as on strong ones, and that advanced age is no bar to its use.

"I am glad that you are calling the readers of the Med. and Surg. Reporter back to the use of the lancet. In the days of our pupilage and early practice the medical practitioner always kept the lancet near at hand. I wonder whether our young doctors know how to use that instrument. And the professional bleeder and leecher has disappeared. Then where shall help be found for those who are ill of inflammatory diseases? Nothing has as yet been found that can take the place of bloodletting in such affections. The speedy relief of pain and heat is so marked that patients themselves notice the change. I remember an attack of pleuro-pneumonia which I had when eighteen years of age, and the permanent relief which followed two free venesections made within twelve hours. The recollection of this relief in my own case always made me prompt in the use of the lancet after I entered the medical profession. I remember a call during the night, many years ago, to an aged woman who was suffering as I did at eighteen years of age. She had passed, or approached closely her threescore and tenth year, and Shakspeare's description of old age applied to her remarkably well: 'Sans teeth, sans eyes,' and she was very thin in flesh. It was a case which called for prompt action, and, of course, the question came up, shall I bleed her? Will it be proper to abstract blood from one so advanced in years and apparently so feeble? It was not convenient to call a consultation, and I had to decide alone. I felt it was safer to bleed her than to allow an inflammatory affection to run its course. I therefore opened a vein and allowed the blood to flow until the pain was relieved and the force of the pulse was reduced. When I made a visit the following day, I found my patient in a comfortable condition, and further treatment was unnecessary. I have always believed that I arrested the inflammatory condition of the lung at once. I would not hesitate to pursue the same course in the treatment of a similar attack, in one advanced in life, at the commencement of the disease. I think fewer fatal cases of pneumonia would occur in the aged if venesection were generally practiced."

Such is the testimony of a practitioner second to no man, in city or country, and I wish your readers to observe what he says about arresting the progress of the disease. A single bleeding cut it short at once in his aged patient, and in twelve hours his own affection was relieved; and in neither of these cases were any "antagonistic remedies" sent through the blood to grapple with, and destroy the poison playing havoc there. How silly is this talk of "keeping up the strength until the disease has time to run its course."

What is its course? Congestion, inflammatory engorgement, purulent infiltration, death, or, at least, lingering, partial recovery. The subject grows before me. What part I shall consider in my next, I know not.

HOSPITAL REPORTS.

ST. MARY'S HOSPITAL, PHILADELPHIA —EYE AND EAR DEPARTMENT

CLINIC OF H. AUGUSTUS WILSON, M.D.

A Case of Convergent Strabismus, or Squint.

Joseph S., aged twelve, is a school boy, and his cause of complaint is very apparent. The left eye, as you see, turns inward, and it will be interesting to determine the degree of convergence. By using this little instrument, called a strabismometer, which is merely an arc of ivory fitting the lower lid, and graded from the centre each way, in lines and half lines, we can readily learn the exact amount of the deviation. I now apply the instrument to his left eye and direct him to fix with the right on a point directly in front of him. You can all see that the pupil turns inward two lines from the centre of the arc, and I will therefore record the degree of convergence as two lines. By means of prisms you can find the deviation just as accurately, but when there is defective vision I always prefer the strabismometer.

It is not indispensably necessary that the convergence should always be measured. but for the sake of accuracy of record I generally resort to it.

We must next determine the cause of the trouble, for on this must depend the question of treatment. The immediate cause is, of course, a preponderance of power in favor of the internal rectus over the external. Now this might be due to paralysis of the sixth nerve supplying the external rectus, to spasmodic contraction, or simply to over action of the internal rectus. The first we can readily exclude by noting that the patient can follow my finger as I pass it from within, outward, and to the left. If it were due to tonic spasm of the internal rectus, as by the irritation of a growth in contact with the nerve, it could not be of so long standing as the history indicates; for such growths soon become of sufficient size to produce pressure, and in that case there would be paralysis of, not only the internal rectus, but also the superior and inferior recti, the inferior oblique, and levator palpebræ superioris, all of which muscles are supplied by the third nerve. There would also be dilatation of the pupil.

The case then reduces itself to simple over action of the internal rectus, and it is said that post-mortem examinations, made in cases where there has been strabismus, show a higher coloration of the muscles and some hypertrophy, due to this over action.

But what has caused the over action?

Anything which makes the vision of one eye defective, such as a corneal opacity, or a defect of the retina, or anything that will cause the image in one eye to be imperfect, may cause the mind involuntarily to turn that eye out of the way, to avoid confusion. Or, what is by far the most common cause, hypermetropia, or far sight, either in one eye or in both. Donders says that hypermetropia is present in seventy-five per cent. of all cases, while in fifteen cases that I have operated upon hypermetropia was present in every instance.

The eyes in their normal condition should act in strict unison, the images produced on their retinæ occupying exactly corresponding positions, so that their united effect is to produce a single impression on the brain, like the solitary eye of the ancient Cyclops, which occupied a position in the centre of his forehead.

Now, by means of the ophthalmoscope I have determined that this patient has a patch of choroidal atrophy in the neighborhood of the yellow spot of Sœmering.

This, very probably, forms one element in the cause; but we will now test his vision, and determine whether an error of accommodation does not also exist, either of which conditions, if present, would be sufficient to account for the deformity.

This test must be made while the eyes are under the influence of a mydriatic, in order to determine the refraction independently of the changes in the accommodation produced by the contraction of the ciliary muscle.

I find, as you see that at the distance of fifteen feet he can read number forty of the test types with his right eye, while with his left he can only read number seventy.

This I indicate by the fraction $\frac{15}{\text{XL}}$ the numerator being the distance at which he can see it, while the denominator indicates the distance at which it should be seen. That is, with the right eye he reads at fifteen feet what the normal eye should read at forty feet, while with the left at the same distance he can only read the large letters which the normal eye should read at seventy feet ($\frac{15}{\text{LXX}}$).

The left, you see, then, is only a little more than half as good an optical instrument as the right.

Let us now see how this causes the left eye to turn inward. The third pair of nerves which supplies the ciliary muscles with the power of rendering the crystalline lens more convex, also supplies the internal recti muscles with their power of contraction; while their opponents, the external recti, are supplied by an entirely separate pair, the sixth.

Hence in the condition of hypermetropia it often happens that the child who is subject to this defect will learn to give an increased amount of innervation to the third pair, and thus the internal prevail over the external recti, and convergent squint is produced. But this is not all; if the eyes are turned in beyond the normal degree, of course, the images cannot fall on corresponding spots, and the mind, to avoid the confusion which would arise from dealing with two images not equally distinct, soon learns to fix with the more perfect eye in such a manner that the image will fall on the most sensitive spot of the retina, the macula lutea, and to disregard the impression made upon the retina of the other eye; choosing, as it were, by a process of "natural selection," the best eye as its servant, and neglecting the other until it becomes almost entirely useless as an organ of sight. I could cite you many cases in which children have in this way so thoroughly lost the use of an eye by this gradual, but certain, process that they would scarcely miss it were it enucleated, and still to all external appearances the eye is as good as the other. After a time this eye, from disuse, becomes amblyopic and past redemption. All this could have been prevented by the use of properly adjusted glasses, which would have relieved the eye of the over strain dependent upon ametropia. But in this case, which is one of hundreds, such a precaution was never taken, and he is sent to me for relief from the cosmetic defect which is so conspicuous

Few persons have such peculiar taste as to admire cross eyes. The facetious will joke, the superstitious will dread, and the truly polite will pity and appear not to notice it; but however it may strike the world at large, the subject is constantly reminded of the existence of the deformity.

The frequent occurrence of strabismus among school children has led to the idea among the laity that it is the result of imitation alone; and this will be given as the cause of the squinting, in nine cases out of ten.

But it has been demonstrated by such men as Donders that the true explanation lies in hypermetropia, at least three-fourths of the cases being due to this cause.

It is not, as a rule, until the child is sent to school, or acquires a taste for close work at home, that this defect shows itself. The eye is congenitally malformed, being too short in its antero-posterior diameter, and in the effort to overcome this defect the unfortunate subject acquires this ugly squint.

Of the fact that defects of vision are congenital you have all doubtless seen many examples; and where this defect takes the form of hypermetropia strabismus is frequently found as a family characteristic, particularly when the children of the family are inclined to read a great deal.

I have now in mind a family of six, all of whom have hypermetropia, and five have strabismus convergens. They furnish a beautiful series of cases (speaking from a scientific and not from a cosmetic point of view), illustrating as they do the various stages of the defect. The father, who is a teacher by profession, has a high degree of hypermetropia, while the mother has very marked convergence, and one of her eyes is almost entirely useless.

The oldest son, a young man of about nineteen, has passed through the usual experience of such patients. His degree of convergence was very great; his left eye became amblyopic; and though I operated on him last June with a very good result, as far as the strabismus is concerned, he will have to pay the penalty of his parents' neglect by carrying through life a useless eye.

The second child, a little girl of thirteen, presents a similar condition not quite so far advanced. In her case an operation was performed by Dr. R. J. Levis, on both eyes, giving an excellent result, the amblyopia not having advanced so far; but still, in her case even, there is a decided advantage in favor of the right eye, which, had it been neglected a few years longer, would doubtless have shown a similar result to that of the son.

In the other children, who are six and eight years of age, respectively, an operation was found unnecessary, the adjustment of proper glasses being sufficient, as the cast, though obvious, was not yet firmly fixed, and, particularly in the younger one, being very slight.

But, to return to the case in hand, there being no contra-indication, and the patient being now throughly anæsthetized, I shall operate.

The instruments needed are a stop speculum, to separate the lids, two pairs of toothed forceps, a blunt-pointed hook and a pair of scissors.

The lids now being held open by the speculum, I evert the eye by means of one pair of forceps while with the other I seize the conjunctiva over the attachment of the internal rectus, and pinching up a small fold, clip it through with the scissors. Through this opening I grasp the tendon with a pair of forceps, then the hook is passed beneath it, and by means of the scissors it is cut off close to the ocular insertion.

Two precautions are necessary; first, to avoid passing beyond the capsule of Tennon, which, if cut, would allow the muscles to recede too far and thus cause an outward squint quite as bad as the first. This, however, with ordinary care, need never occur.

The other point to be particularly guarded against is leaving any of the fibres uncut. To avoid this I make, as you see, repeated efforts with the hook, passing it through from above downward and from below upward and outward, until I am assured that complete division is effected, when the operation is complete.

The wound in the conjunctiva may be stitched, but this is not at all necessary, nor need any dressing be applied.

If there should be exuberant granulations at the point of incision in the conjunctiva they must be clipped off.

The external rectus, by its contraction, draws the eye into its proper position, and in a few days adhesion will take place between the cut end of the tendon and the ball, at a point further back.

But one point I wish to impress on your minds, and that is, the importance of insisting on the constant and continued use of such convex or cylindrical glasses as will correct the ametropic condition which has been instrumental in producing the defect.

The operation for strabismus at one time fell into great disrepute among both surgeons and patients, on account of the frequent recurrence of the defect because this precaution had not been taken. Now, however, since the subject of accommodation and refraction is so well understood, if care has been taken to divide every filament of the tendon, and proper glasses are adjusted and worn, we can confidently expect a good result.

Note.—One month later the patient presented himself at the clinic with no discernible deviation, and no traces of the operation were apparent, except upon close, critical examination, when the cicatrix in the conjunctiva could be seen.

MEDICAL SOCIETIES.

NATIONAL ASSOCIATION FOR THE PROTECTION OF THE INSANE.

A conference of this Association was held February 12th, in Boston Hon. S. E. Sewall presided.

General Banks spoke in favor of a more intelligent classification of the insane, which shall separate the criminal and the epileptic insane from patients suffering from the ordinary forms of insanity, and place the recent insane in proper hospitals for active treatment, while the chronic and harmless insane should be under more homelike and economical surroundings.

Dr. Nathan Allen, of Lowell, as an expert, made some practical remarks on the nature of insanity and its causes. In looking for the causes he said: You will find that a leading one is loss of health. As means are found to prevent disease, insanity will be prevented. Another cause is intemperance, but he was convinced that, except in extreme cases, inebriates should never go to an insane asylum. The other causes are numerous and complex. The great thing to be done is to remove the causes, and this will in time be accomplished. These evils, he believed, could be largely remedied by legislation. The remedy will come with the knowledge, which is sure to come sooner or later.

A paper by Dr. A. Reynolds, of the Iowa Hospital, on the subject of the classification of the insane, was next read. in the absence of the author, by Dr. Fisher. The main point of the argument was the separation. so far as it is practicable. of the acute from the chronic insane, by providing small hospitals for the former, and larger and cheaper buildings for the latter, with separate hospitals for the epileptic, inebriate, and criminally insane. He does not believe it safe or proper to discard the mechanical restraints, but their use should be reduced to the minimum and be under the direction of the medical officers. He agrees with many other advanced students of insanity, that there should be some State supervision of the insane, believing that it would be desirable if some uniform system could be adopted. He also believes that every Board of Trustees should have at least one woman as a member, and that every hospital where female patients are treated should have a female physician.

Dr. J. M. Kenniston, of Cambridgeport, next spoke on the subject of preventive medicines. He said that the present National, State, and local Boards of Health are all engaged in the work of promoting the health of the people, by removing whatever tends to cause disease. Insanity is not a crime or a misfortune alone. It is a disease. and as such it must be considered and treated. Each individual case must be studied carefully and treated as scientifically and conscientiously as a case of diphtheria would be treated. Intemperance, spiritualism, morbid religious excitement, thoughtless and mercenary marriages, and sensational literature were mentioned as prolific causes of insanity which should be investigated and remedied.

A paper written by Dr. Walter Channing, of this city, was next read, on the classification of the insane, with special reference to insane criminals and inebriates. It was mainly a discussion of the present arrangements of the asylums of this State and their needs. On the question of classification generally he declared that methods which will take away direct and daily medical inspection should not be considered. Insanity, he said, is a disease. The disease is to be treated, and, if not cured, ameliorated. The physician's profession is to do this, and as a matter of necessity he is driven to use various moral means, which with the insane means to a considerable extent tenderness, sympathy and encouragement. Because the disease is often incurable it is none the less a disease, and it needs unvarying care and treatment. Its subject must be protected from the stern and rigid economy that the public obliges the State to exercise. He commended the Connecticut system of classification. In general the plan contemplates receiving and treating all acute and all turbulent cases in the hospital proper. From time to time, the quiet, chronic patients will be transferred to new buildings at a short distance from the Central Hospital, where good custodial care can be maintained at less expense. There is also an annex in the rear of the main building for the treatment of insane criminals. Here in Connecticut are united the Superintendent's plan, the Willard plan, the cottage plan, and the separate criminal asylum plan, all within the limits of one moderate-sized farm.

Dr. Channing pronounced as the grand mistake of American insane hospital management, that we have gone on erecting one building after another without sufficient regard to the classes of persons who were to use them.

Dr. Ira Russell, of Winchendon, alluded to the importance of the education of physicians in this special direction, observing that few physicians, even at the present day, give much attention to mental diseases. and then Dr. Edward Cole, of the McLean Asylum, read an important paper on the causation of insanity.

Dr. Cole said that the starting point of all efforts at prevention is the ascertaining and classification of the causes of insanity. He considered the system adopted in most asylum reports as utterly inadequate. and as the value of results depends upon adequate expression in statistical tables, a more perfect tabulation is much needed. In the causation of insanity many influences contribute, and as in other abnormal or diseased conditions. a truly scientific knowledge of mental disease is first required before its prevention can be effectively dealt with. This is not alone for the specialist in lunacy practice. But for the larger purpose of prevention, all medical practitioners should be well instructed in a knowledge of lunacy and its causation. The influences producing insanity were enumerated as hereditary, neglect of sanitary laws, immorality, intemperance, defective education, lack of moral training, and all that tends to the development of a healthy constitution and sound body, he said, was of importance in the prevention of insanity.

Dr. Wilbur, of Syracuse, sent a letter containing valuable suggestions and statistics, which was read. He writes that at least 60,000 insane persons are to be found within the territory of the United States. Ninety per cent. of these are doubtless incurably insane, and probably an equal percentage is supported at the public charge. The ratio of the insane to the general population is a constantly increasing one. They are scattered through the several States and Territories, under varying laws and differing policies, to be cured or helped. They must be treated by every means or agency that medical science in its latest development can furnish for their relief. In looking for the predisposing causes of insanity and the best methods of the treatment of the insane, we must, he writes, invoke the aid of the general practitioner of medicine and the medical specialist, and try to enlist them in contributing studies in this direction. Nor should we forget those engaged in the work of education. Their aid is especially needed in various ways. Already the influence of excessive study has been quoted as a producer of insanity. Dr. Wilbur is inclined to think that too much stress has been put on this as a cause. It is not, he thinks, so much the amount of study as the modes and subjects of study, that are at fault. In his judgment, reviewing the question from an educational standpoint, there is less danger from crowding the intellects of pupils than from neglecting their moral culture. Many years ago there was published in a series entitled "Small Books on Great Subjects," an essay by Barlow, on "Man's Power Over Himself to Control Insanity." The main thought of this essay was that a habit of self control from youth upward, and a mind well poised, had much to do in securing immunity from this malady. A brief discussion followed, and the conference adjourned at a late hour.

EDITORIAL DEPARTMENT.

PERISCOPE.

Tinctura Rusci.

A correspondent, says the *Am. Jour. Pharm.*, inquires for a formula for this tincture, which is recommended for ringworm, by Prof. Kaposi, in Hebra's work on skin diseases.

Of the genus Ruscus, which is classed with the smilaceæ or liliaceæ, three species have been employed medicinally, all of which are indigenous to Southern Europe, one R. aculeatus, *Lin.*, or butcher's broom, being also found in England. The rhizome, known as *radix rusci* or *brusci*, possesses aperient and diuretic properties, and was formerly much used in visceral diseases. This is doubtless the species employed for the above tincture, but we have been unable to find a formula in old and recent works, though several give directions for decoctions. Since the dose was from ten to thirty grains in powder, the tincture is, perhaps, best made of twenty parts of the powdered drug, exhausted with sufficient dilute alcohol to obtain one hundred parts. The taste is disagreeable, sweetish and bitter.

The other two species referred to are Ruscus hypophyllum and R. hypoglossum, *Lin.*, the former of which was known as *laurus alexandrina*, the latter as *bislingua*, *uvularia* and *laurus alexandrina angustifolia.* The root and evergreen leaves were employed in diseases of the uterus and bladder.

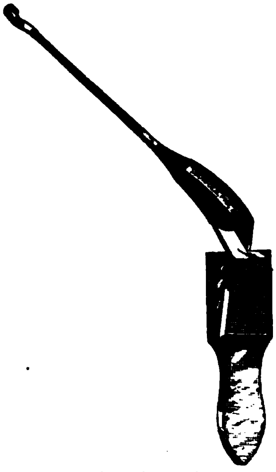
Artificial Membranæ Tympani.

We make the following extract from Dr. Laurence Turnbull's work on *Defective Hearing*, just published. It has general interest to all practitioners:—

Owing to a certain number of properly selected cases having been benefited by the use of the artificial membrana tympani, unprincipled men have sent advertisements all over the country, stating that they are applicable to all forms of deafness, and thus receiving the price in advance, the poor victims find, when too late, that they are not of the slightest use to them.

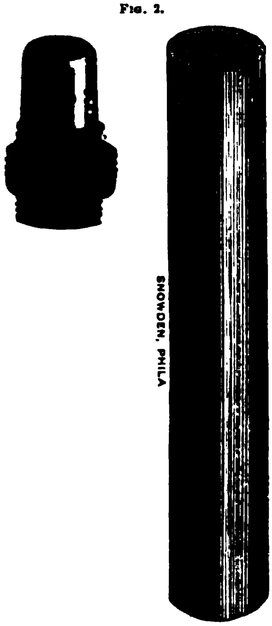
When there is still a portion of the membrana tympani remaining an artificial membrane can be employed. When there is much pus or mucus in the auditory canal it must be first removed. In the class of cases where there is no membrane to be seen, and nothing remains but the promontory, and perhaps the stapes in position, we have found nothing so useful as the ball or an elongated cone of boracic acid cotton attached to a fine thread and passed down to the proper place by the forceps of Professor Gruber (see Fig. 1), where the membrane should be, and the thread placed behind the ear. Two interesting patients now under my care employ this form of apparatus; one is a pupil of our Central High School, and the other is a draughtsman; the former finds ordinary cotton not suitable, and prefers the antiseptic cotton as a long hollow roll on a bodkin; he introduces the cotton on the bodkin, and then withdraws, leaving the cotton in position; and by whistling he determines if it gives the proper note; with the cotton in position he is able to keep his place in his class, and without it he is utterly unable to hear only the loudest voice spoken into his ear, his opposite ear being entirely lost to him, from

FIG. 1.



malignant scarlet fever. No form being applicable to all cases, each case must be fitted, like eye-glasses. Another class will bear the use of the thin rubber cloth and metal stem; if pressure is required to bring the little bones in place, it is attached to a fine silver or gold wire. If there are granulations they must be removed by touching them with sulphate of copper if the bone is affected; if scrofulous, equal parts of tincture of iodine and glycerine, or tincture of iron in the place of the iodine. If the granulations are polypoid in character, they are to be removed by the wire snare or forceps. For the treatment of the remains of polypi or granular growths, employ warmed spirits of wine, to be allowed to remain ten or fifteen minutes daily. If hypertrophic or vascular, employ chromic acid, glacial acetic acid, or chloro acetic acid, or if these fail, galvanic cautery. If syphilitic, nothing is so useful as iodoform in very fine powder, dusted on iodoform cotton. If the granulations are from phthisis, employ tannic acid and carbolic acid combined in equal parts. In plugging the meatus, we find it convenient to moisten the lower portion of the cotton-plug with a small portion of yellow oxide of mercury ointment, one grain to the drachm of vaseline, as the cotton becomes dry, and if not so anointed will adhere to the meatus or auditory canal.

Fig. 2.



By the aid of the punch of Professor Gruber (see Fig. 2), the proper material can be cut so as to fit the ear as an artificial membrane, and can be introduced by the use of his little forceps (Fig. No. 1), with ease and comfort to the patient, and each individual case can be fitted to the best advantage.

The Bougie as a Tampon.

Dr. W. T. Carter describes, in the Louisville *Med. News*, his plan of using a bougie as a tampon. He instances a case where he was summoned to uterine hemorrhage: As I arrived she exclaimed, "Doctor, my sickness has come on me and I am dying—I am flooding to death." Her female friends had her propped up in bed, and were busily fanning and dashing water in her face, to revive her, for she often swooned. Her blanched, bloodless face and feeble pulse told all too plainly that her fears were well grounded. As quickly as possible she was placed in the recumbent position and the usual examination made. The os and cervix were hard and considerably elongated. The uterus was so low, in fact, that by pressing upon the hypogastrium with the left hand I easily compressed the os tincæ between the index finger and thumb of the right hand, thus effectually checking the hemorrhage for the time being. If a strong rubber ring had been convenient I think I could have put it in the cervix, and by closing the canal it would probably have controlled the discharge until there was danger of its producing strangulation. So great was her exhaustion and depression that I did not feel justified in removing my hand until I could replace it by something equally as efficient. My fingers grew tired and were relaxing, from fatigue. In this crisis I took from my pocket a bougie (size No. 8), and had a thread passed through it about a quarter of an inch from its point. With this thread a conical pellet of cotton was securely fastened around the bougie where it was pierced. It was then passed to the right hand, the point carefully introduced and gently forced up until the shoulder of cotton was securely impacted in the os, entirely preventing any further loss of blood. Once during the succeeding night uterine pains coming on she removed the bougie, but the hemorrhage appearing she successfuly readjusted it again. To keep the instrument in position the lower end should be attached to the thigh with a small tape or ribbon.

The Treatment of Fatty Heart.

In a lecture in the Buffalo *Medical Journal*, Jan., Dr. H. R. Hopkins says, on this subject:—

What shall we say concerning the treatment of fatty heart? In most cases your attention will be engaged in the management of the secondary affections of some of the other organs, and you will have but little time or thought to devote to the central and primary disease. You will always remember that a fatty heart is a weak heart, and you will regulate the habits of your patient accordingly. In cases where the disease has not long existed and can be traced to a gouty tendency or to lithiasis, a regimen calculated to correct that habit or condition may reasonably be expected to favorably influence the heart.

When associated with obesity, the management of that tendency by proper diet and exercise will be your aim. When existing with chlorosis or anæmia, this state of the blood will demand attention. For general or special reasons, iron, quinine, strychnine, digitalia, belladonna will be ordered and their use countermanded, to give way to other drugs equally useless.

In the great majority of cases, either among the rich or the poor, the diagnosis is not made until the heart is so seriously diseased and disabled that some secondary trouble seems the most pressing, and engages the attention of the physician. This is one reason why the literature of treatment of fatty heart is so barren and so discouraging. The impression seems to generally prevail that a man with a fatty heart is no better than a dead man. I am persuaded that this is like diagnosing phthisis pulmonalis, only upon the presence of extensive excavations and rating its fatality accordingly. The most marked cases of fatty heart are seen in acute fevers, and yet a large proportion recover; again, cases of fatty heart in connection with anæmia are known to recover; again, it is known that fatty heart is only produced by the long continued action of its causes, that the heart seems to have remarkable power of resistance, and succumbs at the end of a long struggle. A due consideration of all these facts leads to the conclusion that the earlier diagnosis of fatty heart is necessary, in order that the results of early treatment may be available for intelligent prognosis.

The Mydriatic Power of Homatropin Hydrobromate.

The following conclusions are arrived at by Dr. S. D. Risley, from experiments detailed in the *American Journal of Science*:—

1. That homatropin hydrobromate, in solutions of two, four, and six grains to the ounce, is competent to paralyze the accommodation.
2. That in from sixteen to thirty hours this paralysis entirely disappears.
3. That dilatation of the pupil accompanies the paralysis and is more persistent; the probable duration being forty-eight hours.
4. That it is no more liable to produce conjunctival irritation than atropia or duboisia.
5. That it produces far less constitutional disturbance than either of the old mydriatics.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Annual Announcement of the Philadelphia School of Anatomy is a neat pamphlet, which may be had at the School, 1022 Hunter street.

——Several of the carefully prepared studies on chloral hydrate, by Dr. H. H. Kane, have been published, in the form of reprints, and may be had of the author, New York city.

——*Godey's Lady's Book*, for March, has a very pretty steel engraving, from a scene in "David Copperfield," fashion plates, some pleasant stories, etc. Price $2.00 per year.

——In the Fifteenth Report of the Connecticut Hospital for the Insane, Dr. A. M. Shew, Superintendent, describes the management of the patients, and makes, among others, the interesting statement (p. 9), that after the acute stage has been passed, insanity actually tends to *prolong* life.

——Dr. H. A. Wilson, of this city, in a reprint on transverse fracture of the patella, expresses the results of his extended studies of this lesion in these words:—

In closing, I would say that it is my conviction that the hooks are the only scientific method of treating transverse fracture of the patella.

——The Annual Report of St. Michael's Hospital, Newark, N. J., shows the institution in a flourishing state. Singular to say, the eye and ear department has been discontinued "owing to the impossibility of finding specialists to take charge of it." Are, then, ophthalmologists and aurists so rare in Newark? We had no idea of it.

——Two bills are before the Senate of Tennessee, to prevent quackery, etc. A "citizen" sends us a pamphlet commenting on them. One bill provides a State Examining Board. This scheme Citizen condemns. The other bill he believes far better. As such questions are of general interest, we add that the latter bill simply provides that an open register shall be kept by the clerk of the County Court, in which the answers of every practitioner to the following interrogatories shall be filed:—

(*a*) When, where, and with whom the study of medicine was begun, and how long continued.
(*b*) At what school or schools preliminary education was had; in what school medical education; and from what school, and when, a diploma was received, if any has been received.
(*c*) If previously in practice, where and for what length of time at each place.
(*d*) If a member of any medical association or society, where its location and what its name.

This publicity, Citizen thinks, will be sufficient to purge the profession and protect the people.

——A valuable reprint from the *Journal of the Franklin Institute* is a lecture by Mr. Reuben Haines, chemist, of this city, on methods for judging of the wholesomeness of drinking water. He discusses and criticises, in an able manner, the analytical methods of Wanklyn and Frankland. One of his paragraphs especially deserves quotation, as it corrects what we believe is an error current among many professional men, as well as among the laity. It is as follows:—

Those who are familiar with the most recent sanitary experience realize that it is the *quality* rather than the *absolute quantity* of organic matter that is the most important factor in the sanitary judgment of a drinking water. A water which contains a large amount of one kind of organic substance may be much more wholesome or far less unwholesome, than that which contains only a small amount of another kind. It is a matter of actual experience that a water, notwithstanding it contains a large amount of nitrogenous organic matter capable of yielding albuminoid ammonia, may be found to be practically wholesome, or at least may be drunk for a long period without apparently producing any injurious effects; while, on the other hand, a water which contains *even a minimum* of organic substances capable of yielding albuminoid ammonia may nevertheless contain or develop the *materies morbi* or unknown causal "something," of a specific disease.

This distinction, is, it is needless to say, a highly important one, from a sanitary point of view.

BOOK NOTICES.

The Principles and Methods of Therapeutics. By Adolphe Gubler, Professor of Therapeutics in the Faculty of Medicine, Paris. Translated from the French. Phila., D. G. Brinton, 1881. 8vo, pp. 445, half morocco. Price $4.00.

The culmination of the sciences appertaining to medicine is in therapeutics; whatever chemistry, physiology, botany, and the other auxiliary sciences contribute to the knowledge of our profession, it is ultimately with a view to lessen or prevent pain, to shorten disease and to restore to health. Hence it is with justice that therapeutics has figured so prominently in recent literature.

Therapeutics as such may be considered from several points of view. In the work before us the distinguished author has chosen one which may by some be considered narrow, but which he evidently had adopted after long delibereration. It appears to be correctly represented in the prefatory note to this translation, in the following words:—

> It is, as its title states, a discussion of the *principles* and the *methods* of therapeutics. It does not take up this branch as an accessory to Materia Medica; nor is it concerned, beyond a moderate extent, with the physiological action of drugs; nor yet has it much to say on the treatment of individual diseases. These topics, which figure so prominently in most works on therapeutics, will be found to occupy comparatively little space in the present one.
>
> Professor Gubler chose to approach his subject from quite other directions and with other purposes. He aimed to represent, from the latest acquisitions of science, and by the aid of the most careful instructions, first, the *methods* which can be most effectively employed in the administration of remedial agents, and next, the *principles* or *processes* by which their remedial action is exerted on the human economy. It is a study founded on clinical, physiological and chemical observations of the actions of medicines in disease, and the technical artifices for their introduction into the organism.

Professor Gubler, it should be remembered, was a disciple of Trousseau. He did not, however, accept the avowed empiricism of this brilliant teacher. He sought to connect the observed results of experience in the action of medicines with the chemical nature of remedies on the one hand and the physiological functions of the body on the other. This effort is conspicuous throughout this work. In some places his explanations are lucid, and impress the reader as forcible and just; in others the reasoning is rather obscure, and the interpreter of nature is probably at fault; but there is always an impress of honest study and great learning.

The matter of the book consists of the last course of lectures which he delivered in the Paris School of Medicine. They were revised from short-hand reports, and have been translated by one of his American hearers, Dr. Halloran, who also adds a biographical sketch of the author, whose death occurred in April, 1879. There are some passages which indicate that the lecturer's meaning has not been fully set forth, owing, probably, to too much abbreviation on the part of the reporter. Allowing for this, the labors of reporter and translator have been fairly done.

The volume is divided into thirty-four chapters, followed by a full index.

The first four chapters are on General Therapeutics. The author here sets forth his views on the general properties of remedial agents, (mechanical, chemical, dynamic action), their effects (physical, chemical, organic) and affinities, the relation of the composition of medicines to their remedial action, etc.

Then follow seventeen chapters on the "avenues and methods for the introduction of medicaments," in which are explained and criticised such means as inhalations, fumigations, atomization, aerotherapy, cutaneous absorption, hypodermic injections, transfusions, injections, etc. Very minute directions are added for such of these as the author especially approves of, as the hypodermic method and transfusion of blood. He concludes the latter subject with these words:—

> I am now through with the history of transfusion. It may have appeared tedious to you, but the subject is a very interesting one, and daily growing in importance. Much attention is being bestowed upon it, and if we take the total number of transfusions which have been made, including even those with defibrinated blood, however incapable they were of realizing the hopes placed upon them, since they could but temporarily revive the organism, we shall find that out of 270 cases of transfusion there have been at least 150 successes.
>
> I therefore sum up with the conclusion that when a method is easily applied, is exempt from real dangers, and gives such results when death is almost imminent, it should be recommended, and full credit is to be given to those who are endeavoring to extend its use.

Chapters XXI to XXX are occupied with a discussion of the transformations undergone by medicaments in the organism, their elimination, and their occasional accumulation, together with the proper means of preventing the last-mentioned action. This is the most recondite, we may also add, the least satisfactory, part of the work. The principal example which the author takes is arsenic, to the action and transformations of which in the economy, about fifty pages are devoted. While he gives many scattered facts of interest, he appears to us to fall short of demonstrating conclusively the chemical changes of the agent which he assumes. It is rather a foundation to work upon than a completed exposition. He is a full believer in the accumulation of action of remedies, the processes of which he explains ingeniously by several theories.

The final chapters are on "force of habit," "tolerance and intolerance of medicines," therapeutic antagonism, and conditions affecting medicinal action. He does not allow that any complete antagonism does or can exist; partial antagonisms are numerous, but of no great therapeutic importance. The same is true of synergic action. While it is present, and deserves consideration, he esteems it more lightly than do some later writers.

In his last chapter, discussing the effects of climate, he makes a remark which is interesting in these days, when there is, in some quarters, an effort to introduce general bleeding again into practice. He writes:—

> I have already mentioned, in speaking of climates, the much greater capacity of the inhabitants of the north for alcoholic beverages. I could say to you, that general bleeding is better tolerated in the tropics than in the northern climates. It is on this account that the theories of Rasori had so much success in Italy and Greece; more considerable success than with us; more, in particular, than they had in the north.
>
> I am myself an example of the utility of general bleeding. I fell once, in Italy, bathed in blood; I was carried to the hospital of Milan, where they bled me, two, three, even four times per diem; I was longer in recovering from the effects of the bleeding than from those of the wound.
>
> I have often asked myself whether, if these bleedings had not been made, I should not have had tetanus, in such a month as July. General bleeding is well tolerated in southern climates. It is true that it is badly tolerated in marshy districts, because the paludal miasma reduces the inhabitants of such countries to a state of anæmia.

Space does not permit us to extend this notice. What has been said will give an idea of the intention of the author in this work, and the position he designed it to occupy. It is a book to be thoughtfully perused, rather than referred to for particular points; it is a connected whole, which will scarcely attract a superficial reader, but will surely repay a thorough one.

The publisher has done his part well. The paper is heavy and handsome, and the binding—in half morocco—is a pleasing novelty in medical publications.

A Practical Treatise on the Medical and Surgical Uses of Electricity. By George M. Beard, A.M., M.D., and A. D. Rockwell, A.M., M.D., etc. Third edition. Revised by A. D. Rockwell, M.D. New York. Wm. Wood & Co., 1881. Cloth, pp. 758.

This treatise has fairly maintained its position for ten years, as the standard American work on medical electricity. It is large—too large—and might very profitably (to the reader, at least,) have been condensed a couple of hundred pages. The numerous long-winded narrations of cases increase needlessly the bulk of the volume; and there is a good deal of theorizing which has but slight importance. For all that, it remains the most satisfactory treatise for the physician who wants to make a thorough study of electrical treatment.

The present edition has several new chapters; one on exophthalmic goitre, another on the sequelæ of acute diseases, and another, almost new, in reference to the electro-therapeutics of diseases of women. The revision of the other parts has been pains-taking, and probably none of the later conquests, or asserted conquests of electricity in the domain of therapeutics will be found to have been omitted. It is well printed, and the illustrations, nearly two hundred in number, are generally clear and instructive.

A Manual of Diseases of the Throat and Nose. By Francke Huntington Bosworth, A.M., M.D., etc. New York, Wm. Wood & Co. 1881. 1 vol. cloth, 8vo, pp. 427

This work treats of the use of the laryngoscope, diseases of the fauces, nasal cavity and larynx. There are also chapters or sections in it devoted to "taking cold," "mucous membranes," laryngeal phthisis, paralysis of the abductors, and cognate subjects. It is profusely illustrated, there being in all 175 wood-cuts of operations, instruments, etc. They are not very well printed, and the book is not very well written. Cuts, facts, and statements are nearly all borrowed from preceding and better treatises. Of course, there is a great deal in the volume which it is well for the physician to know; but he will learn nothing, or next to nothing from it if he is familiar with the standard treatises on the subject which are already in most libraries of respectable size. There is an "Appendix" of formulas, many in halting Latin and generally very common place. In fact, we feel obliged to say that the volume seems to be a hasty and negligent specimen of book making, by both author and publisher.

THE
Medical and Surgical Reporter,
A WEEKLY JOURNAL,
Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium,	**7.00**
Physician's Daily Pocket Record,	**1.50**
Reporter and Pocket Record,	**6.25**
Reporter, Comp. and Pocket Record,	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

THE SANITARY REGULATION OF PROSTITUTION.

Lord ARTHUR RUSSELL remarks in one of his speeches that "Necessary changes in political measures are first originated by a small minority, and subsequently written and talked into existence, until what was at first only an idea becomes a moving force." As we belong to the very small minority in this country who have for a long time insisted that some definite measures are necessary in order to protect the community from the spread of contagious venereal diseases, we shall give a sketch of what has been written and talked on that subject within the last few months.

Probably the most important contribution to the subject has been the Report of the Committee on the Prevention of Venereal Diseases, submitted to the American Public Health Association, by DR. ALBERT L. GIHON, Medical Director, U. S. Navy, Chairman, in December, 1880. Having first shown that, in the opinions of the most eminent surgeons, these diseases are both common and dangerous, some statistics of the Navy and Army are given, which establish this fact, that at least one man in every thirteen in the naval service of the United States—last year one in ten; one in every nine in the army—of the negro troops one in six; one in every seven in the British army; and one in every four of the merchant sailors presenting themselves for treatment at marine hospitals and dispensaries, is affected with some form of venereal disease.

The facility of its transmission to innocent persons by kissing, smoking pipes and cigars, sheets, etc., is shown. The results of inspection of prostitutes during the war, in Nashville and elsewhere, are presented. In Nashville—

> 1. The amount of venereal disease was markedly lessened, so much so that its occurrence came to be looked upon (absurdly, of course,) as an imputation on the care of the examining surgeon. I have more than once known a company officer complain that a man was off duty for disease caught of such a girl, at such a time, and demand that she be sent to the hospital.
>
> 2. The women, who were at first rebellious, became quite reconciled to the system. I have known them to come to the hospital voluntarily, desiring to be examined for suspected disease.
>
> 3. It was self-supporting, the fees paying the expenses of the hospital.
>
> To-day the Nashville prostitute advertises herself in big gilt letters over her front door, before a blazing light, more conspicuously by far than were she enrolled in a police register, while purblind virtue and false morality stalk by and leave no other guarantee to society than the poor creature's own good sense that her house shall not become a focus of disease as disastrous as smallpox or diphtheria.
>
> In ten years, the surgeon general of the navy is authority for stating, the amount of venereal disease on the Asiatic station has fallen from 425.8 to 112 1 per thousand, a difference of 313.7 per thousand, due to the examination of prostitutes practiced at Hong Kong and in Japan, and the seclusion of infected women in Lock hospitals.

After the report the following resolution was passed, by a vote of 93 yeas to 28 nays:—

> *Resolved*, That the American Public Health Association earnestly recommends the municipal and State Boards of Health to urge upon the legislative bodies of this country the enactment of a law constituting it a criminal offence to knowingly communicate, directly or indirectly, or to be instrumental in communicating, a contagious disease, such as smallpox, scarlet fever, or venereal disease, and giving to the said Boards of Health, and to the State and municipal health officials under their control, the same power in the prevention, detection, suppression and gratuitous treatment of venereal affections, which they now possess in the case of smallpox or other contagious diseases.

In the *Southern Clinic* for Nov., 1880, an attorney at law, Mr. F. E. ANDERSON, has an able review, historical and critical, of repressive enactments considered strictly from a legal point of view. He maintains that they are strictly in the purview of the government of the States, and argues that it is the duty of the legislative powers to pass such acts as are necessary to the health of the community. He asks, how can a philanthropist oppose a movement which, if it cannot kill crime, yet can rob it of the sting of disease? The legislation that he would propose runs as follows:—

> That each corporation shall list the name, color and residence of each strumpet in its limits. It shall be a matter of police cognizance, with a municipal supervisory committee. There shall be one competent physician to each district. He shall examine each inmate of every house of ill-fame in his said circuit at least once a week. If he shall find any one unsound, he shall transfer her to a ward in the hospital, where she shall remain until a cure be effected. A stated tax shall be levied upon each prostitute, and the proceeds resulting therefrom shall be applied to defray all expenses arising therefrom. It shall be the duty of the person unsound to report to the committee, through the expert, the name of the one who may have infected her. If a medical examination sustain her charge, the accused, (unless he can prove an *alibi*) shall be fined and imprisoned. A false statement against one who is innocent shall be likewise punished; as shall also any disturbance of the public peace, in which case there shall be the usual powers of arrest.

This suggestion of a tax upon each prostitute has a jarring sound on some sensitive ears. It is called "licensing" prostitutes by the State; these innocents not being aware that all the public houses are regularly mulcted, as it is at present, only that the indirect tax they thus pay does not go into the public treasury, but into the pockets of the "force" and informers. Frightened by this bugaboo, the editors of the *College and Clinical Record* offer the following singular suggestion to legislators:—

> Upon the complaint of a man, supported by oath, that he was inoculated with venereal diseases by a certain woman, the said woman shall be arrested and sent to a hospital for examination. If the accusation is found to be true, she shall pay a fine of not less than twenty-five dollars into the State treasury, and be detained in the hospital until well. Moreover, the keeper of the house in which the disease was acquired shall be made to pay a fine of not less than one hundred dollars, or undergo three months' imprisonment in the county jail; and furthermore, the owner of the house or property in which said inoculation occurred shall be fined not less than two hundred dollars, which shall be a lien upon the property until discharged according to law.

Nothing could be more degrading than such a statute; nothing more cruel to these poor and defenceless women than to put them in the power of men base enough thus to swear publicly against them We shrink with horror from such suggestions. Shall no recognition be had of the fact that prostitutes are *human beings*, often friendless, ignorant, poverty-stricken, but not for that account to be harried by the worst and lowest class of males in a community, under the sanction of law?

A thoughtful and learned article on the subject appeared in the *Canada Medical Record* for Dec., 1880, from the pen of Dr. CASEY A. WOOD, physician at the Women's Hospital, Montreal.

The general principles which he advocates appear to us so temperate, judicious and suitable to the exigencies of the case that we indulge in a long extract from his article, the part which contains his suggestions to meet the difficulty:—

> Physicians should have power to communicate to the chief of police the names of those prostitutes from whom any of their patients has contracted disease. The medical man should satisfy himself that the patient is in a position to state positively when, where, and from whom, he caught the contagion, and that the female is in the habit of distributing her favors promiscuously or for money. Where there is any doubt about the last two points the suspected woman should have the benefit of it, but in the majority of instances the police would be able to settle the question satisfactorily. Having satisfied himself on these points the chief should have power to serve a notice on the woman to forward to him, within twenty-four hours, a certificate from a regular practitioner, of her being in a healthy state, or else, if she be a common prostitute, to present herself at the hospital for treatment. In case of those who are not "common," in the ordinary acceptation of the term, *i. e.*, who do not practice their trade openly, and do not live in brothels, it would be justifiable to accept a certificate from a regular practitioner that the woman is under treatment by him, and that he would use every means in his power to prevent her from cohabiting until she recovered. In this way (for all these proceedings would be kept secret, and neither the name of the male sufferer nor of the female patient would be divulged) scandal would be prevented in the case of occasional and otherwise "respectable female.
>
> For the other class, those who are generally recognized strumpets, neglect or refusal to furnish a proper certificate, or to undergo treatment

if diseased, would justify their arrest and forcible detention in special wards of the hospital for a time discretionary with the officials in charge. Action of this kind would encourage the voluntary system and leave coercion as a *dernier ressort.* It would incite women to apply for treatment at once, and not wait until they were compelled to quarantine themselves by the strong arm of the law. It would respect the respectable, but punish the guilty. Voluntary patients might be allowed to leave the hospital when they desired, but they should be warned that any attempt to return to their trade until fully cured would involve their semi-imprisonment in the "coercion" wards of the hospital, and cut them off from all the privileges of the voluntary side. Examinations should be made voluntary in a Dispensary attached to the hospital, and a small fee (in Hamburg, where the regulation system is in vogue, it is only a mark) should be charged. As soon as the intention of periodical examinations was known they would begin to be appreciated, and. in time, the great majority of the prostitutes in the city would be likely to present themselves for medical inspection. A larger fee might be charged for attending the prostitutes at their houses. Certificates of good health might be issued if asked for by the women, but it must be understood that they are not considered necessary. It would. of course, be out of the question to admit students to any part of the hospital except to the coercion wards. This portion of the institution, being in some sense a city house of correction, would have a good claim for civic support, and in that case might be overlooked by a local inspector. In the event of a hardened sinner persisting in spreading venereal diseases instead of applying to hospital for relief, and necessitating repeated arrests, it would be justifiable to have her registered and examined by the medical officer not less frequently than once a week. This would be a greater punishment to her, in view of the treatment of her other sisters in vice, than imprisonment.

To complete these suggested regulations, it ought to be made possible for an inmate of a house of ill fame to abandon her life of infamy free of any claim for board, liquors, clothes, etc., the brothel-keeper may have upon her. It is, of course, to the interest of procurers and keepers to exert as great an influence upon their stock-in-trade as possible, and for this purpose many of them try to keep the girls in debt, so that they are compelled to continue in their old ways. It would be a good idea, also, to subject brothel keepers to a heavy fine, if it be proved that they allow any of their women to remain in their houses after becoming diseased. The proceeds of such fines would go to defray the expenses of the hospital.

The advantages of the measures above specified recommend themselves, because: (1) the legislation involved is not a one-sided treatment of woman, as if she were made for man simply to gratify his lust upon; (2) they leave a way open to those erring ones who desire to reform; (3) women are not compelled, except as a last resort, to undergo a degrading periodical examination by public officers; (4) the system does not condemn to a life of hopeless infamy those who err temporarily, or who are seduced by designing men; (5) they provide for clandestine prostitution; (6) they are voluntary to a very great degree, and attempt to do by kindness what coercion has, over and over again, failed to accomplish; and, lastly (7) they do not violate the sanctity of private houses, as the system of forced registration is sure to do.

These suggestions are well matured, and appear to combine the necessary stringency without placing a too severe power in the hands of police or health officers, and it does away with the appearance of "licensing" prostitution, while yet it obliges it to contribute to its own protection against disease.

Standing almost alone, in reference to this subject, is Dr. F. Cadell, Lecturer on Syphilology in the Edinburgh Medical School. In a paper recently read before the Medico-chirurgical Society of Edinburgh, he took the ground that "Syphilis is not a sufficiently serious disease to require any special legislation." That a specialist in syphilis should advance this opinion, can only be explained by supposing that the disease, as he has observed it, has presented itself only in its milder forms.

From the above extracts and comments, it is plain that this question, equally important to the health and the morals of a community, is attracting the attention it deserves, and will certainly be brought, in one form or another, under the control of social law.

An interesting discussion of the general subject took place last August, at the International Congress of Hygiene. held at Milan.

Among the papers read at the special sittings of the Congress, was one by Dr. Catella, of Turin, on the legislative measures to be taken for the limitation of the spread of syphilis. A few of the speakers, as Dr. Pini, of Milan, would have us look to a general elevation of the moral tone of society rather than to repressive means. Some would endeavor to establish an international agreement, for the inspection of passengers--we suppose, endorsing their passports with the required certificate of freedom from disease (!)—while Dr. Da Cunha-Bellem, of Lisbon, would convert every medical man and chemist, every Government official and master, into an inquisitor, and every man and woman into an informer, until the disease had been chased from the face of the earth(!). The general feeling was, however, expressed in a resolution, which, leaving the enforcement of Contagious Diseases Acts, so far as regards prostitutes and soldiers, to the local authorities, but realizing the extent to which syphilis is spread by the sailors of the mercantile marine, called on the governments of Europe to combine in demanding a clean bill of health of every ship leaving or entering a port.

NOTES AND COMMENTS.

Epigastric Pressure in Obstinate Hiccough.

M. Deghilage, of Mons, we read, in the *Journal des. Sci. Med. de Louvain*, January, 1881, was called to a young lady suffering from very violent hiccough, with spasm of the glottis. The patient had been over an hour in this state and was unable to articulate a syllable. There was no fever, no signs of heart trouble; the only cause that could be assigned was, that the patient had the lower limbs chilled a few days previously, during her menstrual period. Inhalations of vinegar and Hoffman's anodyne, and the application of sinapisms had been tried, without effect. Recalling Rostan's precept for such cases, M. Deghilage applied the palm of the hand to the epigastrium, and exercised strong pressure; there was slight amelioration, the movements were less convulsive and the dyspnœa less intense. A large pad of linen was then applied over the epigastric region, and pressed strongly inward by means of a bandage passed around the body. In a very short time complete relief was obtained; the pad was left several hours in position, and when it was removed the symptoms did not return and have not since reappeared.

Carbolic Acid as an Antipyretic Agent.

M. Desplats, of the University of Lille, has presented a note on this subject to the Belgian Academy of Medicine.

Because of the antiseptic properties of carbolic acid, the author considered that it would prove of benefit in typhoid states, and has for the last three years administered it in typhoid and the various septic fevers. In his memoir he cites three cases where the acid was administered, generally in enema, commencing at the dose of ¼ gram of the acid to an enema.

In the first case the temperature, at 40.8° (Centigrade) previous to the administration of the enema, fell within the course of an hour to 39.8°. The next day ½ gram of carbolic acid was used in enema, and the temperature was reduced one degree and three-tenths in somewhat over an hour; during the night successive enemata were administered, each containing ¾ gram of the acid; perspiration always occurred in about 15 minutes after the enema was administered, and when this ceased (in somewhat over an hour generally), another enema was administered, and in this way the temperature was reduced before morning to 87.7°.

The same evening, however, the temperature had again mounted to 41° (C.); the enemata were repeated through the night, as before, and with like result; it was found necessary, however, to augment the proportions of carbolic acid. By this means the temperature was kept low, but whenever the enemata were neglected it soon mounted again.

The young man made a good recovery, as did also two other patients on whom the experiment was repeated. M. Desplats found that carbolic acid was tolerated in large doses, from five to twelve grams per diem in one case, ninety-one grams being administered from the second to the seventh of August, in another. He has drawn the following conclusions from his experiments: 1. Carbolic acid administered in sufficient doses has always the effect to lower the temperature. 2. The temperature may be kept low by repeated doses; the physician being thus able to modify à volanté the temperature. 3. The doses of carbolic acid ordinarily considered toxic are not so; the patient may absorb eight, ten, twelve grams without danger. 4. The rectum is the best way for the introduction of the medicament; more than two grams should not be administered in one enema, and this dose should be gradually reached, commencing with one-fourth of a gram.

Tardy Expulsion of a Dead Fœtus.

During the recent discussion in the Paris Academy of Medicine, on the imputrescibility of the dead fœtus while the membranes remain intact, M. Depaul cited the following case, of recent occurrence in his service:—

A young woman, twenty-two years of age, entered the service on January 25th, saying that after several rapid and convulsive movements, on December 24th, the fœtus had given no further signs of life; her breasts, which had become enlarged, went back, and the abdomen seemed to sink. M. Depaul found that the child was dead, but it was not expelled from the uterus until January 10th, that is, seventeen days after its death.

The epidermis was peeled off in several places; the bones of the head loose, as if dislocated; the cord of a dark-red color, but not the least sign of putrefaction was present.

M. Depaul denies that a fœtus dead under these conditions, with the membranes intact, is a source of danger for a twin or for the mother. He holds that when a child thus perishes the circulation of its department is interrupted, the vessels are obliterated, and the blood of a living twin cannot then penetrate into the vessels of the dead fœtus.

SPECIAL REPORTS.

VI.—ON ANÆSTHETICS.

A variety of interesting matter on anæsthetics and their uses has appeared in the journals during the last six months, besides the two recent and extensive treatises of Turnbull, in America and Rottenstein, in France.

Relative Action of Anæsthetics.

It is, perhaps, known to most readers that in 1877 a committee was appointed by the British Medical Association to investigate the action of anæsthetics. A complete account of their investigations from that date down to the present time is printed in the journal of the Association for December 18, 1880. It is long and thorough, giving a complete account of the various substances alleged to have anæsthetic effects, and especial investigations into ethidene dichloride, chloroform and ether. Their respective influence on the pulse-respiration ratio, on blood pressure and on pulmonary circulation, are set forth. Space does not permit us to give even an abstract of these important studies, but the *practical rules* with which the Committee concluded their report are too valuable to be omitted.

They are as follows:—

1. It is not only necessary to watch the effect of the anæsthetic upon the pulse, but it is also requisite to have regard to the respiration. We must not only take into account the danger of sudden stoppage of the respiration, but must also remember that, in the event of abnormal increase of respiratory movements, it may become essential, for the safety of the patient, to temporarily discontinue the administration.

2. Owing to the tendency of chloroform and ethidene—particularly chloroform—to reduce the blood pressure suddenly, not only during the administration of these agents, *but also after they have been stopped for some little time* (a source of serious danger), it is necessary for the person who has charge of the administration of the drug to be on the lookout for symptoms of this occurrence, both during the time the agent is being given, and for some time after the patient has recovered from its more evident effects.

3. The danger of death from stoppage of the respiratory functions, must be borne in mind in every case in which anæsthetics are given; but, of perhaps greater importance is the danger from interference with the proper action of the heart—particularly when it is remembered that, by artificial means, we can combat the former contingency. It might even be advisable, in certain cases, to introduce a tracheal tube by the mouth, so as to enable us to force air into the lungs by means similar to those adopted in experiments with animals; or, in circumstances where such a procedure was impracticable, tracheotomy might be performed, with the same object in view. Artificial respiration should be continued, even though all evidence of cardiac action has ceased.

4. As regards comparative danger, the three anæsthetics may be arranged in the following order: chloroform, ethidene, ether; and the ease with which the vital functions can be restored may be conversely stated, thus: the circulation is more easily re-established when its cessation is due to ether than to ethidene; and when the result of ethidene, than when chloroform has been used. The advantages which chloroform possesses over ether—in being more agreeable to the patient and more rapid in its action, in the complete insensibility produced by it, and the absence of excitement or movements during the operation—are more than conterbalanced by its additional dangers.

5. The chief dangers are: (1) sudden stoppage of the heart; (2) reduction of the blood pressure; (3) alteration of the pulse-respiration ratio; (4) sudden cessation of the respiration. The danger with ether approaches from the pulmonary rather than from the cardiac side—so that, by establishing artificial respiration, we have a means of warding off death. Its disadvantages are to a great extent, obviated by the use of ethidene; while the dangers of chloroform are also reduced to a minimum.

Suggestions for the Safe Administration of Anæsthetics.

A suggestion to render the administration of chloroform safe, is made by Dr. A. Crombie, in the *Practitioner*, Dec., 1880. He begins the chloroform in the usual way, by inhalation, and immediately injects, with the hypodermic syringe, twenty minims of the officinal solution of muriate of morphia. This greatly prolongs the anæsthesia, so that a very small quantity of chloroform suffices to keep it up afterward, half a drachm to a drachm being usually enough to keep the patient insensible for thirty to forty-five minutes. In long and difficult operations, especially about the mouth and face, this is no small advantage; thus, in removing the right upper maxilla, Dr. C. was enabled nearly to complete the operation without the further administration of chloroform from the time that the patient was declared "ready." Vomiting is rarely seen when this method is followed. Chloroform asphyxia also seems to be prevented. In 600 cases, Dr. C. has only once seen it, and in that instance some of the usual precautions had been neglected. Paralysis of the heart, too, is less apt to happen, the risk of the occurrence of this accident, and of asphyxia as well being lessened in proportion to the smallness of the dose of the anæsthetic required to cause and reproduce the anæsthesia. It is pointed out that this method makes chloroform as safe to use as ether; and that in tropical countries, especially India, where operations have to be performed at a temperature very little below the boiling point of ether, there is practically no choice of anæsthetics.

This suggestion, however, and similar ones for combining anæsthetics with opium preparations meets a critic in Dr. E. H. Jacob, who writes to the *British Medical Journal*, in January of this year, the following warning:—

> May I utter a word of warning on the combined effects of ether and opium? Several cases have recently come to my knowledge—the details of which, I hope, will soon be published—in which death followed a short time after the administration of ether to patients under the influence of opium. In the table of deaths from ether, which you have just published, out of six cases in which death could be directly attributed to the anæsthetic, two were cases of hernia; and, therefore, most probably under the influence of opium. Whether it be a case of this kind, or morphia be given subcutaneously, in order to obtain the benefits of "mixed anæsthetics," ether is not without danger; and the patient should be carefully watched, after the operation, till complete awakening has taken place. In the recent volume of Billroth's *Deutsche Chirurgie*, which is devoted entirely to anæsthetics, Dr. Kappeler, from an experience of twenty-five cases, speaks strongly against the practice of mixed anæsthesia by morphia and ether; but allows that by morphia and chloroform to be open to less objection. Whether death occurs by the ether deepening the morphia narcosis, or by the morphism preventing the patient from clearing his bronchi from the secretion provoked by the ether, I will not undertake to say. It appears to me to be a very proper question for physiological experiment. Similar warnings have been uttered before against this form of "mixed anæsthesia;" but I do not think public attention has been called before to this explanation of deaths in hernia operation under the use of ether.

Dr. E. L. Hussey, in the London *Med. Times and Gazette*, Dec. 18, inveighs strongly against the use of the towel or napkin. Referring to a fatal case, in that country, he writes:—

> It is impossible to resist the conclusion that in many of the unfortunate cases which have been under public notice the patient lost his life through carelessness: that, in fact, he was smothered with the apparatus in which the anæsthetic was given. In this case from America we have again the story of the towel. It is the same in almost all the fatal cases: a towel, a napkin, a fold or two of lint, is used; something, in short, which of itself is a bar to the natural process of respiration. The symptoms which precede the stoppage of the pulse and the breathing are not always reported completely; perhaps they are not always observed. Artificial respiration fails to restore life.

A well made *inhaler*, he believes, should always be employed.

A combined method of administration is recommended, for its convenience and safety, by Mr. Woodhouse Braine, F.R.C.S., in the *British Medical Journal*, December, 4. He writes:—

> The quickest, and, in my opinion, the best, method of giving ether is to administer nitrous oxide till the patient is completely anæsthetized, and then to change the face-piece without allowing the inhalation of any air whatever. During the first few respirations the larynx resents the ether-vapor, and they are somewhat jerky and spasmodic; but the larynx soon becomes accustomed to the irritant, the breathing becomes full, easy, and regular, and there is a complete absence of struggling. When the struggling does occur, the movements are generally referable to dreams which the patient is having; and when he wishes to alter the position of his limbs, or to sit up, in pursuance of the nature of his dream, forcible prevention only makes him struggle more violently to accomplish his object, which, if effected in the first place, would have had no practical result, and he would have dropped back into the former recumbent position of his own accord. Should this struggling take place, no attempt should be made to hold the patient in any one position; his limbs should be allowed to move about freely, and he should be permitted to sit up, if he desire to do so—only preventing him from pulling off the face-piece.
>
> But, in addition to the trouble saved by not having to hold a patient, the risk of a fatal result, especially when administering chloroform, is much less; for, if the patient be allowed to move freely, the heart has comparatively little work to do, compared with the strain on it which exists when it has to drive a column of blood through vessels which have rigid muscles on each side of them; and, again, this very struggling increases the venous flow, and tends to gorge the heart with venous blood.

Anæsthesia by Rapid Breathing.

It is well known now that by increasing the number of respirations up to one hundred or thereabouts per minute, teeth have been extracted and other minor surgical operations performed without pain.

A case in point is reported by Surgeon Major

Harman, in the Baltimore *Medical Journal*, Dec. 11th. He writes:—

> I was fortunate enough yesterday to have an opportunity of adopting the new method of analgesia in cutting out a fatty tumor, of the size of a small walnut. from over the anterior upper fifth of the tibia. The leg, only grasped by a hand at the ankle, did not move throughout the dissection over the tender region of "the shin." The patient, who was nervous, very anæmic, and debilitated from the effects of severe ague, avers that "he felt nothing except the stitching;" and I could not have ventured to use chloroform, being alone; the patient's condition also rendering this anæsthetic unadvisable.

The explanation of this curious fact appears to be that excessively rapid breathing disturbs the action of the system in such a way that oxidation is impaired and carbonic acid is increased unduly in the blood, to the extent of producing its characteristic benumbing effects on the sensory nerves. Some experiments illustrating this were reported by Prof. H. C. Wyman, M.D., of the Detroit Medical College, in the Detroit *Lancet* for Feb., 1881. One of these was as follows:—

> A small terrier was fastened to a table, a small tracheotomy quickly made, without anæsthetic, the nozzle of a close-working Davidson syringe introduced into the trachea, and air was forcibly driven into the lungs. The chest was quickly distended and soon all efforts at respiration ceased. An incision made in thigh to examine crural artery and nerve, which was strongly pinched, elicited no wincing. The crural artery was found pulsating, demonstrating that circulation, so far as heart factor was concerned, was normal. With syringe nozzle in trachea, cries, as result of pinching crural nerve were of course impossible, but the spasm of muscle usually observed when nerves are irritated were absent. Next, the nozzle of syringe was withdrawn, and while there were yet no respiratory movements, an awl was thrust through the skull upon the fifth nerve, the trunk broken, as manifested by change in pupil, but no cries or other signs of pain were noticed, notwithstanding. This is known to be one of the most painful vivisections. The dog after a few minutes recovered respiratory movements, but in the course of half an hour had several epileptic seizures. Twenty-four hours later he was dead. Autopsy showed that the pons had been broken by the awl, and that there was considerable extravasation of blood about the medulla and cerebellum. Clearly, death was not due to the artificial inflation of the lungs.

The Protoxide of Nitrogen.

Interesting studies have recently been made on the protoxide of nitrogen. The recent researches of Golstein and Zuntz, conducted in the laboratory of Pflüger, have shown that a complete narcosis is only produced and maintained with protoxide of nitrogen in the absence of oxygen; that is to say, it is the combination of asphyxia with the respiration that produces complete narcosis; and they have shown that the pressure of blood, and the frequency of blood and the heart-beat, change under the influence of the respiration of protoxide of nitrogen in the same manner as under the frequency of asphyxia by suffocation.

These researches have been modified by the now well known experiments of Dr. Paul Bert, of Paris, who has succeeded, by making the patient breathe in an apparatus where the pressure is carried as high as two atmospheres, in enabling him to respire a mixture of protoxide and oxygen under such pressure as enables him to obtain complete anæsthesia, while maintaining in the blood the normal quantity of oxygen. To enable a sufficient quantity of the gas to penetrate into the organism to produce a complete insensibility, it is, according to M. Bert, indispensable that the tension of the gas be equal to one atmosphere. It is sufficient to augment the pressure under which respiration of the gas is carried on by one-fifth of an atmosphere, and to cause the patient to inspire a mixture of five-sixths of protoxide of nitrogen and one-sixth of oxygen, to obtain complete anæsthesia without asphyxia. For this purpose a special apparatus has been constructed, which is formed of a diving-bell, under which operations are carried on with this method of mixed anæsthesia for prolonged periods of an hour or more—the operator, the patient and his assistant being all enclosed in the pressure chamber.

A full account of these experiments can be found in the work recently published at Paris, *Traité d'Anæsthésie Chirurgicale*, by Dr. Rottenstein.

All persons are not subject to the anæsthetic influence of nitrous oxide. At a meeting of the Odontological Society of Great Britain, in December last, Mr. George Lyddon read notes of half a dozen* such cases. One, a clergyman, apparently healthy, though he suffered severely from dyspepsia, and engaged in the active duties of his profession, took the gas; he exhibited no signs of nervousness whatever, but inhaled it freely and well. After taking a considerable quantity he declared it was having no effect upon him; and, as this was evidently the case, the attempt was abandoned, and the teeth were extracted without the use of any anæsthetic. Mr. Lyddon estimated that the patient had inhaled about twenty gallons of the gas, but it had no more effect upon him than if it had been common air. The apparatus appeared to be in perfect order; it acted quite satisfactorily with the next patient operated on, and Mr. Lyddon could not give any satisfactory explanation of the failure.

Treatment of the Anæsthetic Narcosis.

Several novel or partly novel plans of treating the narcosis have been mentioned. Professor Schirmer mentioned a simple one in the *Centralblatt für Augenheilkunde*, last year. This method consists in *irritating the nasal mucous membrane.* It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any other part in narcosis, and that reflexes may be induced through this nerve when other irritations fail. Professor Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper into ammonia.

Dr. F. W. P. Jago (*British Medical Journal*, December 11th, 1880), thinks that it would be proper to try *acupuncture of the heart*, by introducing a needle between the ribs near the apex of the heart, and pricking it slightly. He thinks it would not be dangerous.

Another plan he refers to is by *percussion of the heart.* He gives this instance :—

> Some time ago, a dentist, who had given bichloride of methylene, sent for me. I found a young and very healthy-looking woman lying back, insensible, in the dentist's chair. The pulse and respiration had ceased for so alarming an interval that her case looked very bad indeed. Holding her wrist, to feel her pulse, it occurred to me to give her one *sharp, very sudden* blow with my knuckles over the region of the apex of her heart. This appeared to produce the desired result: the patient gasped, drew a good inspiration, and a pulsation was at once felt at the wrist. But this is only one case; and, as one swallow is no proof of summer, it may not be a true instance of cause and effect after all; yet I feel sure that that sharp, rapid blow over the apex of the heart saved the patient's life.

Following this suggestion, another correspondent proposes stimulation by "Corrigan's button," a button-shaped piece of metal heated in hot water and applied momentarily to the cardiac epigastric regions.

Special Anæsthesias.

Anæsthesia of the Larynx.—At the International Laryngological Congress, at Milan, last summer, M. Rosbach explained his method of anæsthetizing the larynx. It consisted of the hypodermic injection of 6 milligrams of morphia on both sides of the larynx, at the point of entrance of the superior laryngeal nerve. M. Krishaber doubted whether a local anæsthesia could be obtained by so weak an injection; the effect was more probably due to the general action of the medicament. He himself had only once had occasion to produce anæsthesia in a case of polypus of the larynx, without, however, finding any satisfactory result follow.

A solution of carbolic acid and chloral hydrate applied with a towel is now popular in England.

Anæsthesia during Operations on the Mouth.—In the *Lancet*, November, 1880, page 813, Dr. Macewen reports the fourth of a series of cases where, in a man, aged 45, he had excised a cancerous tongue, giving chloroform by a tube introduced through the glottis. The tube projected several inches beyond the mouth, and the anæsthetic was given continuously without interfering with the operator.

Mortality From Anæsthetics.

A list of deaths from anæsthetics, which occurred in the decade 1870—80, in Great Britain, printed in the *Brit. Medical Journal*, Dec. 1880, shows :—

From chloroform	101
" ether	11
" chloroform and ether	7
" methylene	10

This table does not, however, tell so hardly against chloroform as appears at first sight, as it must be remembered that chloroform is much more popular in England than is ether; and if we suppose it is ten times as much so, then the mortality from the two would be nearly the same. As to just in what proportion it is given, there is no means of knowing.

According to a letter in the same journal, from Dr. Jacobs, chloroform in England is fatal, at the most, once in 3000 cases. Considering how carelessly it is often given, this is not a high mortality. But it does not, as some seem still to think, depend altogether on carelessness. Thus a fatal accident occurred at Vienna (*Allg. Wiener Mediz. Zeitung*, No. 48), in the *klinik* of Prof. Billroth on the 25th of November. An exceedingly anæmic patient, fourteen years old, who was subjected to deep narcosis for the sake of rectifying a spontaneous luxation in the left hip-joint, after he had endured osteo-myelitis in the right lower extremities, died suddenly, and could not be resuscitated, in spite of all efforts. The narcosis was produced in the manner usual there, by the inhalation of a mixture of chloroform, ether, and alcohol (100 : 30 : 30). Probably the patient was too anæmic to support the change in the blood from the anæsthetic mixture.

Prof. Brown-Séquard has lately shown, as we see in the *Gazette Hebdomadaire*, Nov., 1880, the possibility of killing animals in perfect health by applying chloroform to the skin. He found that in all cases in which that liquid had induced loss of consciousness, anæsthesia, and a notable diminution of the temperature, of the movements of the heart, and of the respiration, death may be certainly produced by continuing to pour chloroform on the skin. Animals may almost always be placed in this dangerous condition of stupor and general resolution which will lead to death if the application of chloroform be continued. Some animals, however, have proved refractory, but even in these a portion of the phenomena which are generally produced is observed.

Anæsthesia in Labor.

This is discussed by Dr. Reed, in the Detroit *Lancet*, December, 1880. Dr. Reed does not commence the use of the anæsthetic before the os is dilated to at least the size of half-a-crown, before which the woman will bear her pains with but little complaint. He has found that the danger of delay in labor is much more liable to occur from the use of an anæsthetic too early in labor, than from the too free use of it after labor has advanced. It may be laid down as a rule before commencing the use of an anæsthetic to give a dose or two of the fluid extract of ergot, which will not only facilitate the uterine contractions, but act as a safeguard against any tendency to hemorrhage. He has lately used quinine in from three to five grain doses, or the two combined, and has obtained invariably good results. Dr. Reed prefers the following mixture as the best and safest anæsthetic to use:—

℞. Chloroform, ℥ ij
Sulphuric ether, ℥ ij
Absolute alcohol, ʒ j.

The subject was discussed last fall by the St. Louis Obstetrical Society, and considerable difference of opinion elicited. In the *Obstetrical Gazette*, Jan. 1881, Dr. D. M. Culver, of Indiana, believes that an anæsthetic often weakens the labor pains. He writes:—

> I advise young physicians to use anæsthetics only in extreme cases—threatened convulsions or manual delivery—and let natural labors rest with nature's aid. As to ether, I deem it as unsafe as chloroform. I am satisfied, after considerable experience with it, that there is more danger of paralysis of the lungs from its use than from chloroform, and I *know* that it is better calculated to embarrass the physician than chloroform, for its effects are not so quick nor so complete.

Generally speaking, there can be little doubt but that chloroform, properly administered, is the better anæsthetic in labor.

Anæsthetizing During Sleep.

Dr. J. N. Quimby reports, in the last volume of the *Transactions of the American Medical Association*, some experiments to ascertain if a person can be chloroformed during sleep. He found no difficulty in doing so, and reaches the conclusion that any one moderately skilled in giving the anæsthetic can do so without waking the patient. This demonstration has important medico legal bearings; and also, as he suggests, it may be advantageously employed with children and nervous persons, thus avoiding the excitement and unpleasant anticipations they have of the operation.

CORRESPONDENCE.

Corrosive Sublimate from Calomel.

ED. MED. AND SURG. REPORTER :—

I notice in your issue, February 19th, an answer by H. W., of Ohio, to the query of J. G. Jr., of Alabama (in reference to effect of calomel administered with chlorate of potash), which relates a case of poisoning by tinct. ferri chlor., et potas. chlor. given soon after a dose of calomel.

If H. W., will reflect, I think he will conclude that the tinct. ferri chlor. formed with the calomel the poisonous bichloride of mercury. Chlorate of potash parts very reluctantly with chlorine, but more readily with oxygen. Some nine years ago I left calomel and chlorate of potash to be given to a baby every hour, alternately. During the day, while thinking over the child's sickness, it struck me that I had given medicines that were not only incompatible, but poisonous, to the child; and, as fast as my horse could take me, I repaired to the place (much to the family's surprise), and found the child—better.

For arsenic poisoning, a very handy and efficient antidote can be made, by adding baking soda to dilute tinct. of iron, forming sesquioxide of iron, and common salt. This illustrates how readily ferric chloride adds its chlorine to another substance. C. H. SHIVERS, M.D.

Haddonfield, N. J.

Chloral in Poisoning by Strychnia.

ED. MED. AND SURG. REPORTER :—

On the night of 2d instant I read and studied with interest and care the article of Dr. Kane, on Chloral in Cases of Strychnia Poisoning, the more so as, about two years ago, I had great difficulty in relieving an accidentally poisoned patient, who supposed it to be quinine. It was done, however, by bromide of potassium and fluid extract gelseminum. A persistent and torturing neuralgia followed this case for weeks afterward, mostly confined to the head and intercostal muscles.

About 4 P.M., 3d instant, a messenger came hurriedly to my office door, urging immediate attendance on a young lady friend of mine in the outer limit of town. Our pastor met me with blanched face, saying, "She has taken strychnine."

She had gone through one fearful convulsion, and as I entered the room went into another, the most horrible I ever saw, her perfectly empurpled countenance and faintly gasping respiration indicating apparently the death struggle. Just balancing for awhile, the tide of life began again to flow. To the emetics already given I gave more, as soon as practicable, and a hypodermic of ¼ grain of morphine, to steady her, and ordered at once, from the apothecary a solution of chloral, and another of bromide of potassium. In thirty minutes' time I had it, and gave her thirty grains of each. Just as she swallowed it, another convulsion came on, which lasted just fifteen minutes, gradually becoming milder towards its close, as the antidote began to do its work. As soon again as she could swallow, I gave thirty grains more of chloral, after which there were no more convulsions. At six I left her, with proper instructions with a capable nurse, who reported frequent vomiting during the night, but not even a rigidity; oil was ordered at 7 A.M., 4th. This finished the treatment: next day she was up, only complaining of soreness. This timid and sweetly disposed girl had been melancholy for three months, grieving for her dead mother. Supposing it to be morphine, and "desiring to go into a sleep from which she would never wake," she took not less than three, probably, five grains of strychnia. It may be interesting to note the fact that this poison had been lying in a paper in a drawer for certainly twenty years, and had lost none of its medicinal properties.

EDWARD H. SHOLL, M.D.

Gainesville, Ala., Feb. 17th, 1881.

Pathology of Tubercle.

ED. MED. AND SURG. REPORTER:—

In the *Transactions* of the American Medical Association, page 344, paragraph 10, I read:

"Tubercle is a secondary product—a result from embolism, *caused by thrombi of fibrin filaments*—of the massal corpuscles, and from the mechanical and chemical effect of the embolism on the nutrition."

Please have the paragraph so worded that the ordinary reader may be enabled to grasp the idea. Being interested in the subject matter, the inquirer is anxious to thoroughly understand what has been written. J. W. C. O'NEAL, M.D.

Gettysburg, Pa.

[We shall be glad to hear from Dr. Ephraim Cutter, the author of the article quoted from, a more extended explanation of this somewhat mysterious definition. ED. REPORTER.]

NEWS AND MISCELLANY.

The Bellevue Hospital Medical College Weakens.

We have received, with regret, a circular from the Faculty of the Bellevue Hospital Medical College, New York, of which the following is an extract:—

"The experience of the session of 1880–81 has led the Faculty reluctantly to the conclusion that to persist in the requirement of attendance during three courses will be to incur a risk, as regards the interests of the college, which they do not feel justified in assuming; and the purpose of this announcement is to state that, after the present session of 1880–81, attendance during a third session will be optional, and not obligatory. This college, like most American medical colleges, is self-sustaining; and the special provisions for instruction, which have been and will continue to be maintained, call for a large expenditure of money, as well as of time and labor. With an undiminished desire to continue the requirement of three sessions, and with not less willingness than heretofore to make whatever personal sacrifices may be necessary, the Faculty feel obliged, by a proper regard for the prosperity and usefulness of the college, to return to the requirements for graduation which were in force prior to the session of 1880–81."

We have observed that there has been less "push" in Bellevue in the last few years; less advertising, diminished announcements, etc.; and this, no doubt, in part explains the failure. It is lamentable, for all that.

Northern Medical Association, Philadelphia.

The following is a list of the officers of the Northern Medical Association elected for the year 1881:—President, Dr. Jas. B. Walker. Vice President, Dr. Henry W. Rihl. Treasurer, Dr. E. E. Montgomery. Recording Secretary, Dr. I. G. Heilman. Corresponding Secretary, Dr. J. T. Eskridge. Reporting Secretary, Dr. L. Brewer Hall. Counsellors, Dr. N. L. Hatfield, Dr. Wm. M. Welch, Dr. L. Brewer Hall, Dr. Robert J. Hess, Dr. E. R. Stone.

QUERIES AND REPLIES.

Dr. J. A. B., of Pa., inquires (1) whether it would injure the medical quality of dialysed iron to freeze.

We have referred the question to a distinguished pharmacist, who is of opinion that it would not injure it. (2) Muriate and carbonate of ammonia may be palatably compounded with syrup and strong mint water.

Dr. H. P., of Tenn.—Mr. Dacre Fox has not published any separate work on his treatment of sprains. The extract you refer to was made from a paper before a Medical Society.

Size of Brains.

Dr. N. L. Folsom writes that the brain of D'Arcy McGee, who was assassinated in 1868, weighed fifty-nine ounces.

Student.—Iodine has quite recently been recommended in carbuncle, by Dr. H. L. Snow, an English physician. He paints night and morning around the edge of the anthrax, and covers the whole with a linseed poultice.

MARRIAGES.

MILLER—GAINES.—At Geneseo, Ill. on Thursday, January 20th, by the Rev. Albert Bushnell, Robert W. Miller, M.D., of Guthrie, Iowa, and Miss Lucy A., youngest, daughter of Nelson Gaines, Esq.

DEATHS.

CHAPMAN.—In New York, at the New-York Hotel, Feb. 19, Geo. H. Chapman, M.D.

HART.—In this city, on the morning of the 19th inst., Harry O. Hart, M.D., in the fifty-third year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1254.] PHILADELPHIA, MARCH 12, 1881. [Vol. XLIV.—No. 11.

ORIGINAL DEPARTMENT.

LECTURE.

TREATMENT OF TYPHOID FEVER IN CHILDREN.

Delivered at Hôpital des Enfants Malades (Paris),

BY M. JULES SIMON,

Physician to the Hospital.

Translated for the MEDICAL AND SURGICAL REPORTER.

The treatment of typhoid fever in children differs essentially from the treatment instituted for the adult. No dependence can be placed on active medication, or on any special remedy; a series of indications exist, however, which must receive proper attention.

These may be summed up in the phrase, Sustain the vital forces; excite or calm the nervous system according to the state of the patient; seek to recall the cutaneous functions. During the first days the use, in abundance, of mild emollient drinks, is plainly indicated.

Acidulated drinks are to be preferred, as they are refreshing and most agreeable to take. This will suffice, at first, but after four or five days the administration of alcoholic preparations may be commenced. Alcohol, as you all know, acts as an excitant in certain doses, but on the other hand it is a well established fact that in disease accompanied by high fever it lowers the temperature and sustains the rapidly failing vital forces. The form under which alcohol is administered matters little; brandy, rum, or Madeira wine may be indifferently employed, proper attention being, of course, paid to the dose administered.

During the first period of the malady the child is, as a rule, constipated; but the scene soon changes, intestinal hypersecretion supervenes, and diarrhœa, accompanied in some cases by violent colic. In such cases, emollient fomentations should be applied over the abdomen, and enemata administered, containing two or three drops of laudanum, for a child from five to seven years of age. After two or three days of such treatment, and often sooner, the abdominal pains will become less intense and the meteorism less marked.

Every three days a small dose of some mineral purgative water may be given, not with the object of purging the little patient, but in order to clean out, as it were, the digestive tube.

Every day enemata of water, containing, if desired, some antiseptic substance, may be administered. In order to excite cutaneous secretion, the whole body should be sponged with lukewarm water containing a little aromatic vinegar.

Cold baths should not be employed in the treatment of infantile diseases; moderately warm baths give equally good results, without presenting the dangers of immersion in cold water. The patient should, if possible, be moved from one room to another, morning and evening. The object of this practice is to prevent the prolonged sojourn of the infant in a room where the air is poisoned by the excretions and exhalations engendered during the course of the disease. The most absolute silence, and a darkened room, free from inopportune visitors, will prove of benefit. The diet should be very mild, milk and broths being the staple articles used for the alimentation of the patient.

To sum up, the treatment of ordinary typhoid fever, running its course without notable complications, should consist in directly sustaining the forces by a milk diet, with broths and alcoholic preparations; and indirectly by diminishing the intestinal secretions and combating the active principle of the disease by washing out the digestive tube, by frequent change of air, etc.

TREATMENT OF COMPLICATIONS.

1. *Abdominal Symptoms.*—When abdominal symptoms are spoken of, super-purgation and intense abdominal pains are generally understood. The absorbents and mild astringents should be employed in such cases; as much as ten grams of creta preparata per diem may be administered in a mucilaginous julep, or four grams of subnitrate of bismuth in sweetened water. Enemata of starch, containing four or five drops of tinct. opii, may be administered; the dose of opium being gradually but cautiously increased.

In conjunction with this treatment emollient poultices should be applied over the abdomen, but the diarrhœa may possibly not be arrested for four or five days.

2. *Thoracic Symptoms.*—The most frequent are generalized bronchitis and congestions of both lungs. Emetics should, in general, be avoided. Ipecacuanha, senega, and the preparations of antimony should not be employed. All these medicaments would but depress the vital forces of the patient, if they did not even destroy him.

Dry cups may be applied over the chest, morning and evening; this is a simple, but powerful, means of revulsion always at the disposal of the physician.

Insist on the alcoholic preparations, which you may prescribe at the dose of twenty or thirty grams per diem, adding, if necessary, a small quantity of extract of quinquina.

If dyspnœa should become very urgent, a flying blister should, without hesitation, be applied on the chest, and should be left about three or four hours in situ, but never more than five or six. Thus applied, it will suffice to produce irritation of the skin; after its removal a large warm cataplasm may be applied, to aid in bringing about the serous effusion under the epidermis. We should not deprive ourselves of an agent of great power, particularly in children, in the dread of producing an eschar; it is true that this accident happens more frequently in typhoid fever and in cachectic conditions of the system, but its occurrence may always be prevented by removing sufficiently soon the blistering agent.

3. *Cerebral Symptoms.*—These are the symptoms against which therapeutic agents have least power. If the child presents symptoms of great cerebral excitation, chloral may be administered in the dose of one or two grams, or an enema, containing one gram of chloral, one gram of camphor, and the yolk of an egg, may be prescribed. Bromide of potassium should be given only as a last resource, and never for more than two days, consecutively.

4. *Hemorrhage.*—Intestinal hemorrhage during the course of typhoid fever is rare in children; epistaxis is of more frequent occurrence. There is one simple mode of arresting hemorrhage from the nose, which generally proves efficacious. Agaric is cut in long strips, about half an inch in width; these are introduced as deeply as possible, until the nostril is filled; then another is applied transversely across the external opening, and the whole is kept in place by a roller passed around the head. Sometimes it is necessary to saturate the agaric in tincture of ferri perchloridi.

Plugging the posterior nares with the aid of Belloc's instrument should be avoided; it is very difficult of accomplishment, on account of the restlessness of the child; it induces nausea and gives no better results than the other method.

When hemorrhage from the intestine occurs, administer two drops of tr. ferri perchlor. every half hour or every second hour. If this does not suffice, give cold drinks, place compresses wrung out of cold water on the abdomen; internally give pounded ice, which, when mixed with pulverized sugar, is taken without repugnance.

5. *Accidents through Compression.*—Redness and eschars are induced on the parts which support the weight of the body; they appear ofteneat on the sacrum. An attempt should be made to prevent these accidents; the pelvis of the child should be supported on an air pillow about two-thirds filled; the parts should be sponged with an infusion of oak leaves, or with some other astringent preparation.

We will conclude with a brief mention of the treatment appropriate to grave forms of typhoid fever.

In *ataxo-adynamic* forms, characterized by delirium with prostration, a blister should be immediately applied to the back of the neck; and when the first has become dry a second may be applied in the same place.

Finally, in *adynamic* forms, in those accompanied by much prostration, tonics and substances acting as stimulants to the nervous system must be insisted on. If necessary, the patient may be plunged into a cold bath; a few seconds' immersion produces remarkable excitation; but this is a means which should be employed only after having in vain tried all the others.

COMMUNICATIONS.

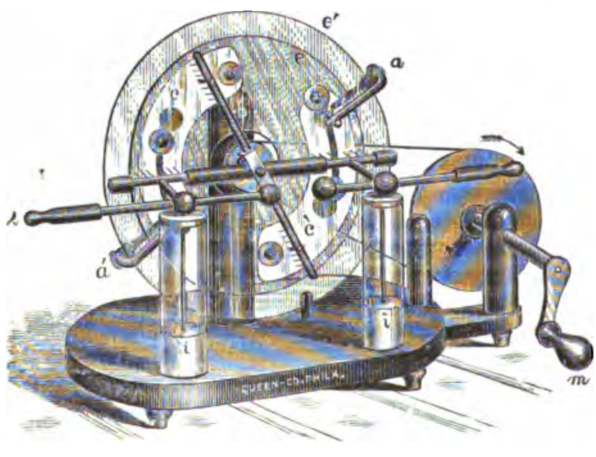
ON THE TREATMENT OF NEURALGIA BY STATIC ELECTRICITY.

BY WM. R. D. BLACKWOOD, M.D.,
Physician to St. Mary's Hospital, Philadelphia.

The varied list of diseases falling under the care of the profession renders labor and responsibility more or less irksome, according to their gravity; and although acute cases are, as a rule, exceedingly troublesome at times, it is seldom that a critical condition in these instances extends beyond a few days at furthest, or, as generally prevails, a few hours. Chronic affections, on the contrary, from their persistence, are the bane of practice, and none of them present greater difficulty in management than the neuralgias so commonly met to-day in all parts of the land and in all classes of society. An additional matter of note in this connection is found in the fact that while an attack of one or other form of neuralgia is at its height, the patient is, in all respects, in a condition akin to that found in the most acute malady of other types, demanding as much the personal attention of the physician, and even more so, in the majority of instances. This is notably true since the hypodermic system of medication has become universal, and the demand upon the practitioner's time and services has been largely augmented by the inherent necessity of the method, although the reprehensible example has been set by thoughtless members of permitting or encouraging patients to employ the syringe themselves, a fault chargeable with an amount of injury which would hardly be believed by some of these easy-going gentlemen. It is difficult to parallel, for example, the agonizing pain present in the facial neuralgias, notably the epileptiform or central neuralgia of Trousseau, which is almost beyond the ability of human endurance; yet how frequently is this evidenced in the most delicate ladies; and how sad their condition until the paroxysm is absolutely drowned out by morphia; and reflect that the demand for this drug in increasing doses, in time, too often fixes a habit more dangerous than the original disease, and one in itself more baneful, as destroying, in the long run, the mental and bodily health alike, while it may be, at best, only keeping the enemy in check, but not removing it.

Let those who have had a large share of hemicrania, spinal, facial, cervico brachial, intercostal, lumbar, or sciatic neuralgia, revise their cases and determine the percentage of *recoveries*, despite the multitude of specifics of every type, from the oldest to the latest born, with which we are favored from time to time by enterprising manufacturing chemists. It will possibly abash the inquirer (depending somewhat on his temperament to find how many sufferers have wandered from him to his confreres; or in the instance of his regular families, who stick to him through thick and thin, to learn how transient the relief has frequently been, and how often and continuously the patient has required his aid in years gone by. The simple truth about neuralgia is, that the greater part of successful treatment lies in the direction of mitigation, not cure. The reflex neuralgias, such as from decayed teeth, and such like easily removed factors, are, of course, excluded from consideration. It is worth while, therefore, to look further into our therapeutic resources, to learn whether or not during time fruitlessly spent in trial of new remedies, we have not overlooked those which in the past have done good service, but which in the march of fashion in medicine, as in everything else, have been set aside and forgotten. Attention has been called, in the REPORTER, by the writer, on several occasions, to the value of the galvanic and faradic currents in nervous diseases, with illustrative cases, and it has been a pleasure to learn, by letter, from far distant members of the profession, that through the interest thus evoked they too have succeeded in frequent examples where before the employment of this invaluable ally their best skill was baffled. With the design of extending the remedial resources of this agent, attention is asked briefly to one form literally unknown to the mass of the profession in its therapeutic aspect—"*Static*," or more correctly speaking, "*frictional*" electricity, the earliest known of all kinds. In a careful examination of twenty works in my library on electro-therapeutics, I find reference made casually in three only, to the use of this variety; yet in a very old manual of chemistry and physics, allusion is made to the great value of "the spark," as it is termed, "in various pains of the bones of the head and the joints, which are thereby cured after all medicaments be of no use."

Now, with sensible men, there is a reason for everything, and having repeatedly observed similar laudations of the "spark" and the "shock" (from the Leyden jar), in several old books in my library, I wondered how the thing was dropped if there was anything in it. Experiment has shown me, during the past half-dozen years, beyond question, that there is a great deal in it, and I can only account for the abandonment of static electricity because it has heretofore been so difficult to manage, through inherent defects in the old cylinder and plate machines, which worked more or less satisfactorily when you did not care to use them, but which incontinently refused to do anything just as they were most needed. A humid atmosphere or the breath of a small audience has over and over again ruined the exhibition of handsome experiments, to the disgust of more than one lecturer on popular science. The discovery of the Rhumkorf induction coil did away with this discomfort, but as it is not fitted for medical use, faradic and constant currents have sufficed those of the profession who employ electricity in practice. As many neuralgias are worse in wet weather, mechanism unfavorably influenced by humidity is necessarily useless; but, fortunately, this difficulty has been lately completely overcome, and now we have at command apparatus which will under all climatic conditions furnish any desired power, either for therapeutic or experimental purposes. The Bertsch, Holtz and Carrés dielectric machines are all unfavorably affected by humid or muggy weather, even in a warm room; but Messrs. James W. Queen & Co., of Philadelphia, have succeeded in producing a modified "Tœpler" machine, which can be *actually sprayed* with water and yet give a continuous flow or a succession of sparks of high tension as desired. The difficulty thus encountered in a very handsome Holtz machine has been the sole obstacle in the way of my not reporting sooner the value of static electricity in practice, lest similar disappointment might not be borne with equanimity by readers of the REPORTER, who might be induced to investigate the matter in the same way that a good number have done in another direction, through my paper, "How to Make a Cheap Galvanic Battery," in the issue of July 31, 1880. As a specimen of fine workmanship and cheapness combined, the "Queen's Tœpler" machine is unequaled, and for efficiency it cannot be too highly commended. The brilliancy of Geissler and spectrum tubes is brought out remarkably by it, and in the way of amusement and instruction in the family circle it will serve a good purpose on many a winter night, especially to those who are debarred from the opportunities of large cities.



The machine illustrated consists of a stationary back plate and a revolving front plate. When put in motion the electricity generated on the revolving plate is taken from the small metallic discs by brushes on the arms *a á* and transferred to the armatures *c c* on the back plate. This plate, when charged, reacts upon the revolving plate by induction, and electricity is taken therefrom by combs on the horizontal cross arms, and passes by spark between the discharging rods *r r*. When the condensers *i i* are removed, the flow is continuous, and of low tension; when they are in position, as represented in the cut, the discharge is in high tension, the sparks being smaller and more rapid, as the sliding rods *r r* are near each other, and slower and denser the greater the separation of the balls. Charges of great intensity can be had through one or more Leyden jars, the potential being regulated by the size and number of jars employed.

In evidence of the advantage of static electricity, the subjoined examples are cited, without unnecessarily going into details:—

Mrs. H. suffered for several years with periodical trifacial neuralgia, which was intensified during menstruation, at which time ovarian neuralgia was usually added. She presented no cause, in the way of imperfect teeth, indigestion, or depraved secretory action, nor did her social position expose her to cold or wet. Quinia, iodoform, belladonna, morphia, and other drugs had been exhausted without other than temporary benefit to the face symptoms and none to the ovarian. She came to me for electrical treatment, and had thorough galvanic applications locally, with general faradization. Although her strength and nutrition was improved the paroxysms were merely shortened when present and somewhat delayed, and after a fair trial I became dissatisfied with the progress which would, doubtless, if persisted in, have ultimately cured her as it has done others, but in view of a trip to Europe I wished, if possible, to finish the case prior to her departure. She came to see me one afternoon when suffering considerably with supra-orbital pain. I had been working with my Holtz, rehearsing some experimental illustrations for a lecture, and to amuse her while the constant battery was being set up (it having been disconnected for recharging just before she entered) I charged her pretty thoroughly, and drew sparks from the brow and temple for some minutes, with the effect of completely removing the pain before she left the chair. Both constant and induction currents have done the same thing for me repeatedly, with others, but not in her case. She became enamored of the new battery, and I complied with her desire to further test its merits, with the result of permanently relieving her trouble before she left the city. The method employed was to charge her and draw sparks from the affected regions with the knuckles or a wire brush. She had tri-weekly treatment of all applications, but a dozen sittings under static electricity did more for her than treble the amount of the others separately or combined, and she has remained well. Had she not been cured before her European tour, either the voyage or some continental physician would have got the credit, for she was nearer well than I thought at the time the static electricity was used.

Mr. McC., an old patient of mine, had been gradually growing worse, from intercostal pain, laterally over the fifth rib, always constant, but with exacerbations at irregular intervals and usually worse at night. There was no discoverable cause, yet he became daily poorer in weight and general appearance, despite tonics and good feeding. Neither galvanism nor faradism were of service; his only resort was anodynes, but he disliked as much as myself to push them. With the good result of the first case in memory, I got his consent to try the Holtz, although he had no faith whatever in electricity. He got better from the first trial, and in three weeks was a different looking man. In addition to drawing sparks from the seat of pain, which was circumscribed and small in area, I disharged a small Leyden jar at the centre of the painful region, at each sitting, and finished the seance by thoroughly charging him and allowing the charge to gradually escape without drawing it by spark. Two months of treatment relieved him completely, without any assistance from medication. It is true that at long intervals he has slight twinges, but they are momentary, and no painful spot is now discoverable on pressure, as at first. My opinion for some time was that an exostosis existed at some internal point along the rib, which produced the peripheral pain, and that he was therefore incurable, but the result of treatment disproved this idea. He had no syphilitic, gouty or rheumatic diathesis, and I am still at a loss to account for the causation of his suffering. I am inclined, from experience, to attach considerable value to the so-called "positive charge" of Radcliffe in deficient nerve tone, it holding much the same relation as general galvanization or general faradization in bracing up neurasthenic patients.

H. R., a youth of seventeen, who previously enjoyed excellent health, became affected, during the winter of 1879, with neuralgic pain of the left testicle, cord, and perineum. The suffering at times was very great, especially in, as he thought, the lower part of the rectum, which, however, I ascribed to the vesicula seminales, or some point in the cord as it approached the veru montanum. Upon investigation, I was convinced that the trouble arose from masturbation, the semen being prevented from escaping by pressure over the urethra at the anal region, which possibly had produced distention of the duct near its emergence into the urethra. At any rate, he was alarmed at his condition, and relinquished his fault, yet the pain was persistent. He was kept on full doses of the bromides, to allay excitement of the genito-urinary tract, and suppositories of belladonna were used at bedtime, with camphor and lupulin. Progress, though present was slow, and after being satisfied of his good faith in avoidance of masturbation, and the suffering being evidently neuralgic, I put him on static electricity without trying either the coil or constant battery, and discontinued the medicine. Improvement was decided from the first, and a couple of months only passed prior to an entire cure. My object in adopting this form of electricity was purely experimental, because, as stated in former papers in the REPORTER and other journals, my uniform habit in such cases is to apply galvanism. He has had no return of the pain at any time.

In reporting these cases, selected from a number, I have no desire to deprecate other forms of electricity in neuralgia, or similar phases of nervous disease. My experience with galvanism particularly confirms daily the high position it of necessity occupies when scientifically handled, and although not an unqualified endorser of Duchenne in his estimate of faradism as equal in all respects to galvanism, I know from experience how valuable it is; but my purpose in bringing before the profession the claims of static electricity is simply to do justice to an agent almost forgotten, yet of great value in a wide field, and one which has the additional advantage of being easily manipulated under improved forms of mechanism, agreeable to the patient, safe in its application to points demanding great caution with the pile, and especially in brow neuralgias, in which faradic currents are obnoxious to the sufferer and of little utility. Constant batteries are troublesome to maintain, and in the hands of gentlemen not posted in electro-physics rapidly deteriorate, much to their disgust and pecuniary loss; and faradic inductoriums unless well made, don't last forever, the driving cell especially going on a strike at inconvenient moments, particularly with those remote from instrument makers, which is unpleasant, to say the least, to the owners, in the absence of mechanical tact. The static machine, on the contrary, is always easily handled, and as now improved is just as efficient in wet as in dry weather. The cost of frictional machines has heretofore been prohibitive, except to those addicted to philosophical investigation; now it is, so far as needs go in therapeutics, very small, the price ranging from twenty five dollars for a really serviceable apparatus to such higher amount as taste may dictate, in view of its applicability to experiment in the wide and entrancing field which is daily developing the incalculable worth of electricity in every department of life and business, a force once looked upon with awe, as an imponderable and mysterious power, not to be comprehended, but one which, if lost to science now, would leave the world at a loss indeed.

246 *N. Twentieth street.*

PREDISPOSITION TO AND INTOLERANCE IN DISEASE.

BY J. M. BATTEN, M.D.,
Of Pittsburgh, Pa.

That there is a difference in individuals in predisposition to and tolerance in disease, cannot be questioned. Why is it? This may be answered in the single word *heredity*. Predisposition to and intolerance in disease are twin sisters, hence have been running through the past ages, hand in hand.

Every contemporary human being on the face of the earth has his or her chain, extending back as far as the origin of man. Each of these chains has its respective links, and a cause operating upon any one of these links has its effect upon each succeeding link in the chain. Let each of these links in any chain, commencing with the first, represent the parents (father and mother) of the succeeding link, as their offspring. The latter will represent the second link, and their children the third link, and so on, till the last or contemporary link in the chain is reached. Now, I claim that any cause that has a tendency to decrease vitality, either disease or otherwise, operating on any one of the links in the chain representing the parents has its effect on their children and on their posterity.

Suppose x to represent any link in any y chain, to have been afflicted with any z disease; what is the consequence? Why the predisposition to any z disease in all the succeeding links in the chain is increased to take any z disease, and be less tolerant of the same.

If only father in any x link in any y chain has been afflicted with any z disease, the link representing his children will be less predisposed to and more tolerant in any z disease, than if both father and mother had been afflicted with any z disease. Unless it be their children take the constitution of the mother, in which case they would be less predisposed to and more tolerant in any z disease than the children who take the constitution of the father. It would be *vice versa* the same if the mother had been afflicted with any z disease and not the father. But the children taking the constitution of either parent, in either case, who had not been afflicted with any z disease would be more predisposed to and less tolerant in any z disease than if neither the father nor the mother had been afflicted with any z disease.

If in any x link in any y chain both the father and mother had been afflicted with any z disease, their children would be more predisposed to and less tolerent in any z disease than if only either of the parents had been afflicted with any z disease.

If in any x link in any y chain having been afflicted with any z disease, their children should intermarry in other chains whose links had not been afflicted with any z disease, would their posterity, provided their intermarriage was continued in chains whose links had never been afflicted with any z disease, ever reach a normal predisposition to and normal tolerance in any z disease? This question, I think, can be answered affirmatively provided other causes independent of any z disease did not operate on the chain.

If in case any x link in any y chain had been afflicted with any z disease, would that increase the predisposition to and decrease the tolerance in any other disease in the same link? I think it certainly would. The more links in any y chain that have been afflicted with any z disease or other diseases, the more predisposed to and the less tolerant in any z disease, or any other disease, will be each succeeding link.

If in any y chain none of its links have been afflicted with any z disease, why the contemporary link in the same chain would have a normal predisposition to and a normal tolerance in any z disease, provided none of said links in said chain had been exposed to causes independent of disease which have a tendency to lower vitality, as dietetic abuses, exposure to cold or wet, want of proper clothing or food, climate or change of climate, overwork, without sufficient rest, living in badly ventilated houses or in cities; for these and causes of a like character must have been, no doubt, among the first in increasing predisposition to and decreasing tolerance in any z disease, and these operating on links in any y chain, either alone or in conjunction with any z disease, will increase predisposition to and decrease tolerance in any z disease, or any other disease, in all succeeding links of the chain.

It is a fact, however, in any z disease of a zymotic nature, that one attack decreases predisposition to and decreases tolerance in a second attack in the same person.

When any z disease is consumption or any other organic disease, it is well known how frequently the predisposition to and intolerance in the disease is transmitted from parent to offspring; and this is only a verification of the scriptural saying, the sins of a father will visit his children, to a third and even a fourth generation. This means, literally, that increased predisposition to and intolerance in disease are transmitted from father to offspring.

It may be claimed that healthy parents often transmit increased predisposition to and decreased tolerance in consumption, and on the other hand consumptive parents transmit a normal predisposition to and a normal tolerance in consumption. In the former case the increased predisposition to and decreased tolerance in consumption are transmitted from the grandparents, and in the latter case, when both parents are consumptive, the normal predisposition to and a normal tolerance in the disease are also transmitted to the children from the grandparents.

The parents of a family of which I know something of the history, were both healthy and lived to old age. Of their children, thirteen in number, six died of consumption. The mother's, brothers and sisters, and her mother, all died of consumption. In this case, the increased predisposition to and decreased tolerance in the disease were transmitted from grandmother on mother's side to grandchildren. Another family; the parents both healthy; father's parents healthy, robust Germans; the mother's sister is partly idiotic and partly paralyzed; of their children, three in number, two are paralyzed and idiotic; one of the latter died recently; the third child seems to be healthy; but none of the children showed symptoms of disease before the end of second year, and as the third child is not that old yet, the probability is that it also will become diseased. I instance another case in which predisposition to and intolerance in disease was transmitted from mother, who died of consumption; the father was a hearty, thick-set Irishman. The daughter was a woman of apparently fine healthy organization. She, after bearing a number of children, died at the end of fourth month of pregnancy; cause of death was not ascertained.

Three young men, about the same age, contracted each a chancre on the glans of the penis, and each followed by secondary syphilis; two of them, after a year's treatment, apparently recovered, the third, is less tolerant of the disease, for the reason that his father contracted syphilis before his marriage, and eventually died from the effects of tertiary syphilis. I might multiply cases in which predisposition to and intolerance in any organic disease are transmitted either through father, through mother, or through both, but the facts are so obvious that it is unnecessary.

With regard to infectious diseases, the facts, as in organic diseases, bearing relation to the transmission of predisposition to and intolerance in disease, may not appear so apparent. The only evidence I can present in relation to the subject are a few observations made by myself.

In the endemic of yellow fever at Newbern, in 1864, there were about one person in two exposed to the same exciting cause took the disease. Among the number attacked, a certain number recovered while the remainder died, notwithstanding treatment and care were the same. This has been true, also, in all endemics and epidemics of yellow fever of which we have a history. The same is true of epidemics of Asiatic cholera, and the same would be true also in epidemics or endemics of variola among the unprotected by vaccination. During the epidemic of variola in 1871–72, many persons came under my observation who escaped the disease altogether, notwithstanding they were exposed to the disease and had never been vaccinated. In not a few persons who were attacked with variola, I noticed that either father or the mother of those attacked had suffered with variola previously. Among those who escaped the disease, I further noticed their parents had never been attacked with any disease. Upon inquiring into the history of those who died, I found that their parents had either had variola previously, or had been afflicted with other diseases. I believe the same may be said of scarlet fever, measles, diphtheria, or typhoid fever.

How often is it noticed in families living in the same neighborhood, on the same street, and even in the same block of houses, the sanitary conditions of which are apparently the same, when an endemic of scarlet fever, diphtheria or typhoid fever visits the location named, some one of the families have all or a portion of their children attacked with the disease, some of which die, others recover, while other families in the location named escape the disease altogether. Of course, it may be said that all these families or the different members of the same family, may not have been exposed to the same exciting cause. And this may be true very frequently, but is it not also true, that predisposition to and intolerance in disease, which I believe is transmissible, forms, very often, the very important factor in the cause of disease and death.

There are many families who have come under my observation and who, amidst disease of all kinds and death all round them, have escaped them all. If we acquaint ourselves with the history of these families' ancestry we will find either that they had a normal predisposition to and a normal tolerance in disease or were approximating them.

And in conclusion I would say, if it were not that every birth is a regeneration, and were the constitutional predisposition to and intolerance in disease which diseased parents transmit to their offspring not modified by an inalienable bequest of the older world and by the redeeming instincts which our all-mother grants to every new-born child on earth, the people of the world would long ere this have become extinct.

STONE IN THE BLADDER OF A FEMALE REMOVED BY LITHOTRITY.

BY H. O. SPENCER, M.D.,
Of Erie, Pennsylvania.

In the month of June last I was consulted by Mrs. C., of this city, who brought her daughter Mary, aged twenty-six years, single, to my office, for examination and treatment. She informed me that the young lady had been troubled with some "female difficulty," as she expressed it, and had been treated by a number of physicians, for leucorrhœa, prolapsus uteri, etc., but had received no benefit, in fact, was getting worse all the time, and that her sufferings were becoming unendurable, especially when she attempted to urinate; said that something "stuck" her in the region of the bladder, so that she could not keep from crying out. I made a thorough examination of her case, and came to the conclusion that there must be stone in the bladder. I attempted to introduce a catheter, but the urethra was so irritable that I found it impossible, unless I should administer an anæsthetic, which I did not like to do, thinking it would be better to give her an anodyne, with diuretics, and wait for results.

This treatment had a very favorable effect, and she improved in her general health and appearance, but still had difficulty in voiding her urine. She went along in this way, passing the summer quite comfortably, until the twentieth day of September. I was summoned in great haste to see my patient. I found her suffering terribly. I could hear her screaming before I got to the house, and when I entered her room I found her mother and sister crying, and with the trio was Father C., the priest, giving all the assistance and consolation in his power. I soon learned that she had attempted to urinate, and all at once the water stopped, and that "something stuck her again," as she expressed it.

I at once proceeded to introduce a silver catheter, but before it entered the bladder I felt it come in contact with a stone. Having a very slim pair of polypus forceps with me, I introduced them into the urethra and had very little trouble in getting hold of the stone, which was about the size of a hickory nut, and which I removed in a few minutes by careful and gentle traction. I then gave my patient a dose of morphia, hypodermically, and in a short time had the pleasure of seeing this suffering girl resting sweetly. From this time on she improved rapidly, and expressed herself as being cured, for which she and her friends expressed great thanks to me. Everything went along smoothly with her, and I heard nothing from the case until the twentieth day of December. Her mother called and informed me that Mary had the same difficulty again in urinating, and that she felt confident there was another stone. I informed Mrs. C., that I would call in the afternoon. I did so, and at once proceeded to introduce a sound. As soon as the instrument entered the bladder I felt it "click" against the stone, and by a little manipulation I soon learned that instead of being small, like the one first removed—the size of a hickory nut—it was as large as an ordinary hen's egg. I informed the anxious mother that the stone was too large to be removed without first dilating the passage, and set myself to work to do it, by first introducing a small bougie, and the next day a larger one, always having them well smeared with ungt. belladonna. In a few days I thought I had sufficient dilatation to remove the stone; introducing my forceps I seized it, but soon found that it was too large to remove whole, unless I used the knife, which I did not like to do if I could avoid it. I determined to crush it and take it away in pieces. I then introduced an instrument for that purpose and soon had the stone in at least four pieces, which I removed separately in a short time. I then washed out the bladder thoroughly, which brought away several small pieces. I then administered an opiate and left my patient for the night. I learned in the morning that she rested well, and the day following was sitting up. She has been gaining rapidly, and says "she is cured this time, sure." Being of the opinion that it is a very rare thing to see a case of stone in a female, I thought it might be well to report the case.

HOSPITAL REPORTS.

BELLEVUE HOSPITAL, NEW YORK.

CLINIC OF FRANCIS DELAFIELD, M.D.,

Adjunct Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons, N. Y.

Reported for the MED. AND SURG. REPORTER.

Organic Heart Disease, with Parenchymatous Inflammation of the Kidney.

GENTLEMEN:—This is a boy, fourteen years old, who was admitted to the hospital on the 8th of December. Five years ago he had an attack of chorea, which lasted for three years. Three years ago he had an attack of rheumatism. During the summer of 1879 he began to have pain in the left side, shortness of breath and palpitation. At about the same time he began to cough, and he has continued to cough ever since. He has had some hæmoptysis and night sweats. During the winter of 1879 it was noticed that his feet and legs were swollen, and his face also. That was the first time at which he began to have dropsy. And at that time he passed only a small amount of urine, suffered from severe headache, and from vomiting. There has been no trouble with his sight. The dropsy which came on during the winter of 1879 lasted for an unknown period and then disappeared, and this winter, some time before he came in, on the 8th of December, the dropsy again returned.

At the time that he was admitted to the hospital physical examination showed a mitral regurgitant murmur of the heart, with hypertrophy and dilatation of the left ventricle. His urine contained albumen; contained no casts; and the specific gravity was 1.020. The amount of urine since he has been in the hospital has varied from twenty ounces up to eighty ounces. Twenty ounces was the smallest amount, eighty ounces the largest amount. It has been gradually increasing since he has been in the hospital, and he ordinarily passes from fifty to seventy ounces of urine a day at the present time. The dropsy has also improved since he has been in the hospital.

This is some of his urine, which you will observe is of about a natural color, a little dark. The specific gravity has been about 1.020 most of the time. When we add nitric acid in the ordinary manner you see that there is a considerable deposit of albumen, but still the quantity is not nearly as great as we sometimes get.

Here, then, we have a boy, fourteen years old, who had rheumatism in 1878, shortness of breath and palpitation in the summer of 1879, who had dropsy in the winter of 1879, a dropsy which lasted during part of the winter and then disappeared, and at the time he had the dropsy he also suffered from headache and vomiting. This winter, in December, the dropsy came on again. Since he has been under observation, since the 8th of December, it is evident that he has organic heart disease, that he has hypertrophy and dilatation of the left ventricle, with insufficiency of the mitral valve. His urine has been of a specific gravity of about 1.020, it contains a considerable amount of albumen but no casts, and although it was a little scanty when he first came into the hospital, since then it has been in excess of the normal amount. The dropsy since he has come into the hospital has in great measure disappeared. You observe that at the present time he has not much dropsy.

Well, of course, anybody would say the boy is suffering from organic heart disease and Bright's disease. But that is not being specific enough. The question is, what is the condition of the kidney? As regards the condition of the heart we can be tolerably certain; he has insufficiency of the mitral valve, and he has hypertrophy with dilatation of the left ventricle, as a result, probably, of the attack of rheumatism from which he suffered some years ago. But, in addition to this, he has given us the symptoms of a renal disease, and those symptoms have been, dropsy coming on a year ago; at that time not only dropsy but vomiting and headache, and at that time the urine diminished in amount. We do not know anything about the urine at that time, except that it was diminished in amount. These symptoms disappeared, but they came on again this winter; and this winter he again had dropsy, which is now getting better; his urine was again scanty for a time, but is now in excess; and his urine since he has been in the hospital has been of a specific gravity of about 1.020, and has shown a considerable amount of albumen, but no casts. Now, what sort of kidneys has he? "He had a tubular nephritis at first, I presume, and now an interstitial." Well, why would you think it has changed from a tubular to an interstitial nephritis? "From the fact that there are no casts in the urine at the present time. As a usual thing, in case of tubular nephritis, I would suppose there would be granular and fatty casts at this time." Well, I cannot find fault with you for saying that, because that is a thing which is very generally taught; but I believe the fact to be just the opposite; that in the majority of cases in which the disease is confined to the epithelium of the tubes, in which it is properly speaking a tubular nephritis, those are just the cases in which you do not get casts; and that the cases in which the interstitial tissue is involved are just the cases in which you do get casts.

Of course, that is in opposition to what is ordinarily taught, so that I cannot find fault with you for the opinion which you have given. Of course, there is a difference in the reasoning, for we do not know whether or not when he had his dropsy, a year ago, there were casts. Of course, reasoning as you do, you would suppose there were; reasoning as I do, I should suppose there were not. I should agree with you, however, that he had suffered from what may be called tubular nephritis, meaning by that an affection of the kidneys in which the lesion is confined to the epithelium of the tubes and the epithelium of the malpighian bodies, without any affection either of the stroma of the kidney or of the malpighian tuft. I should believe that that was the disease from which he began to suffer, but I should also believe that it was the disease from which he is still suffering. The specific gravity is still high. You will observe that although he passes a considerable amount of urine, more than the normal amount, yet the specific gravity continues to be 1.020, which is near enough to normal when the amount is normal. If he had been developing interstitial changes in addition to the changes in the tubes, in other words, if he had gone on to have chronic diffuse nephritis, the specific gravity would not be likely to have continued at what it is now. Then, although it is a smaller thing to go by, the appearance of the urine is of some consequence in these cases. A patient who is suffering from chronic diffuse nephritis, that is, from changes both in the epithelium of the tubes and in the stroma of the kidneys, does not usually have urine of that color. He has a light, pale-colored urine.

Then, the absence of casts which exist at the present time would be to me a confirmation of the theory that he is suffering simply from an affection of the tubules of the kidneys, and not of the interstitial tissue. When I say this, however, I must say a little more exactly what I mean. If a patient have that form of kidney disease in which the principal changes are in the interstitial tissue, but comparatively few changes in the tubules, such a patient will have but very few casts in the urine; there may be so few that you will hardly discover them at all. Not only will there be few casts, but there will be very little albumen. The albumen will be absent just as the casts are absent. When you have at the same time a large amount of albumen persisting, and a small number of casts persisting, with high specific gravity of the urine, and with urine of such a color as you have there, and with the rest of the history to match, the probabilities are that the patient is suffering from that form of kidney disease in which the epithelium of the tubules and of the malpighian capsules alone is involved. That I should believe to be the condition of the boy at the present time: that he is suffering from organic heart disease; that he is suffering at the same time from parenchymatous inflammation of the kidney, using the term parenchymatous inflammation in its strict sense.

Now, as to the prognosis and the treatment. The prognosis, I am sorry to say, is not very good. It is made much worse by the cardiac complication. If it were not for this it would be possible for him to get well; it would be possible for the renal trouble to gradually disappear and not come back; but the cardiac complication makes this much less likely.

Then, as to the treatment. The treatment is, to a certain extent, a palliative one. Since the boy has been in the hospital he has had enough to eat; he has been in a place that is warm, almost too warm; he has been taking diuretics, and his dropsy has gradually diminished. The heart's action has become more regular, and the general condition of the boy has improved, and I should hope that his experience this winter will be the same as it was last winter; that the dropsy will disappear altogether, that the boy will feel better, and that he will be well during the spring and summer. But next winter the same thing will probably recur, and we will have the same story of dropsy over again.

Chronic Diffuse Nephritis.

Case 2.—This is a man, fifty-eight years old, who was admitted to the hospital on the 15th of January. He says he was in good health until about two months ago. He has always been intemperate, and for some time past he has been very intemperate. He has had slight cough for some years. About six weeks before his admission to the hospital his legs and feet began to swell, and there was also some œdema of the face. There is now œdema of the legs and hands, and of the arms. He has had a good deal of headache during the past six weeks and some difficulty of vision. There is also a history of constitutional syphilis. At the time of his admission to the hospital his urine was alkaline; it was of a specific gravity of 1.014; it contained albumen, but no casts were found. The quantity of urine was in excess at the time of his admission. He was passing sixty ounces on the first day, and since then he has been passing between sixty and eighty-five ounces. This is his urine. Now, you will observe the difference in color between these two. The urine from this man is turbid, it is not a clear urine, and that turbidity changes its color somewhat. The other urine, that of the boy, is perfectly clear; and if you were to try and abstract the turbidity from this man's urine you would observe that it would be a great deal paler urine than this other, which is perfectly clear. This urine of the boy, although it is perfectly clear, has considerable color. Here, again, we have albumen, but we do not have it to the extent that we had it in the former patient's urine. It is present in fair quantity, but it is not present to anything like the amount we had in the last case.

Well, now, we have a man who has always been intemperate, who has had constitutional syphilis, who is now fifty-eight years old, and who says that he was not ill until two months ago. I confess I should not believe that. I should not believe he had been well until two months ago, no matter what he said. But his history is, that he was well until two months ago, and that six weeks before his admission he began to have dropsy, and that dropsy has continued up to the present time. At the time of his admission to the hospital, six weeks after the commencement of the dropsy, his urine was of a specific gravity of 1.014. It contained the amount of albumen which you see; it contained no casts or very few casts. When we say no casts we generally mean very few casts. The urine was in excess. The dropsy has diminished since he came into the hospital. A few days ago, when I saw him, the dropsy was marked, but now it has in great measure disappeared. You can observe he has a pretty well marked syphilitic eruption on the arm.

Now the question is, what sort of kidneys has this man? Here again you would say that the man has Bright's disease, and you would say very correctly. But the question is what sort of kidneys has he? What is the anatomical lesion? "It may be interstitial, it may be a waxy kidney." Yes, he might very well be suffering from what are called waxy kidneys. When we say the man has waxy kidneys, however, we ought to be a little more definite as to what we mean by that. What do you mean when you say a man has waxy kidneys? "A kidney in which degeneration began in the walls of the blood vessels, by a deposit of a waxy material." You mean, then, there is an infiltration of the so-called waxy material in the walls of the blood vessels, and especially of the malpighian tufts. Is that all the matter with the kidneys? "After awhile the tubules also become degenerated, and then the interstitial substance itself, in the same way." Well, there again you speak as you are taught, but you speak as I should not agree with you. That is, I should not agree with you as to the sequence of the change. It is very commonly taught and very commonly believed, that in waxy kidneys the first change is in the walls of the arteries, and that the changes in the tubes and interstitial tissue come on secondary to this, and after this. This I believe is not so; and the reason that I believe thus is, that in the very earliest examples of waxy kidney that you can possibly meet with you can find the changes in the tubes and in the stroma already advanced, and you will find them more advanced than the changes in the walls of the blood vessels. You can, for example, meet with kidneys having the gross appearance of the large white kidney, with very marked changes in the tubules, with very marked changes in the interstitial tissue, and yet with a waxy infiltration just beginning in a few of the loops of the capillary tufts and malpighian bodies. And this is the rule, and not the exception, as I believe. I believe the rule is, that the changes in the tubules and stroma are developed sooner than the changes in the walls of the blood vessels.

When we say, then, that this man has waxy kidneys we mean really that he is suffering from chronic diffuse nephritis with waxy infiltration of the walls of the blood vessels added to this; that he is suffering from ordinary chronic diffuse nephritis, and to the lesions of chronic diffuse nephritis are added waxy infiltration of the walls of the blood vessels. That I believe is the sort of kidney that he would be likely to be suffering from. These kidneys would appear to the naked eye what are ordinarily called large white kidneys; the form of kidneys in which the two kidneys would weigh from sixteen to twenty ounces. The cortex would be thick and white, and the pyramids would be large and red. And if we examined them minutely we would find well marked changes in the tubes, patches of new connective tissue in the cortex, and we would find more or less waxy infiltration in the malpighian bodies, and perhaps in the small arteries. The specific gravity in this man, although it is lower than it should be, is not as low as it is in those cases in which waxy infiltration is far advanced. That is the general rule. If you have a case in which the waxy infiltration is very far advanced indeed, the specific gravity runs down usually lower than this, to 1.010 or 1.009; sometimes it will even come down to 1.002 or 1.001. So, although one cannot be absolutely certain, still I should think the probabilities were, that, although there is waxy infiltration in this man's case, it is not very far advanced; that it is one of the ordinary cases in which lesions of the tubules and of the stroma are much more advanced than is the waxy infiltration.

Now, what is the prognosis and the treatment in this case? Here the prognosis is certain, and it is certain only in one way. It is certain that the man will never entirely recover from his kidney disease. When this sort of kidney has once begun it is something that never disappears. When a man has it he always has it. The symptoms may develop with more or less rapidity; some patients go on for a number of years, having symptoms from time to time, being pretty well the rest of the time; in other patients the symptoms become well developed much more quickly.

Then, as to the treatment. This man has not been taking anything. He has simply been kept quiet since in the hospital, quiet in bed, and absence of alcoholic drinks has been sufficient to cause the dropsy to disappear. He has taken no diuretics. He has taken no cathartics. The dropsy has just gone away of itself. That is a thing we see commonly enough in the hospital, and we see it, not because the men live so extraordinarily well after they come into the hospital, but because they had been living so very badly indeed before they came into the hospital. This man has done about as well as he could do. The dropsy has gone away, his general condition has improved, and that is about all we can expect. In the course of a moderate length of time he will probably be well enough to go away, and go about his business again, and then how quickly the symptoms will return will depend very much, I suppose, upon how much he drinks. If he begins to drink hard again the dropsy will probably come on again pretty soon; if he be more moderate in his drinking, the dropsy may leave him alone some little time, especially if he can go through the winter until warm weather.

CASE 8.—This man is forty-eight years old; was admitted to the hospital on the sixteenth of January. He says he was in good health until about a year ago. He has been intemperate for a good many years. For the past year he has had a constant cough, has had pain in the chest, most marked in the right side, and night sweats. He has never had hæmoptysis. He has lost about forty pounds in weight. Physical examination shows signs of a cavity on the right side, and of consolidation at the left apex. About one month ago his feet began to swell, and they have been swollen ever since. The legs have become œdematous, and there has been some œdema of the face. There has been some loss of vision. He has never had much headache or vomiting. His urine is of a specific gravity of 1.020. It contains albumen. And here again no casts are to be found. The amount of urine passed on the sixteenth of January was twenty ounces; on the seventeenth, forty ounces; so it has been increasing since he has been in the hospital. This again is pale, but somewhat turbid urine. And here again we have a considerable amount of albumen.

We have, then, a man, forty-eight years old, who has had marked pulmonary disease for a year or more; who has marked lesions in the lungs resulting from that; and who has developed renal symptoms within about a month, the renal symptoms consisting in a dropsy involving the feet, the legs, and the face; a diminution in the amount of urine; a diminution which has disappeared, as he now passes forty ounces, the urine being of a specific gravity of 1.020, and containing, as you see, a considerable amount of albumen, and being said to contain no casts. His œdema, again, has diminished since he has been in the hospital. There is now a little œdema of the feet, but there is not much.

Now, here again is a man who has Bright's disease. And here again the question comes up, what sort of Bright's disease has he? What is the anatomical condition of the kidney? Well, this particular case is a case in which it is not fair to ask any of you to give an opinion, because it is a sort of case in which the symptoms might mislead you. In judging in these cases of the kidney disease, we have two sets of data to go by; we have to put together what we observe during life and after death. We have a comparison of the general history and of the condition of the urine during life with the condition of the kidneys after death. This is one way in which we judge as to the condition in which the kidneys are during the life of the patient. But then, besides this, there is another sort of experience in kidney disease, and that is, that patients who develop kidney disease in a certain way, under certain circumstances, are pretty sure to have one kind of kidney disease, no matter what the condition of the urine and no matter what the clinical symptoms may be. You will observe here is a sort of contradiction, but it is a contradiction which is founded on fact. Now, you will observe that the history of the urine of this man is such as would warrant you in saying that he has the same sort of kidney trouble as the boy has who first came in; that he has a tubular nephritis. You will remember that his urine at first was diminished in amount, but it is now passed in normal quantity; he has urine of about normal specific gravity, 1.020; it contains albumen, no casts, and the symptoms have lasted only about a month. That sort of history, under other circumstances, would warrant you in that diagnosis; it would warrant you in saying that the man was suffering from parenchymatous nephritis, or tubular nephritis, whichever you choose to call it. But that history is not the whole of the history of this man. This man, in the first place, has been in the habit of drinking; I will not say he has been intemperate, but he has been in the habit of drinking for a number of years; he has had a chronic pulmonary disease for the last year, and it is now well marked.

Well, as a matter of experience, when we have renal symptoms developing in such a patient as this the sort of kidney lesion that we have is not tubular nephritis, or parenchymatous nephritis, but chronic diffuse nephritis. A lesion of the kidneys in which both the tubes and the stroma, and very often the malpighian bodies also are involved. It is perfectly possible that in this man there may be waxy infiltration of the malpighian bodies. I do not know that there is. There might be and there might not be. But I can say that there are already well marked changes both in the tubules and in the interstitial tissue. In this case, again, it is not worth while to try to say whether the patient has large white kidney or whether he has contracted kidney, or whether he has one of those kidneys which is neither enlarged white kidney nor the contracted kidney. If you take a case with the whole history of this man you cannot be certain that he has the large white kidney. It may turn out you are correct, but you are correct by a guess, that is all; the next patient with the same history might have the contracted kidney, and the next patient neither enlarged white kidney nor contracted kidney; but you can be sure such patients are suffering from chronic diffuse nephritis, a lesion in which both tubules and stroma are involved. You cannot be sure as to whether there is added to this waxy infiltration of the malpighian bodies.

You can be sure as to the prognosis. It is bad. This, however, is a matter of less consequence in this case, because you have already another disease of which the prognosis is equally bad. The phthisis has already so far advanced that there can be little question as to the ultimate result, so that the kidney lesion will merely add to the other symptoms.

Tænia in the Human Subject in Denmark.

Dr. E. Krabbe, in 1869, communicated the particulars of 100 cases of tænia observed by himself and Professor Hannover, in Denmark, and he has since examined 100 more cases in the same country. Of the 200 cases rather more than half belonged to the city of Copenhagen, and the number was much larger in women than in men. The relative proportion of the different kinds of tænia has lately exhibited some remarkable modifications, especially as regards the *T. mediocanellata* and the *T. solium*, the former having been much more frequently observed since the year 1869. Dr. Krabbe (*Nordiskt Medicinskt Arkiv*, vol. xii, 1880) accounts for this result by the terror of the trichina which has prevailed since 1865, and has led to an extreme prudence among the population in the consumption of raw pork. On the other hand, this prudence has not extended to raw beef, and it is too little known that this kind of meat may also contain cysticerci. Raw scraped beef has been frequently recommended by physicians as a dietetic remedy for children and persons prostrated by debility.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Etiology of Vertigo.

At a meeting of the Medico-Chirurgical Society of Edinburgh, in January, Mr. McBride read a paper on the etiology of vertigo, of which the following is an abstract: In relation to this subject the theory was advanced that a nerve impulse striking the brain may, according to its intensity, involve a large or small central area. For instance, the pain caused by a carious tooth might be confined to those fibres of the fifth nerve corresponding to the tooth, or the impulse communicated along these fibrils might overflow and involve the central terminations of other fibrils, and even other nerves, producing earache, faceache, and mastodynia. It was, therefore, urged that nerve impulse communicated along any one nerve may overflow and involve other brain areas. Shock was considered to be an overflow of nerve impulse so powerful as to involve centres necessary for life. It was argued that vertigo is a definite sensation, and that for any sensation to be experienced a definite encephalic tract must become active. From experiments on animals, the effects of rotation in the human subject, and the phenomena of Menière's disease, it is known that stimulation of the nerves of the semicircular canals produces vertigo, and that therefore their central terminations must be in close relation with a vertiginous centre, which may (at least physiologically) be assumed to exist. We know, further, that irritation of the canals, if severe, is apt to cause vomiting, syncope, nystagmus, and other phenomena. It is therefore probable that nerve impulse communicated to the vertiginous centre tends to overflow and involve other centres (*e. g.*, the vomiting, cardiac, inhibitory, and oculo-motor centres). Probably all of these centres are in physiological relation (the central termination of the nerves of the semicircular canals, the vomiting, and the oculo-motor, as also the cardiac inhibitory); therefore impulses communicated to one tend to overflow to the others. In some persons it is justifiable to assume that a nerve impulse tends to overflow more readily on account of unstable equilibrium of the nerve centres, or perhaps of particular nerve centres. Nerve impulse also seems to spread in a definite physiological direction, as seen in the constant results of accidental or experimental lesions of the semicircular canals in man and the lower animals. Possibly this line of argument may be applied to the so-called explosive neuroses. If it be once admitted that vertigo may be produced by impulse applied to the oculo-motor centre, we have here an explanation of those cases where vertiginous phenomena are produced in animals after section of both auditory nerves. Vertigo may originate from causes (1) visceral, (2) ocular, (3) aural, as well as central (epilepsy, etc.) and general (anæmia, etc.) causes, as also through nerves of common sensation (pain). The general conclusions arrived at were—

1. That there is a cerebral area or tract, stimulation of which produces vertigo.

2. That this area may be stimulated by impressions ocular, auditory, sensory, or visceral, as well as central changes, and is in intimate physiological relation with the vomiting and oculo motor centres. That is to say, impressions conveyed to one of those centres tend to involve the others by overflow of nerve energy.

3. That excessive stimulation of the vertiginous area will produce an overflow of nerve impulse to various motor centres, and probably unconsciousness.

4. That inasmuch as the phenomena of its excessive stimulation (as in rotated men or animals, Menière's disease, etc.,) are represented by a definite train of symptoms, we may infer that overflow of nerve impulse usually proceeds in the same direction—in other words, involves the same centres—first those which are intimately connected with it, then those more remote.

5. That possibly the same process of reasoning may be applied to death from shock, epileptic attacks, convulsions, and some of the other so-called explosive neuroses.

6. That in typical cases, ocular, stomach, and auditory vertigo may be distinguished from one another by the centre first involved. Thus we should expect that stomach vertigo would be preceded by nausea, if not vomiting; that ocular vertigo would be caused by changes in the motor apparatus of the eyeball, but that in auditory vertigo the giddiness is the first and may be the only symptom.

7. That sea-sickness is probably generally due to stomach irritation, for here, as a rule, we have first vomiting, and afterwards vertigo, which is, however, by no means a constant accompaniment.

Treatment of Wounds by Immersion.

Dr. C. B. Hutchins, of San Francisco, writes, in the *Western Lancet*:—

Reading, in a Cincinnati medical journal, with regard to the treatment of wounds and injuries by immersion, reminds me of a case which came to St. Luke's Hospital about five years since. It was that of a man who was engaged in loading wood on a railroad car; the wood being on one side caused the car to tip so as to allow the wood to slide off, when the car fell back to its position on the track; but in falling it caught the arm of one of the laborers between the wheel and the track, causing a double compound fracture of both bones of the left forearm. At both ends of the fracture the bones were uncovered. The accident took place in Marin county, and it was two or three days after the injury before the dressings were applied.

A tin receptacle was made by the tinsmith, which would allow the forearm to lie on the bottom, and the arm was kept covered with a solution of boracic acid. The arm had become enormously swollen, and the temperature of the fluid was so much increased that it was necessary to keep ice in the fluid for some days. This was the whole treatment. There was not a tablespoonful of pus escaped from the wounds. The arm, while being a little deformed, was as useful as before the receipt of the injury. No report was made at the time, from the hope that another case might occur in which the treatment could be again tried. The solution was renewed about every three days at first, and then at longer intervals.

Treatment of Indigestion and Heartburn.

In the course of an article in the *Practitioner*, January, 1881, Dr. J. Milner Fothergill writes:—

For the purpose of whetting the appetite and thus acting reflexly upon the gastric secretion, we employ the class of agents known as bitters. To these we add hydrochloric acid. Ringer has pointed out how an alkali taken into the stomach before a meal, when the stomach is alkaline, produces a freer flow of acid afterwards. Consequently we comprehend the value of that well-known preparation indifferently termed, "Haust. Stomach," or "Mist. Mirabilis," or "Mist. Rhei et Gentian," in the various hospitals; a combination of world-wide fame. One drawback to this combination of rhubarb, gentian and soda is, that the student becomes familiar with it and its virtues, but remains ignorant of its exact composition, and so loses sight of it when he enters upon practice for himself. Such a mixture before meals, followed by ten drops of hydrochloric acid after the meal, will often make the difference betwixt imperfect digestion, producing discomfort, and digestion so perfect that it does not provoke consciousness. Or where there is much irritability in the stomach, *i. e.* when a bare, red tongue imperfectly covered with epithelium suggests a like condition of the internal coat of the stomach, then bismuth is most soothing. The mixture of soda, bismuth, and calcimba is in use for such indigestion with good results. The dietary in such a case should consist of the blandest food, milk, with or without baked flour in it, beef tea with baked flour; nothing more till an improved condition of the tongue tells of a more normal condition of the stomach. In such cases a plain opium pill at bedtime often soothes the stomach very nicely. Then there are cases where imperfect digestion is accompanied by the production of fatty acids, butyric and others, which add the phenomenon of "heartburn" to the symptoms; or there may be later products formed which cause the bitter, hot taste in the mouth on awakening in the morning or after a post-prandial nap. It is usual to treat "heartburn" by the exhibition of an alkali; but this is not good practice. In union with an alkali the offending matter is nearly as objectionable as in the form of free acid. It is much better to give a mineral acid, as the hydrochloric, or phosphoric, which breaks up the feebler organic acid. By such means we can aid the digestive act. Then at other times the indigestion is due to lithiasis, where the presence of uric acid impairs the efficiency of the gastric juice. In these cases all measures which do not entertain the causal relations of the dyspepsia are of little use. By the administration of potash in a bitter infusion, well diluted, taken half an hour before a meal, this element of trouble is removed. In all cases of gouty persons suffering from dyspepsia, do not forget this cause of impairment of the gastric juice.

Treatment of Carbuncle by Carbolic Acid.

In the Toledo *Medical and Surgical Journal*, Dec., 1880, Dr. J. T. Woods writes:—

It is now about two and a half years since a patient presented with two carbuncles, one on the back of the head, the other below it, on the neck. They were of moderate size only, the upper one open in three places, while in the lowest the skin was unbroken.

Having considered the various known properties of the carbolic acid, I determined to use it vigorously instead of inserting it in meagre quantity. I loaded my hypodermic syringe, and passing the point through the openings and into the sloughing mass in every direction, I completely saturated it with the pure acid and awaited results. In a minute the smarting disappeared and with it all pain and all sense of soreness.

By this result emboldened, I again charged my instrument, and thrusting it through the skin over the other carbuncle, in a variety of places, I soaked the whole carbunculous mass beneath the skin, enough of necessity escaping to fully bathe the borders, modify inflammation and destroy any septic elements then developed. I waited, not without concern, and was delighted to learn in a few moments that all the pain and soreness was gone in this also. The skin over the mass became quickly white, hard and dead, and in a few days detached, in the form of a slough, the interior mass also becoming rapidly loosened, only requiring the cutting of a few shreds to remove it, when the cavity was found to present a satisfactory appearance and rapidly filled up, leaving an exceedingly small cicatrice. The remarkable feature in this case was that after the complete saturation of the carbunculous mass no pain occurred, my patient going about his ordinary labor without discomfort. It is now one year since I treated a very painful case, the same method bringing about similar results, the party suffering no pain or even soreness after the lapse of one minute following the injection.

In making this suggestion, which so far as I know is new, I am conscious of the insufficiency of my cases, but I am so sure of its efficacy that I shall at once resort to it when case and occasion offer, and advise others to do so, at least until the value of the measure is determined.

In conclusion, I would advise the use of the pure acid only, and to complete saturation. Dilution would increase, if not create, danger of absorption of the acid, converting a very simple procedure into a condition of great danger, and insufficient quantity defeat the purpose for which it is used.

Remarks on the Treatment of Neuralgia.

Dr. W. C. Boteler writes, in the *Maryland Medical Journal*, Jan. 11:—

In looking for a treatment of neuralgia, I confess that I entertain the greatest respect for personal experience. The most diversified and even opposite modes of treatment frequently give good results. It is, of course, of paramount importance to search for the cause of the neuralgia, but unfortunately the most pains-taking inquiry is often unsatisfactory, and then our only resort is to attend to the symptomatic pain. This justifies a successive trial of reputed remedies, which include a large number of empirical ones. Nevertheless, it may be truly said of neuralgia, that of all the disorders of the nerves system, its prognosis is the most hopeful. If we are not uncommonly baffled to effect a permanent cure, we can at least alleviate the suffering of the patient at all times, and this may be speedily accomplished by the judicious hypodermic administration of morphia. I am convinced that even a perfect recovery from neuralgia not seldom follows the adoption of this therapeutic measure. A wide field for the application of our remedial resources is offered by the indications of treatment which the general condition of the patients suggest. Those who have observed the disappearance of even inveterate neuralgic disorders under the influence of a tonic, supporting and recuperative treatment cannot doubt the efficacy of such a procedure.

Antiseptic Removal of Scrotal Elephantiasis.

The antiseptic method in this operation is recommended by Dr. M'Leod, in the Edinburgh *Medical Journal*, Feb., 1881. He says, at the conclusion of his article:—

To sum up, the advantages which appear to me to result from the strict antiseptic treatment of these cases are: 1. By stitching the testes in place they are prevented, however long the cords, from being floated downwards or forwards by the profuse discharge. Less lymph suffices for repair, and the process of convalescence is thus materially shortened and final recovery accelerated. 2. The process of inflammation is entirely prevented. Repair takes place by physiological process, without intervention of any pathological phenomenon. 3. No constitutional disturbance takes place except the primary or reactive fever, which ensues within the first forty-eight hours, and this is very mild. 4. The risk of septic infection is entirely removed. 5. The process of dressing is painless, owing to absence of inflammation. 6. The patient is not a source of offence to himself or of danger to his fellows, putrefaction being entirely averted. 7. Cicatrization is materially accelerated. 8. The penis can be more easily kept free—a matter of considerable importance. 9. Much suffering and discomfort are avoided. 10. The risk of death is reduced.

—In New York City the total number of deaths reported up to noon, February 26th, from January 1st, was 6348, an enormous increase over the record of previous years. This is an average daily death-rate of 111 in the week of six working days. It is thought the increased population, the severity of the weather, and the prevalence of epidemic diseases have something to do with the increase, which would make this year's record reach or exceed 38,000, while that of 1880 was only 31,000.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Newark Eye and Ear Infirmary, under the care of Dr. C. J. Kipp, has issued its first annual report.

——A neat reprint is a lecture on the clinical anatomy of the lower extremity, and especially of the knee and ankle joints, by Dr. W. W. Keen, of this city.

——The Report of the Committee on Obstetrics of the Illinois State Medical Society may be had in reprint form from the chairman, Dr. G. W. Nesbitt, Sycamore, Illinois.

——An interesting sketch of Dr. Edward Jenner's discovery of vaccination, written by Dr. E. L. B. Godfrey, of Camden, N. J., has appeared in pamphlet form (pp. 16).

——A description of a case of recovery after extirpation of adenoid of the rectum, by Dr. Frank J. Lutz, of St. Louis, has been reprinted from the *Med. and Surg. Journal* of that city.

——Two cases of erysipelas of the lungs are reported by Dr. Wm. Porter, of St. Louis, in a reprint from the *Archives of Laryngology*. They show that this affection may occur as a primary disease.

——The *Proceedings* of the First Meeting of the Illinois Pharmaceutical Association, held in December last, at Springfield, have appeared in a pamphlet of 87 pages (Chicago: Chandler & Engelhard). It contains a full report of the discussions, list of members, Constitution and By-Laws, etc. The objects of the Association are "to elevate the pharmaceutical profession, and to protect the business."

——"Die Sterblichkeits-Ziffer *versus* Fortschritt und Modewechsel der Medicin" (The Mortality Rate *versus* Progress and Change of Fashion in Medicine), is the title of a pamphlet of 24 pages, written by Dr. Bernhard Segnitz, a New York physician. He discusses some of the various theories which have influenced the medical world in the last half century, and points out some of the undeniable steps in advance the art has made.

——Dr. William A. Hammond is now engaged in writing the biography of Servetus, who was burned, at the instigation of Calvin, in 1553, and who was, according to some, the discoverer of the circulation of the blood. Dr. Hammond will treat his subject from a theological, as well as a medical standpoint. We shall be wide of the mark if he does not furnish some "interesting reading" in this biography, with various applications to the present day and its issues.

——The Biennial Report of the Board of Health for the State of Delaware, 1879, 1880, is a pamphlet of thirty-two pages, containing, besides the minutes of the meetings, essays on malaria and infant feeding. The former is accompanied by a useful table showing the relative presence of malarial diseases and others in different parts of the State. The former vary from as high as 75 per cent. to 10 per cent. of all cases. As the Report points out, this large number of malarial cases could be greatly reduced by proper sanitation.

——In a reprint from the *American Journal of Obstetrics*, Dr. E. W. Jenks, of Chicago, discusses the relation of goitre to pregnancy, and shows that in certain occult conditions of women, increased vascularity and enlargement of the thyroid gland may be produced as a consequence of some unusual excitement of the generative organs. Violent parturient efforts may cause the vascular form of goitre, but under the influence of pregnancy there may be gradual enlargement of the thyroid gland lasting for years; while, on the contrary, a goitre produced by one pregnancy is sometimes cured by a subsequent one. There are reasons for believing that, when goitre is caused by any disorder of the generative organs (excepting pregnancy), it is due more commonly to functional than to structural disease.

——Dr. Albert S. Adler, of San Francisco, discusses, in a reprint sent us, the doctrines of bilateral functions, in the light of experiments in metalloscopy. He states that the most important result of his examination is the fact that in healthy persons a simple irritation increases the sensibility of the part excited and decreases it upon the side not excited. There is no doubt that this phenomena appertains to those functions found by Adamkiewicz, and described by him under the name of "Bilateral Functions." "When in a category of these functions (secretion of perspiration) it treats of synergistic actions of the centers of organs situated symmetrically, the sensibility of the body represents a bilateral function in which the ganglia of symmetrically-situated organs are antagonistic to one another in their function."

——The *Transactions* of the Medical Society of Virginia, October, 1880, form a pamphlet of about a hundred pages. The address of the president, Dr. Henry Latham, is principally on the legal relations of the profession in Virginia. Dr. L. Ashton has an address on the relation of the profession to the outside world. Papers appear on cerebral localization, by Dr. W. C. Dabney; on functional eye trouble, by Dr. J. A. White; on the status of the medical profession in Virginia, by Dr. T. J. Riddell; and on new remedies, by Dr. C. R. Cullen. It is evident that there is urgent need for some kind of a medical law in that State. It appears that a higher qualification is demanded of a barkeeper there than of a doctor. Dr. Riddell writes:—

> There are many intelligent citizens of Virginia who do not know that anybody can practice medicine in this State, without a diploma. I have frequently met intelligent persons of my city who were very much surprised when I informed them that the law of our State allowed anybody to practice medicine, irrespective of character or qualification; nevertheless, the law requires a barkeeper to establish a good character before he can obtain license to vend his beverage.

Certainly, this is most discreditable; but it is not a whit better in Pennsylvania.

BOOK NOTICES.

The Easiest Way in Housekeeping and Cooking. Adapted to Domestic Use or Study in Classes. By Helen Campbell, late Superintendent of the Raleigh (N. C.) Cooking School. Author of "Chips from a Northwestern Log," etc. 16mo. Cloth. $1.00.

The authoress of this work has produced a very useful manual for the instruction of housekeepers.

Part I of her book treats of the Situation and Arrangement of the House; Ventilation, Drainage, and Water Supply; Daily Routine of Work; Fires, Lights, and Utensils; Washing; Food and Health; Condiments and Beverages, etc. Part II treats of Marketing and Cooking, with several hundred excellent Practical Recipes and hints from the cookery of other nations; yet neither on the basis of high-spiced luxury, nor that of experiments in foreign dishes, etc., but such as are needed by the vast majority of American families, namely, people in "moderate circumstances." The peculiar value of the book lies in this fact, and in the additional one that the author leaves nothing to be done "according to taste" or "according to judgment," but specifies in each case just how much should be used. The essentials are in all cases treated first and most carefully, but the delicacies and graces and adornments of house and table find their full place, while sick-room cookery has a chapter to itself. The many recipes for breakfast and tea dishes, and relishful modes of utilizing fragments, etc., are another most valuable feature for our wasteful American kitchens to heed. The "Household Hints," the proportioned "Weights and Measures," the "Time Tables" for cooking meats, fish, and vegetables, the "List of Utensils," "Hints to Teachers," "Tables of Lessons," "Questions for Examination," "List of Authorities," and Index of Topics, are all admirable and useful. The title of the book would seem to indicate some "royal road," but the good sense and clearness of its ideas show Mrs. Campbell's theory to be that "The Easiest Way" is the *best* way, and she certainly points it out.

Syphilis and Marriage. Lecture Delivered at the St. Louis Hospital, Paris, by Alfred Fournier, Professor, etc. Translated by P. Albert Morrow, M.D., etc. New York, D. Appleton & Co., 1881. Cloth, 8vo, pp. 251. Price $2.00.

Professor Fournier has long been known as perhaps the leading syphilologist of Paris. His lectures on the relation of syphilis to marriage were partly translated last year, in the London *Med. Press and Circular*; and one or two of them have appeared in this journal. By many, his statements are considered exaggerated, and his deductions unreliable, as drawn from exceptional rather than general results. We incline to think there is a good deal of truth in these criticisms.

In the volume before us there are sixteen chapters or lectures, eleven on syphilis before marriage, five on syphilis after marriage. The questions discussed are such as syphilis by conception, paternal and maternal heredity, conditions of admissibility to marriage, periods of immunity, the specific treatment, the use of sulphur waters, results when either the wife or the husband or both are syphilitic, the dangers to society from syphilitic persons, and the social prophylaxis which should be observed. Quite a number of notes and illustrative cases are added.

The style of the author is trenchant and the translation well done.

Drugs that Enslave. The Opium, Morphine, Chloral and Hashisch Habits. By H. H. Kane, M.D., New York City. Philadelphia, P. Blakiston, 1881. Cloth, 8vo, pp. 224. Price $1.50.

It is believed by many that there is a great increase in the opium consumption of the United States, and the statistics of imports certainly show largely augmented introductions in the last few years. At any rate, the passion for narcotics is sufficiently prevalent to make this work of Dr. Kane's quite timely.

He first examines the symptoms produced by the opium habit, and then discusses the treatment which can be adopted with the most promising results. In this part of his treatise Dr. Kane does not give the attention to institutions for the cure of this habit which he should do. The drugs and remedies he enumerates, bromides baths, electricity, etc., are of little use, apart from systematic supervision. Coca, he has tried without deriving any advantage from it—as might have been anticipated. Four chapters are given to the continued use of chloral and its effect on the system; and one chapter to hashisch, which is but little used in the United States. Chloral he does not think nearly so likely to form a habit of opium. Most of the blame for the continuance of opium and morphine consumption, he very justly lays upon the druggists, who commonly vend opium and its alkaloids without a physician's prescription. This should be prohibited by law.

John Hunter and his Pupils. By S. D. Gross, M.D., LL.D., D.C.L. Oxon, LL.D. Cantab, etc. Philadelphia. Presley Blakiston, 1881. Cloth, 8vo, pp. 106. Price $1.50.

This volume contains the first anniversary address before the Philadelphia Academy of Surgery. Hunter was an extraordinary man, and the prominent points in his career are ably set forth by the distinguished author of this sketch of his life. The facts are taken mainly from Ottley's and Home's memoirs, and are arranged with great literary skill, so as to bring out the inner life and mental character of the subject of the address. An excellent portrait of Hunter, phototyped from an engraving of Sir Joshua Reynold's portrait, accompanies the volume, and may also be had separately (price fifty cents). Among the "pupils" mentioned, of whom Dr. Gross gives short notices, were Edward Jenner, John Abernethy, Philip Syng Physick, Everard Home, James Wilson, and others. A chronological list of Hunter's writings forms an appendix to the volume.

Health Primers. The Heart and its Functions. N. Y., D. Appleton & Co. Price 40 cents.

This is a member of the English series of Health Primers. It treats of the structure and functions of the heart in popular language, describes its relations to the general system, and gives a series of maxims for maintaining the integrity of its functions. There is much of good sense in it, but it is not all good sense; thus we find, in p. 91, the extravagant statement: "Syphilis is the most common cause of by far the larger proportion of diseases which shorten life. * * It is never cured, and it may break out at any moment" (!). Certainly, such language in a popular book is out of place.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium,	**7.00**
Physician's Daily Pocket Record,	**1.50**
Reporter and Pocket Record,	**6.25**
Reporter, Comp. and Pocket Record,	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS. — MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS. — SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents.

Full catalogue on application.

COOKERY AS IT SHOULD BE.

The importance of general sanitary instruction is a trite subject, but there are some directions where very much more ought to be said than has been said in relation thereto. One of these is in reference to cookery. Good food is of paramount importance to health and happiness. Nothing so dwarfs a nation as the lack of it. Perfect nutrition, as LAYCOCK so conclusively demonstrated in his writings, is the foundation of intellectual progress.

This country of ours, with its teeming fields and fertile orchards, its cattle on a thousand hills and myriads of waters rich in fishy tribes, has as yet ample nourishment for all its population and for millions in the old world. But the brute material of food is not enough. Man, wrote the author of *Sartor Resartus*, is a cooking animal: civilization is measured by the progress of this art, from the wild Tartar who readies his steak by tying it beneath his saddle, to the consummate dinner of a BRILLAT SAVARIN, where the service of the table reaches the level of a fine art, and where good digestion is sure to follow on good appetite, and health on both.

Measured by this scale, we Americans must confess to an humble seat in the Congress of civilized States. Whoever has often to partake of the horrors of the hot soda biscuits of the West, the fried pork and corn bread of the South, the pies of the Middle States, and the steaks of down East—as these useful articles are generally served at railway stations and cheap restaurants—will acknowledge that there is good reason for the ancient theory of DEPAUW, that America inclines a race to physical degeneracy.

How much of the early breakdown in American life, how much of the neurasthenia, premature exhaustion, loss of beauty and loss of mental vigor, is owing to dyspepsia, faulty nutrition, imperfect blood-making? That nervousness which Dr. BEARD says is the peculiarity of American constitutions, how much of it is to be traced directly to food, faulty, not in quantity, but in preparation? Perhaps this, much more than competition, atmospheric dryness, violent climatic changes, etc., is the secret of these maladies. Individually, we don't doubt it.

We have been led to these reflections by a dinner we recently ate—led to them by what psychologists call the association of contraries.

This dinner was set for twenty-five guests. There were five courses, from soup to coffee. The flavor of every dish was what belonged to the article of which it was composed, judiciously developed by proper seasoning and preparation. If it was of beans or of cabbage, it tasted of beans or of cabbage; you recognized it at once; it was just like beans or cabbage tasted when you were a boy—not like the ordinary first-class-hotel vegetable, which, with your eyes shut, you would be ready to believe was any one of a dozen species. To be sure, there were some irregularities that were at first liable to shock a conservative mind. For instance, the regulation apple dumpling is accustomed to wear a jacket of good, strong material, something like boiled felt or wash-leather; but those at this dinner were clothed in a snow-white garb, which melted into nothing when you attacked it, and your masseter muscles felt baulked of their usual combat.

There was also a very ample supply at this dinner. It answered the Spaniard's definition of a feast, which in his opinion can only be where there is *too much* to eat. Though trencher heroes and heroines were not lacking, there was enough left to have set out a supper for the party, and that in no meagre manner.

The most remarkable fact about this banquet was its cost. The total value of all the comestibles that went towards its preparation—that value, estimated at regular market rates, and not omitting even the seasoning, was $2.25—two dollars and twenty-five cents! Not that much apiece, but for the whole twenty-five guests—*nine cents a guest!* A healthful, ample, palatable, yes, epicurean repast, for nine cents!

What magician transformed such coarse and cheap food as nine cents will buy into plates that would tempt a Lucullus? What miracle extended a scanty loaf and fish to feed such a multitude?

The magicians were the ladies who superintend the New Century Cooking School, 1112 Girard street, Philadelphia, and the miracle was the secret of judicious preparation and good cooking. They are willing to make the secret an open one; it is their wish to do so, and by disseminating this knowledge all over this land, to add to the health, comfort and happiness of our people. They desire to instruct such members of their sex as take an interest in this subject in the principles of the proper preparation of food, that these pupils, thus instructed, may convey this knowledge to other cities, and in turn become instructors, and thus disseminate this knowledge in thousands of houses.

Such an undertaking comes legitimately within the province of hygiene and sanitation; and as such eminently merits the attention and support of medical men. We commend it to their consideration, whether it would not be well worth while to mention the existence and objects of this school to the families they visit, where an ignorant preparation of food costs so much in health, and also to hospitals, boarding schools and similar institutions, where a table at once economical and healthful is such a desideratum. Full information can be had by writing to the address above given.

We have not space to refer to other advantages accruing from an improved *cuisine;* how it tends to lessen the craving for stimulants; to diminish the mortality of children; to increase the joys of domestic life; to assuage the sufferings of the invalid; to relieve the pressure of a narrow income; to allow more to be expended in culture and charity; and in many other ways to make life more worthy and worth living. All these suggestions will readily present themselves to the reflecting mind, and lead us to hope that the next philosophical gastronomist will have another kind of chapter to write on cookery in America than that in BRILLAT SAVARIN'S famous book, which we close by quoting in full.

LA CUISINE EN AMERIQUE.

* * * * * * * * *

* * * * * * * * *

* * * * * * * * *

* * * * * * * * *

NOTES AND COMMENTS.

Hypnotism, Catalepsy and the Faculty of Speech

It will not be at all amiss, in connection with the recently reported experiments in hypnotism of Prof. Hammond, to mention a memoir by M. Ballet, which appeared in a recent number of *le Progrès Medical.*

This memoir gives a curious means of demonstration, in the living subject, of the cerebral localization of the faculty of speech in the left hemisphere.

It is well known that for several years M. Charcot has plunged his hysterical patients at the Salpetrière into the hypnotic or cataleptic, state as he chose, and by means as simple as those of Prof. Hammond.

These two conditions differ essentially; hypnotism is characterized by the following peculiarities: 1. When the limbs are elevated they do not remain in position, but fall when the support is withdrawn; the muscles and nerves are, however, in an excitable state, and irritation of any particular nerve induces contraction in the corresponding muscles with as much precision as the localized electrization of Duchenne of Boulogne. 2. The faculty of speech remains, the patient replies to questions, counts or recites verses, as he is commanded; he is even able to write or communicate with those about him by gestures. While in this hypnotized condition the patient may be, with facility, thrown into the cataleptic state. To bring this about it suffices to lift the eyelids and allow the light to influence the retina. The scene then changes completely; the hyper-excitability of nerves and muscles disappears; the limbs remain in whatever position they are placed; it is true catalepsy.

2d. What is yet more remarkable, every external intellectual manifestation is abolished; the patient no longer speaks or answers questions.

But what is even more astonishing, a patient may be placed in these two conditions at one and the same time; the right half being in a cataleptic state, while the left is in a hypnotic slumber, and *vice versa.* In order to bring this about the patient is hypnotized as usual, then one eyelid is raised while the other eye remains covered. Under these conditions the cerebral hemisphere which corresponds to the covered eye (on account of the crossing (entrecroisement) of the filaments of the optic nerve this is the opposite hemisphere) remains in a hypnotized state, while the hemisphere corresponding to the uncovered eye enters on a cataleptic condition.

Thus in this subject there exists at the same time a state of hemi-lethargy and hemi catalepsy. M. Lepine originated, in Charcot's service, the experiment which we will briefly present, and which is at present daily repeated at the Salpetrière. A hysterical patient is hypnotized; she speaks, reads, and writes while in this state; the left eyelid is raised, and the right hemisphere thus plunged into a cataleptic condition, and the patient continues to speak and gesticulate. But if, on the other hand, the right eye be uncovered, that is, if we place in the cataleptic state the left hemisphere, the presumed seat of the faculty of speech, the scene changes. The patient suddenly becomes silent, she no longer answers questions; the phrase commenced remains unfinished; the patient no longer makes sign or gesture.

A hysterical patient in the hypnotic state is commanded to count, and does so automatically. We suddenly uncover the left eye (right hemisphere), there is no interruption in the enumeration; we lift the right eyelid (left hemisphere); there is sudden arrest in the counting, but the patient recommences as soon as the eyelid is dropped.

Significance of Tendon Reflex.

This is discussed in a recent paper by Dr. H. Senator, of Berlin, editor of the *Centralblatt für Med. Wiss.* It is well known that a sharp blow on the tendon of the patella, when the legs are crossed, will cause the leg to be raised by the sudden contraction of the quadriceps extensor femoris, and a movement of the foot can be induced by a similar blow applied to the tendo-Achillis. Tschirjew has shown that in the rabbit the centre for the reflex act in the patellar-reflex is situated between the fifth and sixth lumbar vertebræ, the afferent fibres proceeding from the tendon, and not, as Joffroy maintained, from the skin. These fibres run in the crural nerve, the division of which puts an end to the phenomenon. Senator corroborates Tschirjew's statement that division of the spinal cord opposite the fifth or sixth lumbar vertebra abolishes patellar tendon-reflex. He finds, further, that division of one lateral half of the spinal cord at this level abolishes the reflex on the corresponding side only. There is, therefore, no decussation of the nerve fibres. Division of the lateral column on one side produces the same effect. Division of the posterior cornua of the gray substance does not abolish the tendon-reflex. He concludes that in this part of the lumbar region both the sensory and motor fibres of the posterior extremities are exclusively contained in the lateral columns of the cord. It is remarkable that the patellar tendon-reflex can only be induced by one kind of stimulation—namely, mechanical shock or sudden extension by a blow. Neither electric, chemical, nor thermic stimuli have any effect. Nor has such stimulation as can be applied by pricking, cutting, or pressure. Senator discusses the views of Tschirjew in regard to its presence in health and disease, and appears to think that it is not always demonstrable in health, and not always absent in ataxy.

Value of Venesection.

A correspondent writes to a recent number of the *British Medical Journal:* "I heartily agree with Sir James Paget, who says that 'we undoubtedly overvalue the blood, and estimate too cautiously the loss of it,' etc. I can testify from personal experience that venesection is the remedy *par excellence* for scarlatinal uræmic convulsions. During the summer of last year, I unfortunately caught scarlet fever, which was followed by uræmic convulsions. The convulsions came on one night, and were preceded by a few hours by intense frontal headache, vomiting, defective vision, muscular twitchings in the legs, shoulders, etc. After I had had two or three convulsive fits, I was bled to two pints. Mustard poultices were also applied to the legs, and ice to the head, etc. Soon after the venesection, I think, I had two more fits, but they were not so strong as the former ones. My sight returned so that I could distinguish people after two days."

Food for Infants.

A prize was offered by the Paris Academy of Medicine last year, for an essay on the artificial feeding of infants. The essays show that there is some lack of unanimity in opinion.

The vexed question as to how far the milk should be diluted still remains unsettled, and gastro-intestinal disturbances are variously ascribed to the dilution of the milk or the want of it. In connection with this question, it has been well suggested that milk given fresh from the udder of an animal is to a great extent a living aliment, and much more easy of digestion. Possibly, also, the difference between country and town-fed animals may influence the necessity for the addition of water, and it may be possible to increase the tenuity of the milk by inducing a more frequent drinking on the part of the animals which supply it. No hard and fast rule, however, can be laid down on this subject, but the tolerance of the digestive organs may always be taken as the guide. The addition of a small quantity of sugar is generally recommended, though the possibility of its inducing intestinal derangement is not to be overlooked. A few grains of common salt was proposed by two of the writers. Artificial substitutes for milk were all but universally condemned. The importance of most careful supervision of artificial feeding was emphatically insisted upon, and the contrast between its pursuance at home and in public nurseries was shown by the following figures. The mortality of children fed by mothers was 10 to 16 per cent.; by wet nurses, 26 to 30 per cent.; by artificial feeding at home, 15 to 20 per cent.; and away from home, 50 to 60 per cent. The great dangers of the last mentioned system are forcibly dwelt upon.

London Fogs and Health.

The eminent sanitarian, Dr. Alfred Carpenter, has a paper on "London fogs," in the December number of the *Journal of the Society of Arts.* He discussed with much ability the causes of the intensity of town fogs, the means for their prevention, and how to set these means in operation. The question is a serious one, as appears by a paper by Dr. Arthur Mitchell, published in the *Journal of the Scottish Meteorological Society*, vol. v. Dr. Mitchell speaks of the fogs that prevailed in London from November, 1879, to the end of the first week in February, as forming one continuous fog, "constituting one of the most remarkable on record in this country." He shows that: (1.) The whole death rate was enormously increased. (2.) No approach to so large an increase of the death-rate showed itself in any other of the British large towns. (3.) Asthma is the disease which appeared to be most directly increased in its fatality by the fog, In the first three weeks of 1880, when the fog more or less completely disappeared, the death from this disease fell at once to about 30 per cent. below the average, having previously risen in the middle of December, when the fog was severe, to 43 per cent. above the average, and rising again in the end of January and beginning of February, when the fog was densest and most persistent, to 220 per cent. above the average. The death-rate in London rose in the first week in February, when the fog was worst, to the enormous ratio of 48 per thousand. Considering all this, it is not to be wondered at that men of science have been at work to devise means to rid London of its fog, if possible.

The Composition of Podophyllin.

The London *Med. Times and Gazette* states that the composition of the product of the podophyllum peltatum, which is known as podophyllin, has just been subjected to careful investigation by Dr. Podwyssotzki, assistant in the Pharmacological Institute at Dorpat (*Archiv für exp. Path. u. Pharm.*, xiii, page 19). The principal constituents were found to be three. The first is a colorless substance which crystallizes with difficulty, is soluble slightly in water, but freely in alcohol, with an excessively bitter taste, and has a very slightly acid reaction in alcoholic solution. This substance, for which the name of podophyllotoxin is proposed, is a powerful poison—one to five milligrams killing a cat. The second constituent is a body which the investigator calls picropodophyllin—crystalline, neutral, insoluble in water, intensely bitter, and physiologically active. Podophyllic acid, an intensely acid substance, soluble in warm water, and combining with alkalies, completes the important constituents of podophyllin. The same constituents can be obtained from the rhizome. With respect to the physiological action of these bodies, the podophyllotoxin possesses all the well-known properties of the resin. Picropodophyllin possesses the same, but in a greatly inferior degree. Podophyllic acid is physiologically inert. Podwyssotzki is strongly inclined to believe that the picropodophyllin and podophyllic acid, which can be obtained from podophyllotoxin, are due the decomposition of that body by an alkali.

On the Abortive and Curative Treatment of Smallpox.

"On the 16th January, 1880," says Dr. Bouyer, of St. Pierre de Fursac, in the *Bull. de Thérapeutique*, December 25th, "I addressed to the Academy of Medicine the following letter:—'I have the honor to forward to the Academy a sealed packet containing a formula for what I believe to be the curative and abortive treatment of smallpox, and which I have found very successful in six cases. When I have tried the treatment in a greater number of cases, I shall lay before the Academy the results of my investigation.'"

On the 16th March, Dr. Bouyer had had fifteen cases, all confirming the efficacy of the remedy, and shortly afterwards he was pleased to make it known. The following is the formula recommended:—

℞.	Alcohol,	10–15 grams (2½–4 ʒ)	
	Salicylic acid,	1 gram (15 grs.)	
	Simple syrup,	20 grams (5 ʒ)	
	Water,	50 grams (2 ℥).	M.

Of this a tablespoonful should be taken every six hours if the case is seen early, and every four hours if the disease is well advanced before the treatment is begun. Dr. Bouyer finds that under this treatment, commenced early, the eruption is discrete, or if confluent, the pustules are of small size, and contain little pus. They contract between the sixth and eighth day, leaving light furfuraceous crusts, which fall off in a few days without leaving either cicatrices or stigmata. The fever of suppuration is always greatly diminished.

Desiccated Ox-Blood and Hæmoglobine.

Dr. Le Bon, in the *Journal de Thérapeutique* (November 25) protests against the claim which Dr. Andrew Smith and others in America have made, of having invented this preparation, the full description of which he had published five years since in the *Comptes-Rendus* (1875), and notices of which were given in all the French medical journals. It has now, he states, been well tried at the Paris hospitals, and especially by Prof. Bouchut at the Children's Hospital, and has been found most efficacious in all cases in which reconstitutents are required, and succeeding where the martial preparations fail. It is indicated wherever iron, raw meat or the phosphates are useful. Hæmoglobine, Dr. Le Bon says, is difficult to prepare, and in some modes of desiccation of blood all hæmoglobine is lost. He has had it prepared by a skillful chemist, and it is now in the trade. It is almost completely soluble in water, giving to this a magnificent red color. It may be given in this way or with chocolate, or in the form of powder. The American plan of adding alcohol he criticises, as this precipitates the albumen. Dr. Le Bon observes that all the elixirs or wines sold as containing any of the essential principles of blood or meat are an entire delusion, as they cannot contain an atom of the albuminoid principles which give to meat its nutritive properties.

Foreign Bodies in the Uterus.

Le Praticien publishes two interesting cases: in the first, the physician, finding himself in the presence of dangerous hemorrhage from the uterus, introduced into and left in the organ a sponge wet with aromatic vinegar. When the hemorrhage ceased it was not considered expedient to remove the sponge, and the os uteri soon closed so that the extremity of the index could not be introduced. The next day, when about to dilate the os, the physician was agreeably surprised at finding the sponge in the vagina.

In the second case an accoucheur, obliged to introduce the hand to separate an adherent placenta, found that he had slipped off and left in the organ a rather loose finger ring. Nothing was done until two days later, when, as there was slight hemorrhage, he made a vaginal examination, found the os somewhat dilated and the ring just behind it; he was able to withdraw it with the bent finger. M. Hugues concludes, from these facts: 1. That foreign bodies introduced postpartum into the uterus are not liable to induce serious accidents, and, 2. That the uterus itself often induces the expulsion of foreign bodies introduced into the organ.

CORRESPONDENCE.

A Health Resort in Northern Georgia.

Ed. Med. and Surg. Reporter:—

About two years ago my attention was first called to the superiority of the climate of certain parts of Georgia, with reference to the treatment of consumption, by Dr. J. M. Keating, of Philadelphia, whom I met at Delhi, India, in company with General Grant and party, on their tour around the world. Dr. Keating, who has devoted much of his time to climatological researches, and had spent a portion of a winter in Georgia, with an invalid, was quite enthusiastic on the subject, and declared that, as regards health and comfort, he would rather live in Georgia than in any other part of the United States.

Bath, a little village in Richmond County, about sixteen miles from Augusta, in a southwesterly direction, and seven miles southeast of Berzelia, on the Georgia Railroad, is universally regarded as the healthiest spot in this State, and has, since 1812, been a favorite summer resort with the planters from the surrounding malarial districts, and many of the wealthy citizens of Savannah, Augusta, and other neighboring cities, who annually flock hither with their families, in order to escape from the scorching heat of the valleys with its attendant evils, malaria, mosquitoes, etc. etc. Of late, a few invalids from the North have spent the winter months here, and have, I believe, without exception, returned to their homes in the spring much benefited. As this place possesses in a more perfect degree than any other locality in the United States with which I am acquainted, those climatic conditions that are now considered by high authorities to be necessary for the successful treatment of phthisis, viz., altitude, dryness of atmosphere, and a mild and equable temperature, which enables the invalid to live, as it were, out doors; yet is sufficiently cool and bracing to render active exercise in the sunshine agreeable, I think it deserves a wider reputation than it has hitherto enjoyed. Mr. Wingate, a gentleman from Maine, who for many years has traveled with his son, and spent several winters in the Bahamas, Florida, Mexico, California, and the two last here, says that he considers this climate superior to that of any of the above named regions. Dr. J. M. Dent, who has been practicing his profession here for thirteen years, states that during that time he has not met with a single case of malarial fever, typhoid fever, pneumonia, or consumption, which originated in Bath; although while practicing in one of the neighboring counties he averaged during the winter months fifteen cases of pneumonia a day; he moved to this place himself for his health, and declares he would rather live here on corn bread, than elsewhere on all the luxuries that wealth could procure.

Although no meteorological record has hitherto been kept, the winter temperature ranges, as far as I can learn, from 40° to 60° Fahr., with an occasional frost and a slight snow-fall once in half a dozen years; the past winter has, however, here as elsewhere, been exceptionally severe. The soil being sandy, the roads are perfectly dry half an hour after even a heavy rain shower, but rains are by no means frequent, and when they do occur it is usually at night, the sun rising again in the morning on a clear and bright sky sending forth his life-giving light unimpeded by a single cloud. The village of Bath is built on several hills, at an elevation of about 900 feet above the sea, and being surrounded by dense pine forests the atmosphere is constantly charged with those terebinthinous vapors, the inhalation of which we know is at present regarded as one of the most efficacious remedies in the treatment of pulmonary, laryngeal and nasopharyngeal diseases. A clear stream of water runs through the village, and an elegant bath house with swimming arrangements has been erected for the use of the inhabitants and visitors. Numerous excellent springs, some of which contain iron and magnesia, burst forth from the earth in various places. There is no hotel in the place, which I regard as an advantage, hotels offering anything but comfort to invalids, who, moreover should never be crowded together in one house, but rather scattered about among healthy people; large, comfortable and airy rooms, with first class board, may, however, be had at reasonable rates ($15 to $25 a month), in private families, and there being a plentiful supply of good wood, huge fires will always be found blazing on the hearth during the cold season, adding materially to the cheerfulness of the surroundings as well as to the maintenance of perfect ventilation. Another advantage which I think this place possesses is that it is some distance off from the railroad, invalids thus escaping the noise and bustle of the arrival and departure of the trains, and the town being kept free from that rowdy element which always accompanies the iron horse. As for outdoor amusements, there are excellent hunting grounds, and the numerous good roads which extend in all directions offer facilities for riding, either in carriage or on horseback, the latter healthy exercise being at present much in vogue and practiced daily by the younger and more active of the visitors, while nothing can be more pleasant than a promenade in the woods on a bright, sunny day, or a game of croquet on the large open lawn in the village. There are at present two physicians at Bath, Dr. Dent, who, as above stated, has been practicing his profession in this place for thirteen years, and myself, who, though but a short time here, have been so favorably impressed with the place and its surroundings that I intend to move my family here at once. A collegiate institute is about to be established, with the Rev. Paul C. Morton as Principal, assisted by experienced teachers, in which instruction may be had in all the English branches, ancient and modern languages, physiology, chemistry, etc., and this I regard as of special advantage to delicate youths and young ladies who, through ill health, are unable to pursue their studies in the North.

Bath, Ga. JOHN C. SUNDBERG, M.D.

Special Branches of Medicine.

ED. MED. AND SURG. REPORTER:—

In looking over the REPORTER of last week I came across a communication by Chas S. Turnbull, M.D., of Philadelphia, on "Nasal and Pharyngeal inflammations, considered with reference to diseases of the middle ear; with remarks upon treatment;" which I read with a great deal of satisfaction and interest.

The subject is treated entertainingly and practically, and it is the complete conviction of the truth of my experience that leads me to comment on a subject of so vital importance. Every medical practitioner is constantly meeting with cases of disease peculiar to these organs, some of which may be classed among the most formidable affections. In the large cities not a few devote their exclusive attention to the practice of their chosen specialty; still they are unable to treat every case that occurs, and consequently the general practitioner is almost daily encountering cases which demand special treatment. Hence it is important that the general practitioner should be acquainted with the literature and best means of diagnosis and treatment of these diseases. That many promising cases from which good results might be obtained are never treated cannot be gainsayed. They are perhaps diagnosticated; but inasmuch as many physicians never meddle with these organs, or the patients are perhaps treated without benefit, they abandon all treatment and become nearly reconciled to the inevitable, when their hopes are again revived by reading flaming newspaper and almanac advertisements, and the patient invests in some patent medicine or secret treatment, or perchance consults some traveling medicine vender, some charlatan or quack, who makes unwarrantable pretensions to skill, promising cure for all diseases that human flesh is heir to, is fleeced of his money, and eventually goes down to his fate.

I have no question in my own mind, but that our ideas and treatment of idiopathic inflammations of the mucous membranes of the nose, pharynx and middle ear must be radically changed, and that the common and vague term "catarrh," which is applied to almost every variety of head troubles, will soon have a place only in the evening mist and mysteries of the past, not able to stand the noonday sun. The detection and efficient treatment of this class of cases are so tersely expressed by Dr. Turnbull in his valuable communication, that it seems wonderful that it should ever be neglected. And, in reviewing the subject of aural and ophthalmic surgery, as well as rhinoscopy and laryngoscopy, as rationally practiced, when contrasted with the stereotyped course as followed by most physicians, many deductions may be drawn. We not only find much to learn but much to unlearn. I am a country practitioner, and have not attained, nor do I expect the amount of operative success of those who practice their chosen specialty exclusively. Yet I have the gratification to see some evidence, at least, that my labors in these various special branches of medicine have not been in vain. And the surest way of gaining that end is by studying and paying due respect to the rules, methods and precepts of the acknowledged "lights," in these special branches of medicine and surgery.

Therapeutically we have been struggling in the dark, both in general and special medicine; but science seems to be on the verge of letting in the dawn of a new day, and the readers of our valuable MEDICAL AND SURGICAL REPORTER are catching the rays transmitted and thrown off by these "special lights," thereby receiving constantly useful information, and through this reading become better qualified to perform the duties of the profession. Medical journals nurture and form a taste for reading when the text-books have lost their interest. They have led many of the profession to cultivate a talent for writing, and in this way science has been advanced. New remedies, pathological views and methods of treatment are thus made known to the readers of journals long before they are embodied and collected in standard works. Therefore let the men engaged in special branches make their experience, their methods and plans of treatment known through the journals, for the benefit of their professional brethren, who, feeling the greatness of their mission, labor for the welfare of mankind. I am well aware that the specialist is often accused of being "*Novitatis potius quam veri studiosus*," but it must be borne in mind that the medical art is progressive. It has much to learn, and there yet remains very much land to be possessed in the work of original investigation; and this applies to all branches of medicine. Hence let the general practitioners of medicine, men who have had the opportunity of noting the progress of medicine, who have observing minds and mature judgments, such men as Dr. Traill Green, Dr. Hiram Corson, and a host of others who might be mentioned, who show, as their years increase, their activity and professional enthusiasm does not diminish, let these men keep their pens in motion; they take active interest in medical progress, and what they write has weight; their writings are always acceptable and impart sound truths. The physician who reads medical journals with regularity is always furnished with some new hints, and keeps abreast of medical progress. We are always learners, and find that much needs to be supplemented, both in knowledge and experience, to become masters of the science and expert manipulators of the art. "Work, watch and wait," should be every physician's motto, and he should be satisfied with no attainments, however high. The *ultima thule* lies beyond.

Bath, February 22d, 1881. G. T. FOX, M.D.

Scarlatina and Smallpox.

Ed. Med. and Surg. Reporter :—

For the purpose of awakening thought suggestive of a rational treatment of these much dreaded and oft fatal diseases, which prevail so alarmingly, I offer these views. My knowledge is obtained more from books than from experience, and is presented as a rational theory of treatment proper for these acute exanthems.

The action of the atmosphere upon wounds is well understood, in the processes of secretion, suppuration and desiccation of the secretions, by which granulation and healing is made possible. Without the exclusion of the air from the raw surfaces of wounds by natural or artificial means there could be no cicatrization; hence the propriety of protecting the inflamed and sensitive surfaces from the action of the atmosphere in exanthematous diseases. If the secretions were repeatedly wiped out of a wound, and it was left exposed to the atmosphere, it would never heal. Bearing these facts in mind, in reading many hospital and physicians' reports of their mode of treatment in scarlatina, I found in many instances, and especially in those successfully treated, incidental allusion to bathing and inunction, and these confirmed my convictions that exclusion of the surface of all efflorescent patients from the action of the atmosphere should be a part of a rational treatment. On one occasion I was called to see a patient suffering intense pain, whose entire surface presented the appearance of a boiled lobster; the effloresence was exceedingly aggravated and skin sensitive; the patient was, to my mind, being pained to death! At once I prepared an antiseptic bath, of normal flesh heat (which was cooling and grateful to the patient suffering from a fever heat), and while being sponged the patient dropped into a sweet, refreshing sleep. After the temperature was somewhat reduced by the tepid bath, the patient was anointed with a bland, antiseptic ointment over the entire surface. By daily use of the sponge bath, which was immediately followed by inunction, the patient soon convalesced, with but little trouble from the usual *sequelæ*. Had the bath and inunction been used on the first appearance of the eruption, in my opinion, there would have been no symptoms of the *sequelæ*.

In some cases of *variola*, to prevent pitting, physicians protect the face from the atmosphere by using oiled silk coverings. And in your journal of the 19th inst. (page 217), Dr. Schwimmer advises a mask of pliable linen for the face, to be smeared with liniments composed of carbolic acid, olive oil and chalk, or starch, to prevent pitting by smallpox.

Now, if the pitting of the face can be prevented by protecting it from the action of the air by oiled silk, or by carbolated ointments, thereby preventing the enlargement of the pustules, and increased ulceration, why not protect the entire person from the poisonous action of the air, and thereby lessen the ulceration and the production of pus and virus, and save the patient, not only from *pitting*, but from *dying* from the secondary fever caused by the absorption of this accumulated virus, resulting from the action of the atmosphere. Wounds properly protected from the atmosphere generally heal by *first intention*, and without the generation of pus. Whence, then, the great amount of pus in extensive suppurating wounds? Not from within, but from the poison without. Whence the immense quantity of virus pus that covers the patient suffering from confluent variola? It cannot come from within altogether.

Without speaking of the various prescriptions used by physicians in the treatment of these diseases, many of which are proper, I have briefly hinted at what I believe to be the *rationale* and the *desideratum*, in the treatment of the diseases named, believing that by the use of antiseptic baths, and antiseptic ointments, which exclude the air, and also the light (if pulverized charcoal was used in the ointment), *nine tenths of the deaths that occur in the secondary fever in variola may be obviated!* John Brooks, m.d.

Sinnamahoning, Pa., Feb. 23, 1881.

News and Miscellany.

American Medical Association.

The following announcement has been sent us for publication :—

The Thirty-second Annual Session will be held in Richmond, Va., on Tuesday, Wednesday, Thursday and Friday, May, 3, 4, 5, 6, 1881, commencing on Tuesday, at 11 a. m.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States."

"Each State, County and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: Provided, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

Secretaries of Medical Societies as above designated are earnestly requested to forward, at once, lists of their delegates.

SECTIONS.

Practice of Medicine, Materia Medica, and Physiology: Dr. Wm. Pepper, 1811 Spruce street, Philadelphia, Pa., Chairman; Dr. T. A. Ashby, Baltimore, Md., Secretary.

Obsterics and Diseases of Women and Children: Dr. James R. Chadwick, cor. Marlborough and Clarendon streets, Boston, Mass., Chairman; Dr. Joseph Taber Johnson, Washington, D. C., Secretary.

Surgery and Anatomy: Dr. Hunter McGuire, Richmond Va., Chairman; Dr. Duncan Eve, Nashville, Tenn., Secretary.

State Medicine: Dr. James T. Reeve, Appleton, Wis., Chairman; Dr. R. G. Jennings, Little Rock, Ark., Secretary.

Ophthalmology, Otology and Laryngology: Dr. Dudley S. Reynolds, Louisville, Ky., Chairman; Dr. Swan M. Burnett, Washington, D. C., Secretary.

Diseases of Children: Dr. A. Jacobi, 110 W. 34th street, New York, Chairman; Dr. T. M. Rotch, 77 Marlborough street, Boston, Mass., Secretary.

A member desiring to read a paper before any Section should forward the paper, or its title and length (not to exceed twenty minutes in reading), to the chairman of the Committee of Arrangements, at least one month before the meeting.

Committee of Arrangements. Dr. F. D. Cunningham, Richmond Va., Chairman.

Amendment to the By Laws, offered by Dr. J. M. Keller, Ark.: In the election of officers and the appointment of committees by this Association and its President, they shall be confined to members and delegates present at the meeting, except in the Committees of Arrangement, Climatology and Credentials. W. B. Atkinson,

Permanent Secretary.

The International Medical Congress.

We have received from Dr. C. T. Hunter, Local Secretary, the programme of the Seventh Session of the International Medical Congress. As before announced in the Reporter, the President is Sir James Paget, Bart. The Chairman of the Executive Committee is Dr. Risdon Bennett; of the Reception Committee, Prescott Hewett, Esq., F.R.S. The published rules are as follows:—

Rule I. The Seventh Session of the International Medical Congress will be opened in London, on Tuesday, the 2d of August, 1881, at the Royal College of Physicians, Pall Mall, where the Executive and Reception Committees will meet the members, between the hours of 4 P.M. and 7 P.M. The meetings for business will commence on Wednesday, August 3d, and will end on Tuesday, the 9th of August.

Members will be registered and tickets issued on the 2d of August, and on succeeding days, during the session of the Congress, at the office of the Reception Committee, at the College of Physicians, Pall Mall, between the hours of 9 A.M. and 5 P.M.

Tickets may also be obtained beforehand from the Reception Committee, by intending members, on payment of their subscription and upon their making a properly authenticated application.

Rule II. The Congress will be composed of medical men, legally qualified to practice in their respective countries, who shall have inscribed their names on the Register of the Congress, and shall have taken out their tickets of admission. The subscription is fixed at one guinea, which amount is to be paid on inscription and before the commencement of attendance at the meetings. Each member of the Congress will be entitled to a copy of the Transactions when published.

Rule III. Ladies invited by the Reception Committee may be present at the Social Meetings of the Congress, but may not attend the Business Meetings.

Rule IV. The work of the Congress is divided into fifteen sections; and Museums of objects of scientific and professional interest will be on view during the meeting.

Rule V. A President of the Congress, Vice-Presidents of the Congress, a Secretary-General, as well as a President, Vice-Presidents, Council, and Secretaries for each Section have been nominated, but the definitive election of officers will be made by the Congress at its meeting on August 3d, when a certain number of Honorary Presidents of the Congress will be elected. Honorary Presidents of the Sections will also be elected by the Sections.

Rule VI. The first general meeting of the Congress will take place on Wednesday, August 3d, at 10 A.M., in St. James's Hall, Regent street, when the Congress will be constituted, and the President will deliver an Inaugural Address; and at three o'clock on the same day the Sections will meet for the transaction of business in the rooms allotted to them. The Congress will subsequently assemble twice daily, from 10 A.M. to 1 P.M., for Sectional meetings, and from 4 to 5.30 P.M. for general meetings. Any Section requiring additional time may meet from 2 to 2.30.

Rule VII. The general meetings are reserved for:—

1. The transactions of the general business of the Congress.

2. Addresses or communications of scientific interest more general than those given in the Sections.

Rule VIII. Questions which have been agreed upon for discussion in the Sections will be introduced by members previously nominated by the officers of the Section. The members

Rule XII. The rules, programmes, and abstracts of papers will be published in English, French, and German.

Each paper or address will appear in the transactions in the language in which it was delivered by the author. The debates will be printed in English.

To ensure accuracy and facilitate the publication of the proceedings, speakers are requested, before the conclusion of each meeting, to hand to the Secretaries of the Section, in writing, the substance of their speeches.

Rule XIII. The President of each Section will direct the discussions in it, according to the rules usually observed in deliberative assemblies.

He will decide upon the daily programme in conjunction with the officers and council of the Section.

Rule XIV. The Executive Committee reserves the power to permit the attendance at business meetings of medical students and of other persons interested in the work of the Congress, on the recommendation of the Executive Committee, or the officers of a Section, and the payment of half a guinea. These persons will not be allowed to take part in the proceedings.

Rule XV. Questions relating to the business of any of the Sections must be addressed to the Secretaries of that Section.

All other communications should be sent to Willam Mac Cormac, Esq., Hon. Secretary General, 13 Harley street, London, W.

Smallpox in Philadelphia.

This has been a prosperous winter for varioloid in Philadelphia. Two or three deaths a week from it were reported for the first eight months in the year. Beginning with the first of September last, there was a marked increase in the number of deaths from the disease, which increase has steadily continued to the present time. During the first week in September there were eight deaths from smallpox in Philadelphia; during the first week of the present month, February, there were 61 deaths from the same disease. During the whole period, twenty-four weeks, from the 1st of September to the 12th of February, there were six hundred and fifty-six deaths from smallpox. The total deaths in Philadelphia, during this period, was 7967; the deaths from smallpox were, therefore, 8.2 per cent., or one in twelve of all the deaths.

Commenting on these facts, Dr. E. S. Snow, of Providence, forcibly remarks:—

No principle of sanitary science is more positively established than this, that there is an absolutely certain individual preventive of smallpox, which is easily obtainable and easily applied. The whole question of the arrest of this disease, at any time and in any place, is simply the question of the faithful application of this preventive, with other suitable well-known sanitary measures.

If this preventive and these sanitary measures had been faithfully applied on the appearance of the first case of smallpox in Philadelphia, the whole subsequent disease, suffering, loss of life and loss of money would have been prevented at an expense of a few dollars. If the same measures had been faithfully carried out in the first ten cases of the disease, the same result would have been obtained at an expense of a few hundred dollars.

With each week's delay, and increase of new cases, the trouble and expense of arresting the disease have been greatly increased; but at no time, from the beginning to the present moment, has the complete arrest of the disease by suitable measures been impossible, or even doubtful.

Peculiarities of Race.

The report of Dr. Smith, stationed with the troops at Fort Clark, Texas, shows that there is quite a difference in taste between the white and negro troops at that place. The troops are furnished with certain rations. If they do not care for these they can sell them and purchase other groceries and supplies in their stead. The doctor finds that the negroes sold most of their coffee and salt, whence it might be inferred that they did not appreciate these articles. On the other hand, the white troops sold their pork and bacon and pepper. A curious circumstance was the fact that the negro soldier consumes twice as much sugar as a white one; a still stranger fact, the declaration that the darkies use, on the average, three times as much soap as their white brethren.

Peacemakers.

When Dr. Gatling, the mildest-mannered, most benignant of men, conceived the notion of that murderous instrument known as his gun, he perfected its slaughtering prowess in the "interests of peace." Make such an instrument as will render battle simply slaughter, and we shall have no wars, was his axiom. Another bloodthirsty advocate of peace is experimenting, at Washington, with an instrument of possibilities so bloody and death-dealing that Dr. Gatling's monster may be considered a boyish toy in comparison. This peacemaker is also a doctor—Dr. McLane—and his gun ranges from the size of a handy horse pistol to a one hundred and fifty pounder, and its power of destruction may be likened to the simoon on the desert careering over a helpless caravan.

Pharmaceuticals.

MEDICINAL WHISKY.

A pure article of stimulants is a most important aid in therapeutics, and so much of the ordinary spirits on sale in drug stores is inferior deleterious stuff, that we mention with pleasure the effort of the Newbold-Buchanan Distillery Co., Louisville, Ky., to put at the command of all an entirely sound whisky. It is put up in bottles, so corked and labeled that any tampering with the cork and any refilling of bottles with a lower grade is impossible. The cases are retailed at $12.00 each, and some excellent judges to whom we presented a sample sent us, pronounce it old, pure, soft, and of full flavor. We have every confidence that it merits in an unusual degree the endorsement of the profession.

"Winter Cholera" and "Butterine."

A Chicago despatch of Feb. 28th states that a number of prominent physicians, interviewed for the *Tribune*, give it as their opinion that the disease known as "winter cholera," which has prevailed to an alarming extent in that city during the winter, is traceable to the extensive use of "butterine," in the composition of which hog products largely enter, and not to the Lake water. They say the process of making the compound does not require the high temperature which is necessary in refining lard; and that the germ of the disease might pass through the process without being killed.

Items.

—The National Board of Health *Bulletin* states that the relative mortality of the white and colored cannot be given with any accuracy until the late census shall furnish the respective populations for a sufficient number of cities. The reports of 1879 and 1880 indicate, however, that the mean annual death-rate of the whole white population is not above 20 per 1000, while that of the colored people is above 30. The ratio of two to three will nearly express the relative mortality, so far as it has been determined by reports based on an imperfect estimate of population.

—By a decision of the Supreme Court of this State the bequests of the late Prof. Geo. B. Wood to the Medical Department of the University of Pennsylvania, for the maintenance of the auxiliary Faculty, will have to be reduced. in proportion to the general depreciation of the estate. This may jeopardize the continuance of the auxiliary Faculty.

—M. Oscar Comettant has just started, in Paris, a periodical, entitled *Nouveau-né*, of which the object is to give counsel as to the proper treatment of infants during the first year of their life. A copy of the first number, accompanied by a letter from M. Comettant, was sent to Victor Hugo, who acknowledged its receipt in a note, in which he said: "Your letter moves me. I applaud you. Everything you may do for infancy you will do for humanity. Forget not that this sweet infancy, trembling and naked, brings to us, in its arms, the future."

—All the physicians at Hoosick Falls, New York, have agreed to respond to no calls from families who have unpaid bills more than three months old.

OBITUARY NOTICES.

—At the regular annual meeting of the Faculty of Starling Medical College. held February 26th, 1881, the death of Prof. Francis Carter, Dean of the Faculty, was announced. The regular business was suspended, and the following resolutions, expressive of the sentiments of the Faculty, were adopted:—

"*Resolved*, That in the death of Prof. Francis Carter, our beloved Dean, we have lost an accomplished and genial colleague, a wise counsellor and faithful guide, and that we tender to his family our heartfelt sympathy; and

"*Resolved*, That we attend the funeral in a body, and that the halls of the College, which was founded mainly through his influence, and over which he has for many years presided with dignity and efficiency, be draped in mourning for thirty days."

—Dr. Arthur Clifford, a son of ex-Governor Clifford, of Massachusetts, while returning from a short trip to New York, with Dr. Ira Russell, shot himself through the heart in a Ware River train, between Barre Plains and Winchendon. He had been partially insane.

—Dr. George W. Dirmeyor, a well-known physician, for many years Secretary of the Louisiana Board of Health, died in New Orleans last week, aged 52 years. A few days before Dr. Dirmeyor had stated that he had seventy-seven hemorrhages of the lungs in the past twenty-seven years.

—Dr. John S. Winans, a well-known physician in Allegheny, died at his residence in that city on the 5th ult., in the 68th year of his age. He was born in Milton, O.; graduated at the Ohio Medical College, Cincinnati, in 1845; practiced his profession for many years at New Brighton and Rochester, Pa., and removed to Allegheny in 1870.

QUERIES AND REPLIES.

ED. REPORTER.—In reply to T. A B's question in your issue of February 19th, concerning the weight of Edward H. Rulloff's brain, the following extract from a sketch of his life and character, taken from *The Phrenological Journal*, Sept., 1871, will, we trust, be satisfactory:—

"Very soon after the execution of this singular man, his head was taken by certain authorized physicians of Binghamton, and dissected. The brain was found to weigh fifty-nine ounces, being nine and a half or ten ounces heavier than the average weight. The heaviest brain on record is that of Cuvier, the celebrated French naturalist, which is given by some authorities at sixty-five ounces." JONATHAN FAUST, M.D.

Zieglersville, Pa.

Other correspondents supply the same facts.

Dr. S. J., of N. Y.—The tartrate of morphia has been used, and is well recommended, for hypodermic injections. The proportion is one part to twenty of distilled water. It is said neither to decompose nor deposit crystals. The solution of the acetate rusts the syringe, and that of the bimeconate frequently develops a fungus growth.

MR. EDITOR.—In your issue of Feb. 19th, under Queries and Replies, H. W., of Ohio, relates a case where calomel and chlorate of potassa, given together, resulted in poisoning by corrosive sublimate. His chlorate of potas. was combined with the tinct. of the chloride of iron, which contains free hydrochloric or muriatic acid, and that is where the difficulty was. Chlorate of potas. dissolved in water and given with calomel is entirely harmless. A little medical chemistry is useful. W.

Bloomfield, N. J., Feb. 28, 1881.

MR. EDITOR.—Dr. T. B. F., of Ohio, in the REPORTER of Feb. 26th, asks for suggestions as to the treatment of "an obstinate case of chorea," without giving any reasons for so doing. I would recommend that he use, per rectum, and in suitable amount, chloral hydrate dissolved in milk, and repeat every twelve hours. I would ask that he report success or failure in the REPORTER. H. L. HORTON, M.D.

167*th street, New York.*

MARRIAGES.

HAYNES—MOORE—On Feb. 18. by the Rev. Jas. Millett, Ruth A., daughter of J. Moore, and W. H. Haynes, M.D., both of New York.

LANGDON-LUTES.—At the residence of the bride's mother, Medford, N. J., on Thursday, Feb. 24, by the Rev. George R. Snyder, Charles H. Langdon, M.D., of Poughkeepsie, N. Y., and Emma Louise, daughter of the late Elwood Lutes.

SMITH—HAGAN.—In Atlantic City, on February 10, 1881, by Rev. J. J. Fedigan, Dr. Mark L Smith, of Philadelphia, and Katie A. Hagan, daughter of John Hagan, Esq., of Atlantic City.

DEATHS.

COMFORT.—On February 9, 1881, near Wyoming, Minn., Dr. J. W. Comfort, formerly of this city, aged 70 years.

HART.—In this city, Feb. 19, 1881, Harry C. Hart, M.D., in his 53d year.

IRVING.—At West Bergen, N. J., on February 22, Dr. John B. Irving, of Charleston, S. C., in his 81st year.

SCHMIDT.—In New York, on Tuesday, February 22d, D. Webster Schmidt, M.D., in the 48th year of his age, son of the late John W. Schmidt, M.D., of Charleston, S. C.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1255.] PHILADELPHIA, MARCH 19, 1881. [VOL. XLIV.—No. 12.

ORIGINAL DEPARTMENT.

LECTURE.

LOCAL ŒDEMA.

Delivered at the Hospital of the University of Pennsylvania, April 27, 1880,

BY WM. PEPPER, M.D.,

Professor of Clinical Medicine in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M.D.

Œdema of one Leg from the Pressure of a Truss.

GENTLEMEN:—Here are two cases, one of which presents points of particular interest, but the other is of rather a common type. They are both instances of swelling of single members. In one case the leg, in the other the arm. The term œdema, or effusion into the subcutaneous connective tissue, is applied to all cases in which swelling of a part pits on pressure. Of course, I except those cases in which there is manifest inflammation. You know that inflammation presents among its local signs swelling of the part, redness, heat and swelling being the distinguishing features of inflammation. There is often present in inflammation a swelling that pits on pressure; to this the term inflammatory œdema is applied; but when we speak of œdema simply, it is understood that there is simply an effusion of liquid into the subcutaneous tissue, pitting on pressure.

The distribution of œdema varies greatly, sometimes being over the whole body, at other times localized to a single member, or even to a portion of a single member. The matter effused also varies greatly; in a typical case of simple œdema the matter effused is the serum of the blood. If the distention is very great, so that the skin appears to be on the point of bursting, the part may feel tense and elastic, and not pit much, but, as a rule, the amount of the effusion is not so great. In other cases we find that the matter effused is not merely serum, but is mixed with more or less of a fibrinous element. This fibrinous matter, which, to some extent, coagulates in the tissues, may become so great as to give rise to marked hardness; in such cases, pitting is very slightly marked. Cases of this kind are especially noticed where there is some inflammatory action going on, while cases of serous œdema, as a rule, occur where there is some obstruction to the circulation.

Such being the case, we should expect to find a great many causes for œdema. One of the most common causes is organic disease of the heart, causing obstruction of the general venous circulation, congestion and œdema. It is customary to say that this œdema generally begins at the feet and extends upward.

Another frequent cause of œdema is organic disease of the kidney. Among the most common symptoms of the different forms of so-called Bright's disease is œdema. This affects not only the legs but also the general surface of the body. Disease of the heart first causes swelling of the legs, and it is not until the later stages of the disease are reached that the œdema affects the upper part of the body; but in Bright's disease we have the upper parts of the body affected before the lower.

Then, again, we find œdema affecting both legs. Among the causes that give rise to this is anæmia, where the blood is watery and the power of the heart is lessened. Here we have the blood settling in the legs, and œdema occurring, particularly toward evening.

Again, we have œdema that does not even affect both legs, but only one. Here we have a marked illustration.

In this case the swelling is limited to the left leg. You can see at a glance that the left leg is much larger than the right. There is, perhaps, a trace of œdema in the right leg, but it is very slight. One of the most reliable ways of telling whether there is œdema or not, is to feel for the malleoli of the tibia and fibula. If there is no œdema they are sharply cut, but if there is œdema they cannot be felt so plainly. Another good plan is to press over the spine of the tibia. This shows a little œdema of the right leg. The other leg is distinctly œdematous, and pitting distinctly on pressure.

We have then a local œdema, which extends to the knee and up the thigh.

Now, what are the causes of unilateral œdema? We should expect to find that it is not due to a central cause. He has no heart disease. If it came from heart disease, we should expect to find both legs affected. There is no albumen in the urine. If it were due to kidney disease, we should find the upper part of the body also involved. It is very rare that a central cause gives rise to a unilateral œdema; it never occurs unless there is some local cause affecting one leg more than the other.

We then approach the part affected, and determine if there is any special local cause favoring this swelling. We notice immediately that the skin is discolored on both sides, discolored in the way you find it when there has been long standing congestion and chronic eczema. Here is the scar of what appears to have been a varicose ulcer. We see distended veins on the right side, to some extent, but they are more marked on the left. There is a varicose condition of the small veins particularly; the large ones do not appear to be much distended.

Going further, following the course of the veins, I examine the groin, and I find that this man has a left femoral hernia, for which he wears a truss. The truss has a very powerful spring, and the pad, which is very long, is so placed that, as you can see at a glance, it bears with great force directly upon the course of the femoral vein. There can be no doubt but that we have here the explanation of the œdema of this man's leg.

There is a varicose condition of the small vessels on both sides, but this is not marked enough on either side to cause much trouble. Here we have had a local obstruction to the blood passing through the femoral vein; this has caused passive congestion and œdema.

You will often find local œdema caused by mechanical pressure applied in curious ways. A too tight garter will often cause œdema of the leg. I have seen a case of œdema of the brow and face, caused by wearing too tight a hat. This œdema had been supposed to be due to some local condition of the tissues.

Œdema of one Arm from Inflammation of the Vein.

Among other causes of obstruction to the return of the blood, is obliteration of the vein, not from pressure, but from disease of the vein itself; especially does this come from the formation of a clot, a thrombus. The instances where we have œdema from thrombus and obliteration of the vein are very numerous. Œdema from this cause is not at all uncommon in cases where the circulation is very feeble, as in phthisis. It is not rare to find a patient with phthisis complaining of swelling of one leg. You immediately examine the urine, fearing that albuminoid degeneration of the kidney has commenced; but the urine contains no albumen, and careful examination shows that the œdema is due to a thrombus forming in the vein.

You meet with this condition in other parts of the body, depending, remember, not upon a clot of blood carried from the heart, an embolus, but depending upon a clot formed in the vein.

Now, mixed up with this question of thrombosis is the subject of inflammation of the coats of the veins, or phlebitis, and we have an illustration of this condition in the so-called milk leg of childbed or phlegmasia alba dolens. It is a local œdema associated with inflammation of the femoral veins. This condition is most frequently met with affecting the femoral vein. It is not limited to women in childbed. It is a common enough accident after typhoid fever. It may occur wherever there is any irritative action going on in the pelvic region. In childbed it is the change going on in the uterus; in typhoid fever, it is the ulcers about the ileo-cæcal valve. The inflammation extends to the sheaf of the iliac or femoral veins, and sets on foot a phlebitis, this passes downward, a clot is formed, obstructing the vessel and œdema is the result. Less commonly, you meet with a similar condition of phlebitis in other parts of the body.

While it is true that the vein is chiefly affected in phlegmasia alba dolens, the œdema is not entirely due to venous congestion. There is also an element of lymphatic trouble; the lymphatics that run along the course of the vein are also inflamed, and we have a lymphadenitis associated with the phlebitis. The matter effused is not only serum, but there is also a plastic matter from the lymphatics, and the œdema is harder and less doughy than in the simple form.

This man presents himself complaining of a local swelling of the right arm. On examination we find no swelling of the left side, but on the right side you observe that the arm is greatly swollen. The hand is distended and purplish, and when I press it here over the loose connective tissue, it pits. The forearm and arm are also distended. There is also a venous hue, which extends to the shoulder; the shoulder is swollen, and this extends slightly to the pectoral region. The fold of the axilla is partly obliterated; when I press over the pectoral and upper mammary regions, I feel that the tissues are in this œdematous state. There is a little fullness over the scapular region; this does not feel like the œdema of which I have been speaking, *i. e.*, from venous obstruction. It is more firm, more waxy in its feel, as though the tissues were infiltrated with something more plastic than water.

What could give rise to this? There is no cardiac or renal trouble. Any suspicion of such a cause would be removed by the local character of the œdema. We must look for some local cause.

He says that it has existed for seven or eight months, and that it followed a blow on the left side.

Let us see if we can find any local pressure obstructing the vein. Where should we look for it? First in the chest. One of the most common causes of œdema limited to the arm is the presence of a solid tumor in the chest, pressing upon the veins as they return the blood from the arm. Enlargement of the bronchial glands will sometimes cause œdema of the arm. I shall, therefore, first call your attention to the physical signs. He moves his chest well. He has no cough or shortness of breath. On percussion, the resonance over the left side is good, but at the apex of the right lung, probably owing to the thickness of the tissues, the resonance is not quite as good. There is no approach to flatness; simply a little elevation of pitch. There is no flatness anywhere. On auscultation, I hear no râles; the respiration is a little blowing at the right apex, but there is nowhere any evidence of serious disease which would cause this condition. In this hurried examination I find no solid tumor.

In addition to solid tumors, an aneurism of the arch of the aorta may press upon the veins at their entrance into the chest, so as to cause œdema, but examination shows no aneurismal tumor.

Let us see if we can find any evidence of this obstruction causing enlargement of collateral vessels. You see at once that we can. I would ask your particular attention to these enlarged capillaries, forming a zone around the base of the thorax, more marked on the right side. This is a very characteristic evidence of obstruction to the passage of the blood into the vena cava. I have noticed this condition quite constantly in intra-thoracic tumors. I should not like to say positively that there is no intra-thoracic tumor until I have gone over the case more carefully.

Secondly, tumors in the axilla may cause mechanical pressure, but there is no such formation here.

Lastly, instead of having mechanical pressure in the chest or axilla obstructing the return of the blood, we may have inflammation of the sheaf of the vein, and perhaps of the lymphatics, causing phlebitis and obliteration of the vein. This would be phlegmasia alba dolens of the arm. In cases where the trouble is in the groin, you will sometimes be able to feel the femoral vein as a hard cord, tender to the touch. I search here to see if I can find any evidence that the brachial or axillary veins have been turned into solid cords, but I detect no change. Pressure does not cause pain; and yet there can be no doubt but that we have to deal with occlusion of the brachial vein, but the occlusion is further in, and affects the vein after it becomes subclavian. If it were not so, we would not have this distention of the capillaries at the base of the chest.

We may, therefore, pretty confidently assert that this man is suffering from occlusion of the subclavian vein, which prevents the passage of blood into the vena cava, and has thus caused œdema. You will notice that this has appeared to come on in immediate sequence to a blow on the chest, and it is quite probable that at the time there was a sudden wrench, inflammation of the vein was set up, which has run on and has been followed by thrombosis.

Now, as to the results, prognosis and treatment. Of course, the prognosis depends entirely upon the cause. If there is a solid tumor in the thorax, the œdema is only of secondary importance: thus if there is a sarcoma in the chest, pressing on the vein, the œdema is only a symptom, and the prognosis is, of course, unfavorable. On the other hand, failing to find anything of this kind, the prognosis is, as a rule, favorable, so far as concerns the ultimate restoration of the part, but it is uncertain as to the length of time that will be required. Although the part may be restored to usefulness, it frequently happens that it remains permanently enlarged. I have frequently seen in women who have suffered from milk leg, one leg three-fourths of an inch thicker than the other. Sometimes even after the part appears to be well, there is a sense of weight, clumsiness in the limb, and a tendency to get tired sooner than the other, showing that the collateral circulation does not perfectly return the blood from the part. The treatment is a matter of some importance. Of course, time is the chief element. The part should be kept at rest, the inflammation checked and prevented from extending, and time be allowed either for the clot to be absorbed or the restoration of the circulation by the enlargement of the capillaries. Occasionally a clot becomes absorbed and a channel is formed through its centre, but in other cases the affection of the coats of the vein and the density of the clot is such that it never undergoes this channeling process, but remains as a solid white cord.

The length of time required for the enlargement of the capillaries varies with the extent of the clot and the abundance of the collateral branches. In the thigh the circulation is restored comparatively soon, but in the arm I fear that it will take a long time.

Rest of the part should be insisted on. Counter-irritation over the part by the repeated application of small blisters, or by the repeated use of a weak solution of croton oil and iodine, should be practiced.

I do not know that drugs exert a very great influence over the absorption or organization of these clots, and certainly no drug should be given which would in any way interfere with the digestion. Where a patient is weak, as after childbirth or typhoid fever, a tonic treatment is indicated. Possibly iodide of potassium might do some good, if the clots are very firm. Bandages of the parts and frictions are of service, but must not be used until late in the course of the trouble, for the reason that if the clot is detached there is danger of a serious result ensuing. You can easily understand this. Suppose a clot in the femoral vein is detached ; it is carried into the right side of the heart, and thence into the pulmonary artery, causing embolism of the pulmonary artery. It is to this cause that the sudden deaths after childbirth are often due. The large uterine sinuses are filled with clots ; one of these becomes detached, is carried to the right side of the heart, is pumped into the pulmonary artery, and death results. I have seen death in the same way after phlegmasia alba dolens in typhoid fever. I should especially insist that there should be no rubbing of the part. Later, when you are satisfied that the organization of the clot is finished and there is no danger of detaching it, proper bandaging is useful.

COMMUNICATIONS.

OBSERVATIONS ON VENESECTION.

BY G. W. GARRISON, M.D.

Read before the Licking County, O., Medical Society.

* * * I don't wish to be understood as opposed to any of the now popular arterial sedatives, but I do most unqualifiedly denounce as the first in order in all congestive inflammatory troubles, those agents, where we have congestion with inflammation of an organ of a sthenic type. But bleeding, systemically or locally, together with other adjuvants, as fomentations or sinapisms, etc., should hold the first place; after trying this plan, you may consider the propriety of anodynes and sedatives, as the next best step.

Physiologically, bleeding affects functionally every organ of the body, proving its great utility in all congestive conditions or diseases of a sthenic type in plethoric subjects, while local bleeding only acts revulsively, unless carried sufficiently far enough to affect the general system. Bleeding promotes absorption, at the same time blunts the functions of all the other organs of the body not concerned in the constructive metamorphosis of the system. This is apparent in congestion with local hyperæmia, as after bleeding the absorbents are set to work at once to remove the engorged gland, and it will be but a short time until all evidence of congestion or local stasis will be dispelled. Bleeding lessens the fibrin of the blood, as well as the salts and globules, but increases the water.

Therapy.—The therapeutical effect of bleeding in plethoric conditions is largely mechanical, and the remedy would at once suggest itself in congestion of the lungs, when oxidation of the blood, you all know, has become impeded, owing to local stasis on the venous side of the circulation and rapid influx of blood on the arterial; then to open the median basilic vein in the arm and abstract, say 20 to 30 ounces of blood from the circulating fluid, there would be a reversing (somewhat) the order of things within the parenchyma of the lung, for on the arterial (or systemic circulation) the vis a tergo would be lessened, and vascular tension relaxed, and on the venous, absorption and clearing up of the pulmonary tissue would be inaugurated and repair would rapidly follow as a natural consequence.

The same course of treatment might be pursued in apoplectic forms of congestion of the brain, in which danger would be averted by a generous bleeding, thereby relieving strain on the cerebral arteries. Again, in puerperal eclampsia, a disease always attended with evidences of congestion of the brain, how happily a free bleeding, followed with some other adjuvant, like chloroform inhalation, speedily acts in cutting short those frightful cases. In endocarditis, which is generally accompanied by overdistention of blood on the right side of the heart, the mechanical and remedial effect of bleeding will be very marked and decided. In acute pleuritis, peritonitis, and neuralgias with congestion, the abstraction of blood will greatly relieve the pain and promote quietude, almost like magic. So I might enumerate other diseases where depletion would be advisable, but will not tax your patience further, only by giving a few suggestions in reference to the practice of scarifying, and cupping, and leeching; and after a short description, will report a few cases, as at first intimated.

The propriety of cups and leeches is for their local and revulsive effect (as before remarked), as it would require too much waste of time and torture of the patient to carry this sort of a procedure far enough to affect the general circulating fluid, to make a systemic impression, as phlebotomy and arteriotomy, etc. Leeches are not very easily kept here, and especially among country practitioners; and if they were, I much prefer cups, as their effects are greater and more decided, xcept in a few instances where cups, owing to the locality of the body, could not be used or applied, as to the neck in tonsilitis, conjunctivitis, orchitis, otitis, etc. Then in perityphilitis, myelitis, nephritis, gastritis, and hepatitis, etc., cupping seems to be a very rational course to pursue at the onset, and oftentimes the remedy par excellence, and none other required in some cases. In the application of cups to a patient it is not necessary to stop at one or two at a single operation; you may use half a dozen at once; and the same way with leeches; use enough to produce the desired effect as speedily as possible.

REPORT OF CASES.

CASE. 1.—Mrs. G , in her third confinement (the two previous she had puerperal convulsions); when the child's head began to engage in the superior strait, symptoms of a very suspicious character were evident; at first, pain in the head, bright lights with strange sounds in the ears, pulse very full, and the rhythm of the heart's action could be felt at the fingers' ends. I corded the arm and bled thirty ounces, which answered every indication in the case. Labor proceeded interruptedly for an hour or two, resulting in the birth of a vigorous boy, and the mother had no untoward symptoms to follow.

Second.—Six cases, consecutively, of puerperal eclampsia: Mrs. K. and P., of Chatham, Mrs. H. and G., of Hunt's, Mrs. L. and B., of Utica. Three of these were primiparæ and three multiparæ. Two had convulsions before labor and four after labor. These cases were all bled freely, and recovered.

Third.—Hysterical patients. I have had six or eight of these cases, and bleeding seems to be the best and surest way to scare them out of their whimsical notions.

Fourth.—Pleuritis. Mr. H had a severe attack of pleurisy, rendering respiration quite difficult. I bled him thirty ounces; when relief was speedy.

Fifth.—Otalgia in an unmarried lady, age 35 years. In her case I labored and prescribed for about four hours, using hypodermic injections of morphia and hot applications to the ear and temporal region, and also dropped warm water in the ear, in which I had dissolved morphia, and as time passed, my patient was becoming more miserable. I finally bled her from the arm, some twenty ounces, and the effects were gratifying to a tortured patient, and I assure you that the doctor felt relieved. But in all of my subcutaneous administrations of morphia I failed to discover any of its physiological effects. The pain or neuralgia did not return.

Sixth.—Mr. F. had an attack of gastralgia. I was called to see him thirty-six hours afterward, in consultation with Dr. McKelvy. Upon examination of the case, and the doctor telling me what he was doing, I could only say that the treatment was orthodox, and suggested its continuance; at the same time I assured the patient that relief would certainly come soon, and returned home. In about four hours was sent for in great haste (and the other doctor discharged from the case), and informed that Mr. F.'s cramps were worse than ever. When I arrived I found him doubled up like a dog in his kennel of a cold night. I immediately bled him from the arm, sixteen to twenty ounces, as everything was favorable for such treatment. I stayed with him for some hours afterward, and the pain did not return. I gave him ¼ grain of morphia, hypodermically, two hours after venesection, and within thirty minutes he began to talk at random and would scratch his nose, and, in fact, itched all over, for the first time, proving again that all the morphia which Dr. McKelvy had given him was not absorbed; but when the system was properly prepared by bleeding, promptly the function of absorption was restored.

To conclude: in the extremes of life, *i. e.*, the very young and aged persons, I would not advise systemic bleeding; for, recall to mind, the coats of the arteries in the old are undergoing calcareous metamorphosis, thereby rendering their elasticity imperfect; while in the young the depletion by blood-letting seems to be too much of a shock to their nervous system; as the momentary anæmia produced in the phlegmatic adult by venesection, in children the effect is still greater, producing a nervous shock or collapse. In conclusion: if I have given any light, either clinically or otherwise, upon the present occasion, can we not restore the lancet to its proper place in our therapeutical remedies?

RHEUMATISM; PATHOLOGY AND TREATMENT.

BY FRED. HORNER, JR., M.D.,
Of Salem, Va.

Acute rheumatism is usually marked by severe pain in one or more of the large joints of the extremities, rigors, hot skin and fever, pulse 120, with gastric and nervous derangement and headache, sometimes amounting to active delirium. A French humorist thus describes the pain: "Place your joint in a vise, and screw the vise until you can endure it no longer; that represents rheumatism." The disease is universal in cold climates, among people exposed to the weather; seamen on board ship, merchant and war vessels, contract it by sleeping on wet decks. In the tropics I have known sailors, during a "Norther," to be taken down with rheumatism. Naval captains will not be persuaded to the contrary that the orthodox custom of washing down decks during wet and cold weather is anti-hygienic. The subject of rheumatism may have premonitory symptoms for years previous to the occurrence of a serious illness, owing to the existence in the blood, from hereditary constitution, of noxious elements, the lithates, oxalates, ammonia, lime, and uric acid, constituting a true "materies morbi." Then occurs sub-acute inflammation of the neurilemma and of the fibrous, serous and synovial tissues; the patient is subject to neuralgia, headache, and attacks of gravel, usually occurring in the autumn or spring months, when the symptoms are aggravated by the prevalence of easterly winds, barometric changes, and excess of electricity in the atmosphere.

The urine, when examined, has an acid reaction, and deposits either lithates, which are of brickdust color, resembling Cayenne pepper, or oxalates, that have the consistence and color of mortar; the blood is so highly charged with uric acid as to affect the nervous substance of the brain. In one example the general circulation was so deranged that the tongue was swollen to an enormous size; the fasciæ of the muscles of the abdomen and the diaphragm were affected with cramps, accompanied by delirium, loss of consciousness, and dysphagia. In the fibrous form of rheumatism the fever is usually the highest, the tongue is thickly furred, the pulse is full and bounding, there are profuse acid perspirations, and the urine is high colored and deposits a sediment consisting of the urates mixed with free uric acid; the kidneys fail to perform their function, and the urea which is not eliminated accumulates in the system and true blood poisoning follows. When these symptoms are violent, the tendency of the inflammation to attack the heart is great. Then effusion of lymph into the pericardium occurs, and occasionally in the interstices of the semilunar valves. The membranes of the brain and the brain itself may also suffer, causing intense pain, coma, and even death.

Treatment.—This embraces the continued use of mild purgatives, anodynes, alteratives and local applications. Pil. hydrarg., chlorid. and ol ricini are to be preferred, and should be repeated if required. 2d, pulv. opii co., gr. vj, at night, every three hours, to induce sleep and diaphoresis; and 3d, solutio salicylate of soda, ℥ ss every three hours, until the fever is subdued. The following formula then may be given:—

℞. Solutio. protiod. potass., f. ʒ j
Vini colchici, gtt. xxv.
Ter in die.

The prescription to be continued for six weeks; the patient should be kept in bed or confined to a well warmed apartment, be clad either in woolen, silk or fur during the winter months, and warned against premature exposure to the weather. Insulation by the use of glass supports at the four corners of the bed is recommended; also, the various forms of metallic rings, plates etc., and electro-galvanic belts, by which a current of electricity is applied conveniently and constantly to any part of the body. The scriptural commendation to anoint the body, for example, with cold cream or sweet oil, also comes in well, especially after bathing; the unctuous substance is a non-conductor, and, besides, is promotive of a healthful condition of the skin and cutaneous nerves. As to local applications, baths of water as hot as can be borne, for the loins, feet and even head, when the occipito frontalis and fifth pair of nerves of the face are the seat of pain, may be used with great advantage also; pure chloroform applied to the surface, cloths steeped in strong hop tea, will also avail, especially in spasm of the abdominal muscles and diaphragm. The patient may be allowed a generous diet, and lemonade *ad libitum.* It may be added that I know of nothing comparable to Horsford's Acid Phosphate, to relieve the indigestion and so-called sick-headache and mental depression incident to certain stages of rheumatism; and also the thermal alkaline waters of Vichy, Baden Baden, and the Hot Springs of Virginia. In the language of Mark Twain, many patients, after a six weeks' or three months' sojourn and trial of the baths and these mineral waters, leave, and "cordially declare Vichy and Baden Baden are welcome to the legacy of their rheumatism." The late General Robert E. Lee, a short time before his death, bore testimony to the virtues of the thermal and mineral waters of the White Sulphur and Hot Springs of Virginia, which he affirmed had entirely cured him of severe rheumatism, contracted during his eventful campaigns. This class of patients who can afford the expense will do well to seek a residence in Southern or tropical latitudes, where extremes of weather, electrical and barometric changes, are never felt, especially our easterly winds, which have ever intensified the sufferings of the rheumatic.

Among the various methods of treatment which have been suggested of late years by eminent physicians, for the cure of rheumatism, may be mentioned briefly that of Prof. J. M. Da Costa, and published in the Reports of the Pennsylvania Hospital for 1869. His article on the therapeutics of acute rheumatism is based on a series of cases treated with bromide of ammonia, in ten or fifteen grain doses, every two or three hours. The remedy, Dr. Da Costa claims, is especially useful for "patients troubled with great restlessness and pain during acute rheumatic fever, and, on the whole, the results are favorable as regards the prevention of cardiac disease, particularly of endocarditis; this bromide salt has a sedative action on the nervous system and circulation, partly as an eliminative and particularly as a diuretic, though in chronic rheumatism bromide of ammonia is decidedly inferior to the iodide of potassium."

In England, the practice recommended by Todd, who has published a standard treatise on Acute Diseases, is generally adopted. The author assumes that "rheumatic fever is a state of high febrile excitement, induced by the accumulation of a peculiar morbid product, or materies morbi, in the circulation, with symptoms merely caused by certain local derangements, produced at those points whence elimination from the system is taking place. His treatment by elimination is to give the patient an alkaline mixture of bicarbonate of potassium, a scruple or half drachm; nitrate of potassium, ten grains; pill opii or Dover's powder, at night, and to envelop the limbs in soft cotton wool, covered in carefully with a sheet of oiled silk."

OLEATE OF MERCURY.

BY A. HENRIQUES DE YOUNG, M.D.

Read before the James Aitken Meigs Med. Association, of Philadelphia.

I wish to call your attention in this brief paper to a remedy which I deem a valuable addition to our materia medica; to wit, *oleate of mercury.*

Oleic acid, according to Fowne, is obtained by the saponification olein, the fluid constituent of most natural fats and fixed oils. The oleate is the result of the combination of the oleate with a base. The article dispensed is a solution of the oleate in oleic acid, the latter combining with mercury, bismuth, zinc, lead, atropia and morphia. They are prepared generally as five or ten per cent. solutions, and with the exception of the oleate of zinc, are liquid.

The first use I ever made of the drug was in a case of tinea decalvans or alopecia areata, if we wish to latinize the condition found. The patient, a young girl of sixteen years, of a consumptive family, though strong and healthy herself, noticed, about five years ago, a white streak in the scalp, devoid of hair and covered with a thin scale. This was immediately followed by bald spots appearing all over the head, until complete baldness was threatened. The spots varied in size from half an inch to two inches in diameter, each covered with a thin scurf, which on being removed, the skin was found very nearly normal, perhaps slightly congested. Each patch was well defined, the hair ending abruptly at the margin. Matting of the hair occurred in the beginning; then it became lustreless and brittle, the ends split, and it fell out. During the course of the disease, and particularly in the commencement, itching and formication greatly troubled the patient. Various remedies were used, mercurials, copper wash, sulphur, sulphurous acid and others, all with no result. The scalp in the meanwhile being shaved and attention paid to cleanliness. This state of affairs continued for over five years, new hair springing up only to perish again. Nine months ago I examined the patient and directed her to use a five per cent. solution of oleate of mercury. The hair was shaved off and the oleate rubbed well in every day; in the morning the scalp was well cleansed with Castile soap and water, and the oleate again applied. In the course of a month a great change was noticed, the hitherto bald spots became covered with hair. On again prescribing the remedy, I added as a tonic five grains of the alkaloid quiniæ to the ounce. The hair is now jet black, curly and thick, and from three to four inches long. The scalp is entirely free from bald spots, and I consider her cured of a malady alike detrimental to her hair and peace of mind.

The cause of this disease is parasitic, and its seat the hair follicles.

Tilbury Fox, in his work, says the fungus in tinea decalvans is "the microsporon auduoini. The spores are from the $\frac{1}{25000}$ to the $\frac{1}{5000}$ of an inch, the filaments few, wavy and devoid of granules. The fungus is sometimes found in the epithelium at the extending edge of the disease. He believes, however, that it often lodges behind, in the empty follicles, attacking the epithelial structures therein and interfering with the proper re-formation of the hair."

This case is remarkable on account of its duration and for the shortness of the period in which the cure took place. This, I believe, is due to the rapid penetration and action of the oleate, a property not possessed in the same degree by the ordinary ointments.

I have had happy results in a case of indurated acne of the face occurring in a young man without obvious cause. The disease was of three years' standing, the face being dotted with the pustules and nodules of inflammatory deposit in the skin. Seborrhœa was present to such an extent that it made it difficult to grasp the skin. He had been using the following—

℞. Liq. potassæ, ℥j
Aquæ rosæ, ℥iv. M.

and applied it several times a day.

I frequently, with the aid of a bistoury, scarified the skin and let out the stagnated blood and broken down sebum. Under this treatment he improved, but still the indurations remained, and for this I ordered equal parts of a five per cent. solution of oleate of mercury and cosmoline. Under its influence the nodules and indurations disappeared, and he is now cured. I have seen the speedy dissolution of enlarged glands when treated with the oleate of mercury.

Mr. John Marshall, of England, who first introduced the article, recommends it for all parasitic skin diseases. He also uses the oleate of mercury and morphia in superficial inflammations, especially of the joints. Bartholow, in his work on therapeutics, says "the oleate is extremely serviceable in syphilitic indurations, but is not advisable when ulceration exists." He further remarks that it promptly produces the constitutional effects of mercury. In my cases the oleate was used for several months, and no ill effects followed.

Dr. Alder Smith, in the *British Medical Journal*, reports a case of tinea sycosis cured by the constant application of a five per cent. solution of oleate of mercury.

Dr. John V. Shoemaker, in a paper, urges its use in eczema, psoriasis, pityriasis, erythema, and herpetic eruptions. He found it an invaluable application for general thinning and loss of hair, and employed the oleate of atropia in arresting the abundant secretion of seborrhœa and in subduing high inflammatory action in some cases of erysipelas. He found in the oleate of bismuth a useful remedy in soothing and relieving the cutaneous irritation of acute specific eruptions, especially scarlatina.

Dr. Shoemaker sums up their advantages as follows: First, they do not decompose, like the ordinary ointments, and act as irritants to the skin. Further, oleic acid possesses absorbent and solvent powers that are more active than the bases of ointments. And lastly, they, being liquid, are better suited for application over the scalp, beard, axillary and pubic regions, as they do not mat together the hair.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLL. HOSPITAL

SERVICE OF PROF. WM. THOMSON.

Reported by H. F. HANSELL, A.M., M.D.

Two Cases of Optico-Ciliary Neurotomy.

The operation of section of the optic and ciliary nerves has recently been brought prominently before the profession as a substitute for enucleation. Its advocates claim for it the therapeutic efficacy of the enucleation without the deformity necessarily resulting from the operation. Not many years ago the only prevention of sympathetic ophthalmia and only cure for sympathetic irritation was removal of the offending eyeball, the unsightliness of the empty orbit being afterward concealed, to a certain degree, by an artificial eye. It needs no argument to prove the superiority, both in a cosmetic and therapeutic point of view, of the natural organ, with its unchanged powers of movement and perfectly normal aspect, over the artificial substitute, and in that superiority consists the advantage of optico-ciliary neurotomy over enucleation.

As an "eye disease," sympathetic ophthalmia belongs to the domain of the specialist, but its influence upon the general system is so great that it is not without considerable interest for the non-specialist. Through that curious connection which we call reflex irritation, other and remote organs of the body become involved, and the practitioner, disregarding the diseased eye as the cause of the trouble, seeks its explanation in the nervous system and alimentary canal. He is misled by the headache, sleeplessness, pain in the neck and back, loss of appetite, irritable stomach and utter weakness, symptoms every one of which is dependent upon the diseased eye, and which disappear immediately when the source of irritation is removed.

Case 1.—Miss S. H., aged 43, after variola at ten years of age, suffered from corneal ulcers, which left her with diminished vision. No further trouble until three months ago, when left eye was inflamed, painful, and gradually lost its power of sight. From the day of admission to the hospital until the operation, one week, the condition of the patient was deplorable. She was so weak that she had not the power to sit up in bed without support; suffered from a stomach so irritable that she was unable to retain food more than a few minutes after it was swallowed, and pain in epigastrium—symptoms strongly suggestive of organic lesion—diffused and severe headache, and was nervous and despondent.

Left eye: Constant pain, increased in pressure over ciliary region, without, however, particularly tender spots; anterior chamber shallow; iris faded in color, much congested and firmly bound down by posterior synechiæ; adventitious membrane occluding pupil; perception of light but no vision. Tension slightly increased. No reflex.

Right eye: Sharp pain at irregular intervals, for *three months*, with slowly decreasing sight; cornea clear; anterior chamber normal; lower two-thirds of pupilliary margin of iris adherent to capsule, (evidently an old iritis). V.$\frac{10}{cc}$. Snellen H_4 at 8″. Fundus normal. Tension normal, refraction myopic; slight pain on pressure.

Case 2.—David Fisher, aged 29, three years ago received gunshot wound in left eye, resulting in total blindness. Since has had no trouble, excepting loss of vision, until two weeks ago, when eye became seat of severe pain; on admittance, general health excellent.

Left eye: Cicatrix in centre of cornea, probably entrance point of shot; posterior synechiæ, ciliary and conjunctival injection. Tension 2. Right eye V.$\frac{20}{xx}$ and normal in every respect.

The operation was performed in the amphitheatre of the Jefferson Medical College Hospital, before the class, by the Professor of Ophthalmology, Wm. Thomson, M.D.

The lids being separated by the elevator, the operator divided the conjunctiva and Fenon's capsule, between insertion of external rectus and corneal border, carrying cut well toward insertions of inferior and superior recti, as in Arlt's operation for enucleation. Then the external rectus was caught on strabismus hook, and brought plainly into view; but before division a catgut ligature, armed at each end with a needle, was passed into the conjunctiva and muscle, about four mm. from its insertion. Its division was made two mm. from suture, thus leaving on bulbus a tendinous stump, which was afterward used for two purposes, as a firm point of fixation for forceps during manipulations, and at the close of the operation to give attachment to the suture. The divided muscle was held out of the way by an assistant, by means of the two ends of the thread. The next procedure was careful division of optic and ciliary nerves, by repeated forward and cutting movements of the scissors. The final steps were sewing together the external rectus, cutting ligature close to knot, and replacing lids over somewhat protruded eyeballs. The after-treatment was cold water dressing and pressure bandage.

The two operations differ in no particular, excepting in the second case the hemorrhage was slighter and consequent protrusion less.

Immediate Results.—First case, anæsthesia of cornea, present on first day. Considerable pain and ecchymosis of lids, giving rise to analogous condition on unoperated lids. A striking instance of sympathetic irritation. The pain in right, which before the operation had been the source of much distress, disappeared in twenty-four hours, and the sight improved greatly, the patient being able to read Snellen 1½, having previously read Snellen H_4. Some adhesions which before were unyielding to atropia were now torn off.

The effect of the operation upon the severe symptoms from which the patient had suffered was remarkable. Within a few hours the improvement in her condition was manifest; headache gone, stomach no longer irritable, pain in epigastrium subsided, appetite improved, and on the third day her strength had so increased that she was able to leave her room and present herself at the clinic. The nervous irritability and despondency had entirely disappeared, and the patient felt she had obtained a new lease of life.

Case 2.—Total anæsthesia of cornea in less than twenty-four hours, the patient being unconscious when cornea was roughly touched with end of match stick. Slighter ecchymosis of lids than in first case, and no pain in eyeball—conditions which may fairly be attributed to his much better general health. On the second day, patient, feeling so well, left the hospital and has not since returned, so that further detail of the results is impossible.

The channel or channels through which the irritation from a diseased eye is communicated to its healthy fellow, has been for the past thirty years a matter of controversy. It is impossible, of course, within the limits of this paper, to discuss the arguments which have been deduced in favor of one or another theory, and it would be foreign to the subject, as they interest us only so far as they have a distinct bearing upon the operation. As early as 1844, Mackenzie refers to the possibility that all three hypotheses might be correct: the advancement of the inflammation through the vessels of the circle of Willis, through the ciliary nerves and through the retina and optic nerve. The progress of our knowledge since his time is expressed by Mauthner (*Sympathetischen Augenleiden*, 1879 , thus: "As to the nature and manner of the conveyance of sympathetic inflammation we know not much better than he (Mackenzie)." Later, Arlt declared, "whether in such cases the optic nerve (*e. g.*, its neurilemma, as far as the chiasm) is the active agent, or the nervous trigeminus and sympatheticus (ciliary nerves), in the present state of our knowledge we are not able to decide. The last is the more probable.

In 1857 Graefe said, "In order to arrive at certainty (whether the optic nerve participates in the sympathetic process of amaurosis), I have proposed in similar cases, instead of extirpation of the bulbus, to make section of the nervus opticus. This would have, among other advantages, that of retention of the bulbus. This proposal was, as far as I know, first introduced by Dr. A. Weber, of Darmstadt." In 1866 the modification of his views is apparent by his advocating "extra-ocular section of the ciliary nerves, in order that the vessels also be divided." The most forcible objection that has been urged against the neurotomy is reunion of the divided ends of the optic and ciliary nerves, and consequent return of sensibility to cornea and ciliary body, with renewed danger of sympathetic ophthalmia. Schœler, one of the greatest advocates of the operation, admits that the divided ends may grow together, but does not admit that such a reunited nerve is capable of conveying sympathetic irritation. Schweigger, in order to overcome the objection, has proposed the removal of a section of the optic nerve, "neurectomy," but although this may lessen the danger of reunion, it does not completely remove it, for the instances are not few which demonstrate that, in other parts of the body, after section of a piece of nerve, 2-3 cm. in length, the divided ends have reunited. The writer believes that equal if not greater certainty may be obtained by sewing forward the orbital portion of the external rectus muscle of the conjunctiva at corneal edge, instead of to the tendon, thus causing inward displacement of bulbus extremity of optic and ciliary nerves. Mauthner in concluding the discussion of the subject, says, "The operation must be further tried and improved before it can with full confidence be substituted for enucleation.

LOUISVILLE COLLEGE HOSPITAL.

SERVICE OF PROF. DUDLEY S. REYNOLDS.

Reported by A. H. KELCH, M.D.

Astigmatism.

CASE 1.—Miss Eddie G, aged 15, a pupil in one of the ward schools. She has suffered since the beginning of the present session, last September, with difficulty in attempting to pursue her studies at night. The family of which she is a member are in humble circumstances, and when she returns home, at two o'clock, her services in the household are needed; she therefore depends, of necessity, upon her ability to study her lessons at night, and this she is now no longer able to do.

Her eyes become red and smarty, feeling as though she had sand in them; presently the tears flow and the letters are so completely obscured that it is no longer possible for her to read. She has become quite nervous and suffers from sick headache, though she is of vigorous growth, well nourished, having a blush on her cheek equal to the best appearance of Hebe or Euphrosene in their palmiest days. She is unable to recognize any of the test letters in Snellen's graded scale at the distance of twenty feet. She should be able to read the bottom line upon the card, if she had normal vision.

She is now, as you observe unable to read at twenty feet what the normal eye would recognize at two hundred feet. She has been using a four grain solution of the sulphate of atropia for about two weeks, and we hope to find her accommodation fully suspended. On placing a positive glass, numbered 10, and which, as you understand, has the power of converging light to a focus at ten inches from the centre of the lens, she reads $\frac{20}{\text{LXX}}$. On placing Donders' stenopaeic disc before her right eye and closing the left she sees, when the slit is held vertically before the eye, $\frac{20}{\text{XXX}}$, with + $\frac{1}{5}$; reversing the disc so as to allow her to see in the horizontal meridian only, she reads $\frac{20}{\text{XXX}}$, and there is no glass in the whole case which will further improve her vision in this meridian. Testing the other eye we find vision in the vertical meridian, without any glass, equal to $\frac{20}{\text{L}}$. In the opposite meridian + $\frac{1}{6}$ gives her an equal amount of vision. The vision of this eye cannot be raised above $\frac{20}{\text{L}}$, while in the opposite eye she can with some difficulty read $\frac{20}{\text{XXX}}$ with + $\frac{1}{6}$. We, therefore, order for her + $\frac{1}{6}$ c ax. 90°. On placing these lenses before her eyes, she reads with great ease and comfort $\frac{20}{\text{XXX}}$, and she can make out a few letters in the lower line, which shows that her vision is but little less than normal. The want of perception, or the obtunded sensibility of the retina, is, no doubt, due to the fact that she never yet had light focused in the retinal substance. As she is young, we may reasonably expect that she will, in a short time, be so improved in her powers of perception as to make her vision absolutely normal, with the aid of these cylindrical lenses.

This is an unusual degree of astigmatism; it is extremely rare to find a person with an astigmatism equal to $\frac{1}{6}$, but we have demonstrated that in the right eye it even equals $\frac{1}{6}$. With these glasses, which she is to wear all the time, she will enjoy the power of reading and pursuing her ordinary studies with ease and comfort, after a very brief experience in their use. I confidently expect that she shall no more be tormented by local discomforts in the eye or by the sick headache, and that this nervous agitation will almost immediately vanish.

These cases are by no means rare. They are observed daily in practice, and you are likely to encounter them early in your professional career. You ought to remember that defects of refraction in the eye often give rise to a train of symptoms hitherto attributed to some obscure diseases of the brain, and, by some of the old writers, they were supposed, in many instances, to arise from some derangement of the uterine function, or from disturbances of the digestive functions.

By the labors of Donders, more than by those of any other one man, the happy solution of this class of difficulties has been reached. However much may be said in opposition to the division of the practice of medicine into specialities, the art of healing has been enriched by the addition of some of the most brilliant triumphs of scientific medicine through the labors of the ophthalmologist. If ophthalmology had done no more than discover the means of relief from these hitherto perplexing disturbances of the nervous system due to errors of refraction, it would be entitled to live forever in the memory of an afflicted world.

Now a word about the manner in which we record defects of refraction. You remember we have registered the acuity of Miss G's vision as being equal to $\frac{20}{xxx}$. It may be asked "why do you employ this irregular fraction, why not reduce it so as to make it read $\frac{2}{3}$?" I answer that in calculating the acuity of vision the distance at which the observation is made is always taken as the enumerator of the fraction whose denominator is represented by what the patient actually sees at that distance. Miss G. sees at twenty feet what she should see at thirty; we register, then, $\frac{20}{xxx}$, which is in fact the exact acuity of her visual perception. If we reduce the fraction to its simplest form, we might for the time being understand all about the scientific principles involved in the test, but by to-morrow we should most likely forget what the original characters were from whence we obtained this simple fraction. In other words it is the rule, in fact, a principle of science, that in testing the refractive powers of the eye we make use of the distance at which the test is made, always as the enumerator of a fraction whose denominator is represented by the acuity of vision possessed by the eye under examination.

It is therefore readily seen under just what circumstances this result has been obtained, and its actual scientific value may be understood by any person reading the memorandum so taken. Now, for instance, if I test the vision for parallel rays of light in a suspended condition of the accommodation, and find that the patient is able to read without any glass at all $\frac{20}{c}$ and I reduce this fraction to $\frac{1}{5}$, which is its simplest form, it would appear that the patient's visual perception was but $\frac{1}{5}$ of what it should be, when, in fact, it may be absolutely perfect, the difference being that whereas the patient sees perfectly at five inches from the face, being able to recognize objects which are, perhaps, not distinctly visible by the normal eye, he has, by virtue of an excessive power of refraction, an inability to so relax that power as to enable him to unite parallel rays of light. This rule applies with equal force to the hypermetrope and the myope, both of them, perhaps, having normal acuity of perception, and both of them having errors of refraction, which, if the vision be tested at a particular distance, unfavorable to the eye examined, would make it appear that there is some organic deficiency of the visual power. Then, you are to understand that the nature of your test and its value may be known by your strict observance of the rule. When a person says the patient's vision is $\frac{2}{3}$ of normal, you will recognize the statement as coming from an ignorant and incompetent observer; because there are no means of dividing the visual power by such simple fractions.

In making a prescription for spectacles, you should always be particular to state the character of the refracting surfaces of the lenses ordered, in plain mathematical characters, and state what the distance shall be between the centres of the pupils, remembering that the distance between the pupils will be $\frac{1}{8}$ of an inch less when the eyes are directed to near objects, than for distant vision. The amount of curvature in the piece that is to lie upon the nose, as well as the general character of the frame, should be definitely stated. The patient should be made to understand that the optical axes of the lenses and of the eyes before which they are placed should always correspond. That it is seldom possible for the plain frames to be placed with the bows down upon the ears and secure satisfactory relations of the spectacles to the face for reading. The popular styles of what are called eye-glasses are nearly always a source of discomfort to those who wear them; they do great harm, by creating muscular strain, from the want of proper adjustment. Lenses in lorgnette or eye-glass frames can never be made to lie in the same place, and they therefore tax the eyes greatly to overcome this want of harmony in the adjustment of the glasses.

Mrs. M., aged 50, you will remember, was the subject, several weeks ago, of a very painful distention of the right tear sack. She had, years ago, an obstruction in the nasal duct, which was overcome by dilatation with Bowman's probes. The operation was begun by slitting the inferior canaliculus with Weber's knife, followed by the daily passage of Bowman's probes, until all inflammatory symptoms disappeared. The eye remained well for two or three years, when she contracted a nasal catarrh, which, by continuity of structure, extended through the nasal duct into the tear sack, and rekindled a muco-purulent inflammation, which brought her to the clinic a few weeks ago. Examination showed, on her return here, that the inferior canaliculus had become entirely closed; the old stricture at the superior extremity of the nasal duct had again appeared, and the sack was filled with muco-purulent material, the tears overflowing the lid and running down upon the cheek. Now, as it was impossible to pass a probe through the inferior canaliculus, on account of its closure, I enlarged the superior punctatum, and attempted to pass a probe into the nasal duct. I introduced Bowman's probe, No. 4, into the tear sack, without difficulty, but immediately on engaging the orifice of the nasal duct, it met with a firm obstruction, which I was not able to overcome without the employment of what I deemed unwarrantable force. I therefore injected a five-minim solution of carbolic acid to the ounce of water, through an Anel's syringe, into the tear sack, washing out all the morbid accumulations, and the next day renewed the attempt at dilating the stricture in the nasal duct; and so on, from day to day, until finally, on the fourth day, a No. 4 probe passed. The next day No. 2 was the largest that would pass at first, but by withdrawing this and introducing a grade larger, I was finally able to pass No. 8.

She appeared to recover after this, without further trouble. In two weeks the eye again began to water. She was not in the city at the time, and so did not see me until four or five days later. I then found the stricture in the nasal duct had returned, though there was no morbid matter in the tear sack. I divided the superior canacliulus and persisted in my efforts until a No. 6 Bowman's probe again passed through the stricture in the duct. I introduced then a stylet of silver the size of a No. 6 probe. She wore this until I could have a gold style, with a "shoe-flange" at the upper extremity, constructed for her. This style is seven-eighths of an inch long; I slipped it over a No. 4 Bowman's probe and introduced it through the upper passage into the tear sack, and passed it on into the nasal duct, until the flange was lodged in the slit of the upper canaliculus. I then withdrew the probe, and pressing upon the flange, left the style in the position you now see it. She has now worn it nearly a week, and there is no sign of discomfort, no more overflowing of tears, no more swelling from accumulated matters in the tear sack, and I confidently expect Mrs. M. to remain well for at least a long time to come. I have known persons to wear these gold tubes in the tear passage for a period of twelve years, without suffering inconvenience. There is now a young lady in society, in this city, who has worn one for more than ten years, and if you should meet her, you would not suspect that she had ever had a weeping eye, save that which might have been caused by disappointment in love.

Mrs. C., aged about forty, lives in the eastern part of the city, on Payne street, which runs very near the Newcomb Buchanan distillery, on Bear Grass creek. This is a very sluggish stream, full of organic matter of the most offensive kind, coming from more than a score of pork houses and distilleries situated along its banks. If you were to visit the neighborhood, which is known as "Jerusalem," you would be obliged to hold your nose and employ some rapid method of transit to hasten through the foul section, whose odors, we have been told by a member of our local Board of Health, "Cry to the very heavens," in piteous strains, for some kind of relief to the populace from these death-breeding gases. She has a complicated affection, a blepharitis papillosa of long standing, and now she suffers from acute trachoma. Trachoma, according to Mr. Marston, is an infallible sign of that form of malaria which produces intermittent and remittent types of fever. Trachoma begins in an abnormally rapid proliferation of the connective-tissue-cell contents of the conjunctival membrane, in fact, I may say of mucous membranes generally, as you will often find them in the nasal membrane, in the pharyngeal membrane, where, strangely enough, their presence has led to the absurd term follicular inflammation.

This condition, called trachoma, rarely produces any inflammatory action in the affected membrane. It frequently exists for months in the same membrane without giving rise to anything akin to inflammation, and you will often see it in an otherwise sound structure. The disease presents the appearance of a granulated surface. On closer inspection it is found that the elevations upon the surface are ovoidal in form, seem transparent, amber tinted, and look some what like small eggs, about the size of rice grains, deposited in the substance of the mucous membrane. These ovoidal bodies are the greatly distended connective tissue cells, and when a number of them lie together, present the appearance of gland substance; hence their appearance in certain mucous membranes has given rise to the term "*adenoid tissue development.*" They are veritable neoplasms when found aggregated in large quantities in the mucous membrane. They neither break nor do they shrink in size. No local treatment except mercury in some form has ever been known to hasten their disappearance. They may occur in an inflamed as well as in a healthy mucous membrane.

In Mrs. C's conjunctival membrane, the papillary layer of which has for a long time been hypertrophied, these bodies are now found in the retrotarsal fold, and upon the surface of the globe; a few of them may be seen near the free border of the lid. In fact, they are interspersed along with the hypertrophied papillæ. Her pulse is quick and feeble, her skin cold and clammy, her tongue pale and flaccid, with the prints of her teeth upon its margins, and she complains of quotidian attacks of the headache; she is constipated and has no appetite; she is a poor woman, and earns her living at the wash-tub. Let her have five grains each of calomel and chlorate of potash, immediately, as an aperient, and give her one drachm of quinquinia, divided into twelve powders, one of which she is to take before each meal, until the whole are taken. You observe I make a direct application of the crayon of muriate of ammonia to the everted lid, this with the view of promoting the resorption of plastic material deposited in the papillæ, and without any anticipation of changing the form or character of the trachomatous deposit. She is to have, as a soothing application, a solution of borax (gr. 5–℥) a small portion of which may be dropped into the eyes every hour or two, when they feel uncomfortable. We hope by the improvement of her general health from the effects of the quinquinia, that the disease will be abated, and that she will again be able to earn her living. Of course this papillary disease in the eyelids cannot be cured unless she could spare time from her labors, but that is no reason why we should not attempt to alleviate her sufferings.

My friend, Professor Seely, of Cincinnati, has written a great deal in the medical journals, particularly in the Cincinnati *Lancet and Clinic*, during the last few years, on the subject of the local treatment of acute trachoma. He talks about the discharge from the surface, as though it were usually attended by some inflammatory action in the membrane, and he seems to rely entirely, or nearly so, upon local treatment. Now, I quite agree with my friend, as to the damage usually done by caustic applications in this form of disease. I agree, also, that the ointment, which I think he will find was first recommended by Mr. Earnest Hart, editor of the *British Medical Journal*, is a precious thera peutic agent in the chronic forms of trachoma, complicated by catarrhal or phlyctenular disease. The ointment used is the yellow oxide of mercury, in the proportion of about three grains to the half ounce of glycamil or vaseline. It is very important that the mercury should be thoroughly rubbed with the menstruum, so as to insure a uniform distribution.

I dislike to take issue with my friend, of Cincinnati, but I beg to assure both you and him that my cases of acute trachoma recover quite uniformly without any local treatment whatever, by the bare use of full doses of the sulphate of quinine, always taking the precaution to administer a purgative beforehand. I have the notes of several hundred cases of acute trachoma, many of them treated at this clinic with the sulphate of quinine and without any local treatment, and I think I might with pardonable pride point to the almost uniform result of that treatment. I cannot understand how a disease which every one recognizes as one of the manifestations of marsh miasm, or malaria, as we call it, can be removed by the purely local treatment of its manifestations in the conjunctival membrane, without regard to the general systemic affection, though it may be masked, or of such mild form as scarcely to be recognized.

MEDICAL SOCIETIES.

PHILADELPHIA LARYNGOLOGICAL SOCIETY.

A stated meeting of the Society was held at the house of Dr. Jos. B. Potsdamer, 1428 Poplar Street, February 25th, 1881. The meeting was called to order at 8.30 P.M. The President, Dr. Cohen, in the chair. Members present: Drs. Cohen, Smith, Barton, McCracken, Sajous and Potsdamer.

Minutes of last meeting read and approved.

Dr. Cohen described a case of ozæna in a girl at puberty, in which the lower turbinated bones were lost, giving a full view of the middle turbinated bones, and enabling him to examine the entire surface of the diseased process, in a manner absolutely out of question under normal conditions. The doctor stated that this case illustrated the difficulty of properly cleansing the nasal passages, even with a douche.

Dr. Sajous exhibited a case of paralysis of the posterior crico-arytenoid muscles, with thickening of the posterior wall of the pharynx on the right side, shutting out from sight the pyriform sinus on that side. This patient, when he first came under treatment, had very little breathing space, the vocal cords being almost in apposition, but he has improved markedly since, under the influence of increasing doses of iodide of potassium. When this man drinks any liquor his cords become congested, and they are brought nearer together. Electricity has been used without producing spasm, but was of no benefit. Dr. Cohen suggested linear counter-irritation over the region of the pneumogastrics in the neck.

Dr. McCracken then read his paper on Acute Catarrhal Tonsilitis. The doctor stated that he meant by this acute inflammation of the mucous membrane and follicles of the tonsils. He called attention to two forms of the disease, to wit: one in which abscess does not form and the other in which it does.

The subject of tonsilitis was then discussed by the members present. Dr. Cohen stated that in treating these cases if the patient could submit quietly he coated the whole tonsil with solid nitrate of silver.

Dr. Barton exhibited some lozenges for use in catarrhal sore throat, suggested by him to replace the mass long used in the throat clinic of Jefferson Med. Coll. Hospital, and from which the patient broke off, from time to time, as much as was required. He had added powdered rose leaf to the formula, by means of which he has been able to secure a good mass for a lozenge The formula is as follows, to wit:—

℞. Tr. capsici, ♏⅓
Acid. sulphuric. aromat., ♏j
Confectio. rosæ,
Folia. rosæ, āā gr. j M.
Ft. troch. No. j.

It was then decided that the next meeting of the society be held at the house of Dr. Isaac Barton, 128 S. Fifteenth street. The Doctor was appointed essayist of the evening.

On motion adjourned.

JOS. B. POTSDAMER, *Secretary*, *pro tem.*

EDITORIAL DEPARTMENT.

PERISCOPE.

Sudden Death in Pleuritic Affections.

Dr. Leichtenstern (*Deutsches Archiv für Klin. Medicin.*, Band iv, 4 Heft) discusses a number of cases recorded in medical literature, of pleuritic patients in whom severe syncope and sudden death have occurred, with the view of explaining the causes; and he arrives at the following conclusions. Sudden death or severe attacks of syncope in cases of pleuritic effusion have sometimes their origin in embola of the pulmonary arteries. In other cases, no pulmonary embola exist, but voluminous and far-extending thrombi in the right auricle and ventricle, and in the superior vena cava. The generally prevailing view that left-sided effusion has a greater effect in disturbing the circulation than effusion on the right side, is incorrect. On the contrary, extentensive exudation on the right side causes greater disturbance of the circulation by pressure on the large vessels, and on the right auricle and ventricle than does considerable effusion on the left side. And the opinion that cases of sudden death and severe syncope are more frequent in left than in right exudation, is contradicted by statistics. Of fifty-two cases, in thirty-one the exudation was on the right side, and in twenty one on the left. Cases of sudden death, apoplectic attacks in pleuritic effusion, sometimes arise from embolism of an artery of the brain, or its consequences. In a great number of sudden deaths with pleuritic exudation, we are not yet in a position to explain the cause. The fatty degeneration of the muscles of the heart, the anæmia of the brain, and the œdema of the lung, do not suffice for an explanation. To anæmia of the brain as a cause, those cases only can be assigned in which the raising of the sick person from the horizontal position has been followed by severe syncope ending in death. Various causes which sometimes quite interrupt or impede the flow of blood to the left heart, such as a severe paroxysm of coughing, vomiting, lifting heavy burdens, may give rise to a sudden fatal anæmia of the left heart, and secondarily of the brain. The anæmia of the lungs or brain found in many cases is only of secondary importance. It frequently happens, after thoracentesis with aspiration, that an anæmia is induced in the partially distended lung; and this may lead to death by asphyxia. In sudden death, during or immediately or a short time after thoracentesis by aspiration, the cause is anæmia either of the heart or of the brain. In cases in which severe syncope and sudden death are observed during the irrigation of the pleural cavity, the cause is either direct mechanical concussion of the easily exhausted heart by the stream of water thrown in, or shock. The washing out of large empyemic cavities with strong solutions of carbolic acid may cause severe collapse, and perhaps death, due to the rapid absorption of large quantities of the acid.

Iodoform in Chronic Nasal Catarrh.

Dr. H. A. Eberle, of Iowa, writes to the *Michigan Medical News*, of January 10:—

In this State, where catarrh is so prevalent among the people, any remedy that would perform a cure will be hailed with the greatest delight. Iodoform, as a remedy for chronic ulcers, was used quite extensively in the Montreal General Hospital in 1872 to 1876, with such good results as to warrant its trial in private practice. Since that time I have made use of it in very many ways, in the treatment of piles, fissures, granular ulcerations of the uterus, etc., and always with gratifying results.

In view of all its healing properties, I was led to adopt the remedy for the treatment of catarrh, and as I had been a sufferer from the disease in a chronic form for many years, and had used many preparations with varying success and little benefit, I concluded to make use of it in the following manner. First, an ointment is made, thus:

℞.	Iodoform, finely powdered		grs. lx
	Ext. geranium, solid,		grs. x
	Acidi carbolici,		gtt. xv
	Cosmolinæ,	q. s.	℥j. M.

Secondly, bougies are made out of absorbent cotton saturated with the above ointment and simply introduced up the nasal passage as far as necessary at bedtime. These are left in all night and are easily removed in the morning by blowing the nose.

This is repeated for a week or ten days, when the most obstinate case of catarrh will yield to the treatment. Scarcely any other treatment is necessary, except the occasional use of the posterior nasal douche with some cleansing fluid. I usually employ a weak tepid solution of chloride of sodium before introducing the "iodofodized cotton" tent.

Treatment of Chronic Prostatic Enlargement.

Mr. Thos. Smith, surgeon to St. Bartholomew's Hospital, in a recent lecture published in the London *Medical Times and Gazette*, gives the following advice on the above subject:—

Treatment.—Your assistance will rarely be sought in the early stages of this disease; but should you be consulted by an elderly patient suffering from undue frequency or difficulty in micturition, it will always be prudent to make a digital examination through the rectum, to ascertain the condition of the prostate. The examination is best made with the patient lying down on his back. Your finger-nail being filled with soap, and the finger well oiled or greased, it should be introduced very slowly, so as not to excite spasm of the sphincter.

Should you judge that the urinary difficulty is caused by prostatic enlargement, the occasional passage of a full-sized instrument will often relieve the inconvenience, and, if steadily persevered in at regular intervals will generally secure the patient against all the more serious consequences of the disease.

In cases where the difficulty in micturition has gone on to produce an inability to empty the bladder completely, it is of primary importance that at least once in the twenty-four hours the urine should be all drawn off; but in carrying out this plan it is necessary to exercise caution, lest by suddenly emptying a greatly distended bladder you should produce a complete paralysis of the organ, with a loss of the power of voluntary micturition, and cystitis.

As a general rule, if there be not more than one pint of retained urine in the bladder—that is, urine the patient is unable to pass for himself, it may be safely drawn off at once. But if there be more than this of residual urine (and there may be several pints), you should draw it off by installments, taking away a little more each day, until the bladder is completely emptied.

This complete evacuation of the bladder, when once accomplished, should be repeated each day, by means of an instrument, and for the purpose an india-rubber catheter, a bulbous-ended or a Coudé catheter, should, if possible, be used.

By these means, in an early stage of the disease, the patient will generally regain the power of normal micturition, or at all events, if this result be not attained, he will be secure from the worst consequences of the disease.

The treatment may be carried out by the patient himself if you will be at the pains to teach him how to pass an instrument—nowadays a comparatively simple process, owing to the great improvements in catheters; for you should know that since the introduction of the various forms of soft catheters now in use, the instrumental treatment of prostatic enlargement has lost more than half its terrors and much of its danger.

This large silver prostatic catheter which I now show you—at one time almost the only instrument used in these cases—is truly a formidable weapon, with its long shaft and wide-sweeping curve. It was constructed to ride over the prostate, but in the hands even of experienced surgeons it frequently failed in the performance of its normal functions, and rode under the gland, or through its substance. Used with a strong and steady hand it rarely failed to draw off water. As an instance of its powers in this respect, I may mention a case within my knowledge where a prostatic catheter in the hands of an energetic surgeon drew off some gallons of water, which, however, a post-mortem examination disclosed to have come from the peritoneal cavity.

I will suppose now that you are called upon to treat a patient with retention of urine dependent upon enlarged prostate. The difficulty will usually have come on at night time; the patient will, as a rule, be advanced in years; and the prostate can be felt in the rectum unduly prominent. In such a case let me advise you first to try a flexible red rubber catheter, of full size; it will often find its way round a corner, and through a urethra which would be impervious to a more rigid instrument. This failing, you should try and pass the same catheter with a stout wire stylet reaching two-thirds of the way down the instrument; this gives you more power to push the catheter onwards, and leaves the end flexible, to accommodate itself to the distorted urethra.

Next in order you may try the Coudé catheter, which I show you: then, if necessary, the bulbous French instrument, a gum elastic, without and with the stylet; and lastly, others failing, a silver instrument.

Whatever instrument you use, let it be a full size; it will go in as easily as a smaller one, and is less likely to damage your patient. Keep the point of the instrument on the upper wall of the urethra; and, above all things, use no force.

After drawing off the water in a case of retention, the patient will, for a time at least, require the regular use of the catheter until he recover his power of voluntary micturition; and should there have been great difficulty in introducing the catheter, I should advise you to tie it in for the first twenty-four hours.

In the subsequent treatment of these cases of prostatic retention, in addition to other troubles, you will often have to contend against an increasing frequency in micturition. The frequent desire to pass water must be resisted as much as possible by the patient, or it will grow upon him. The bladder must be completely emptied, and, if need be, washed out, at regular intervals, and the patient exhorted not only to resist by a strong effort of the will the solicitation of his bladder, but to avoid all sights and associations that are likely to suggest to him the necessity of micturition. With this object in view, you should counsel your patient to keep his catheter and chamber-utensil out of sight; as soon as possible to leave his bed-room during the day; and to occupy his mind by any pursuit which may draw his thoughts away from his urinary necessities.

Ulcerous Endocarditis.

Dr. Barie, quoted in the London *Med. Record*, gives the following case of this disease:—

The patient, a female, had had three children, the last four and a-half months before admission, the labor having been normal and followed by no accidents; the child was strong and healthy; she suckled it. Five or six days before admission she suffered from indisposition, loss of appetite, pain in the back, and slight diarrhœa, but continued at work till the night before admission, when she had an attack of the 'nerves,' with loss of consciousness. On admission there was a little fever (100.7° Fahr.); there was redness, swelling, and pain of the two wrists and the right shoulder. For twelve days there was little change. Suddenly, one day at 3 P. M., the patient was seized with rigors, fever, and nausea; at 5 P. M. the temperature was 104.7° Fahr., pulse 120. She complained of sharp lumbar pains with tingling in the lower limbs; these latter were moved with difficulty, but sensibility was intact. The next day her state was worse; the pain in the wrists was gone, but there was complete paraplegia. On the right, the limb was absolutely inert, cold and cyanosed, with anæsthesia and analgesia from the upper fourth of the thigh downwards; no reflex movements. On the left, the paralysis was less absolute, the cyanosis and coldness less complete, and the alterations of sensibility reached only as high as the lower fourth of the thigh exclusively. There was no pulsation in the arteries of either paralyzed limb; on pressing the abdomen, no arterial pulsation could be felt, but severe pain was produced, which extended from the umbilicus to a little above the pubes, but this was only when pressure was in the middle line. She died six days afterwards; gangrene of the lower extremities had commenced. At the necropsy there were found a thrombus obliterating the mitral orifice, and ulcerative endocarditis of the posterior surface of the left auricle and of the mitral valve, and some atheroma of the aorta, which at the level of its bifurcation was plugged by a fibrinous clot prolonged into the right iliac for 3 centimeters and into the left iliac for 1 centimeter. There were no other coagula; the arteries of the brain were normal. The spinal cord was congested in the lumbar region; it presented no histological alteration, except this congestion.

The Antispasmodic Effects of Alcohol.

In the London *Med. Press and Circular*, January 12th, Dr. Benjamin W. Richardson, equally distinguished as a physiologist, physician and temperance advocate, gives the following case illustrating the use of alcohol as an antispasmodic:—

R. S., clergyman, aged thirty-six, feels weak, memory enfeebled, vertigo, great loss of power in the loins and muscles of the lower extremities, he imagines he must fall. His face is pale; his extremities are always cold; his bowels constipated; the evacuations of clay-like color, being sometimes firm and hard, and at other times fluid and resembling yeast. The urine, copious and pale, has a sp. gr. of 1.018, but is free of albumen. The respiratory sounds are clear. The pulse is sixty-eight, and the three sphymophonic indications are present, but it is so thin and small it is scarcely perceptible at the wrist. The heart sounds are clear, but with an occasional soft murmur at the base on the right side. The impulse of the heart is intense, and is described by the patient as a "persistent palpitation." In this case I commenced the treatment by carefully regulating the diet and regimen, withdrawing tea, and enjoining less work. As the patient was neither a smoker nor a drinker of alcohol in any form, I encouraged him to maintain abstinence in those respects.

The symptoms in these examples all point to the one deranged condition. There is an irritation, so to speak, extending through the whole of the arterial system, by which the resistance to the flow of blood through the body is impeded. This leads to a temporary impairment of nutrition, and to central nervous exhaustion. In plain terms, there is spasmodic peripheral resistance from an irritation which is felt by the heart itself.

In these cases, if attention be paid to the secretions as a preliminary; if the mind be relieved, as far as is possible, from worry; if daily exercise be enjoined, with early hours for going to bed; and if full quantum of sleep be secured, the symptoms often pass away without other aid; but this is not always the case, and when the phenomena continue, alcohol with amyl nitrite, judiciously administered for a short time, is of signal service.

In the case I have recorded I prescribed first nitro-hydrochloric acid, with tincture of nux vomica and infusion of gentian, together with an alterative. This not succeeding, I prescribed iron and quinine (Easton's syrup). After some few weeks' failure—accepting the case to be one of the class described above—I ordered

℞. Amyl nitrite, ♏ ij
Alcohol, sp. gr. .830, ʒ iij
Liquid taraxacum, ʒ ij.

To make a dose to be taken three times a day, in a wineglassful of water, after food.

The result of this treatment was immediate. It was like the result of an experiment. On the visit of the patient to me, a week after the treatment had commenced, the pulse was full and soft, the heart's action was quick, the bowels were acting regularly, the mental activity had greatly improved, the body was of natural temperature and the pulsation was much improved. At first the medicine produced some flushing and throbbing of the temples, but this passed away after two or three days, and in the course of a month the health was quite restored, on which the medicine was withdrawn. For fourteen months this patient has, I find, continued well, remaining still a total abstainer from alcoholic beverages. He is now doing his full share of professional work.

Another class of cases resembling the above is often met with, in which there is dryness as well as coldness of the skin, attended with lepra or psoriasis. In these persons there is, as a rule, a syphilitic history, acquired or inherited. In them the action of the heart is intense, with a feeble pulse and nervous exhaustion. These are benefited by alcohol in properly administered doses. I usually prescribe for an adult in such examples—

℞. Liquid arsenite of potassa, ♏v
Pure glycerine, ʒj
Alcohol, sp. gr. .830, ℥ss
Distilled water, ℥j.

To be taken in half a tumbler of water three times a day, after food. In some instances I also add to this prescription two or three minims of the nitrite of amyl, and I have seen recovery, when arsenic alone has failed, commence immediately on the addition of the antispasmodic.

Bladder Drainage in Chronic Cystitis.

In the course of an address before the Medico-Chirurgical Society of Edinburgh, Mr. John Chiem said:—

Let me particularly direct attention to bladder drainage in chronic cystitis. It will, I think, take a most important place in the treatment of that troublesome and common affection. The two great symptoms are frequency of micturition ("irritable bladder"), and excessive quantities of mucus in the urine (catarrh of the bladder). The first symptom is at once relieved by the use of the instrument, and in some cases its use even only during the night gives the patient unspeakable comfort; but in the majority of cases it is best kept in the bladder continuously. The difficulty is the choking of the instrument with mucus; this will be prevented by having a double eye in the catheter, and by raising the bottle night and morning, in order to make a back flow, which clears the instrument. The patient can very soon tell when the flow ceases, and the bottle can then be raised slightly above the level of the patient. At once the plug of mucus is displaced. It is very interesting to observe the effect of rest to the bladder as indicated by the decrease in the quantity of mucus. In one case of perineal fistula, complicated with chronic cystitis, this improvement was very marked. The systole and diastole of the bladder are excessively increased in irritable bladder. No heart would stand such an increase in its pulsations. This, in my opinion, is one of the reasons why chronic cystitis is so intractable, and any means by which we can prevent the periodic rise and fall of the bladder, the incessant unrest of the organ, will always be of the greatest value in relieving inflammation of the viscus. For its value in chronic cystitis alone I would be inclined to recommend a careful trial of bladder drainage. By some means or other let it be carried out; the method matters not. What is important is to come to a conclusion as to the value of the principle involved. Its main value in chronic cystitis, in my opinion, is to give the bladder rest. It acts as a drainage-tube in a wound or in an abscess cavity. It has, however, a value in urethral fistulæ; in those requiring plastic operations it keeps the wound dry and allows speedy union to take place; in those requiring only that the urine which is abnormally passing along the fistulæ and keeping them open should be prevented from so doing, by being drained off immediately on its entrance into the bladder. *To give the bladder rest* and *to keep the urethra dry*, I know no better means than that which I now advocate. I am not aware that the idea of keeping up a constant suction power which draws off the urine as it drops into the bladder has been previously recommended in surgical practice. It is certainly a very different thing from the use of the catheter tied in and used in the ordinary way. That the means recommended are simple is self evident; they can be applied by any one. That no harm is done to the patient is the result of my experience; that all operations on the urethra are treated more certainly by the use of the apparatus, and that it is of great use in many cases of chronic cystitis, relieving the symptoms in all, and giving permanent relief in others. That the symptoms of chronic catarrh are in some cases very intractable is evident, when we remember that chronic cystitis has been treated by the lithotomy incision, in order simply to rest the bladder.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——A very thorough monograph on "Anomalies of Perspiration," is sent us by the author, Dr. J. H. Pooley, of Columbus, Ohio. He describes, from extensive reading and observation, the various forms of excessive, odorous, colored, bloody, urinous, phosphorescent and deficient sweat. Many very curious facts are collected and presented.

——The Annual Report of the Western Pennsylvania Hospital for the Insane has a number of statistical tables and an able report by Dr. J. A. Reed. He believes that insanity is and must be on the increase in modern life, and discusses the cause of this sad fact. He adds the interesting observation, that it is more strongly hereditary in the higher classes of society (p. 9).

——The 10th Annual Report of the Philadelphia Dispensary for Skin Diseases shows a total of 436 patients treated. The physician, Dr. H. W. Stelwagon, says:—

> The diseases met with were, as a rule, of a decidedly chronic nature, and, in many instances, had been aggravated by the treatment of ignorant charlatans or by the use of one or several of the cure-all salves.

——The second of Morton's Pocket Series includes "Aphorisms in Fracture," by Dr. R. O. Cowling, of Louisville. The author has added the criticisms of three or four eminent surgeons, and as it now stands his work is a very complete and valuable one, embracing in brief the most definite and certain results of modern surgery. Published by John P. Morton & Co., Louisville. Price 25 cents.

——A strong plea for better nursing and home treatment of the insane is offered in a pamphlet entitled, "The First Requisites in Physician and Nurse, for the Cure of Insanity," by H. O. Ward, of this city. The author insists that higher wages should be paid nurses, in order to secure better ones; "a lady should be the nurse of a lady;" non-restraint is advocated. The writer seems to have had but little actual experience in the treatment of the insane.

——In a reprint from the Illinois State Medical Society Transactions, Dr. J. G. Hervey, of Grove City, describes a case of herniotomy, and one of extirpation of the parotid. Of the latter he observes:

> Extirpation of the parotid gland was first performed in this country by Dr. Warren, of Boston, in 1798, and was afterwards generalized by Dr. George McClellan, of Philadelphia, who operated in eleven cases, of which ten recovered. This operation, although laid down by Gross and others as one of the most formidable in surgery, is in a large majority of cases rendered comparatively easy by the anatomical changes caused by inflammation, especially in cases of long standing.

——In a reprint sent us, Dr. T. S. Dabney, of New Orleans, reports sixteen cases of dropsy and Bright's disease, treated with tincture of apocynum, made from the fresh root, ℥j to ℥vj of alcohol, the dose gtt. v–xxx. In some cases this acted as a powerful aphrodisiac. The results were very good. He closes with these words:—

> I have not pretended to state that the apocynum exercises any specific action in Bright's disease, but it is worthy of notice that in almost every instance where it was administered in that affection marked diminution of albumen and casts occurred; and in some instances every trace of both disappeared. Whether or not this remedy exerts any peculiar influence over Bright's disease, clinical facts do not allow us to state positively. The following advantages, however, possessed by the apocynum should commend it to all physicians:—
>
> 1. The small quantity necessary to produce free diuresis, emesis or catharsis.
> 2. Its pleasant, aromatic taste.
> 3. Its fine tonic properties, which compensate for the depression consequent on free catharsis.
> 4. Its harmlessness—an over-dose being speedily followed by free emesis.
>
> With this remedy at our command, I conscientiously believe paracentesis to be in most cases unnecessary.

OUR EXCHANGES.

Harper's Monthly, *Weekly*, *and Young Folks*, come promptly, and are full of very readable matter. The contents of the March number of the *Monthly* are very attractive. Moncure Conway's "Bedford Park" is beautifully illustrated, and the University of Leyden, with its valuable portraits, excellent. The pen and pencil pictures of Albany and its Dutch settlement, and of the "Nation in a Nutshell," are pleasant reading. The novel of "Anne" increases in interest with each number. The illustrations of the last three numbers are especially fine. "Harper's Young People," is just the thing to please the children, and is finely illustrated.

Scribner's Monthly, for March, is very attractive and finely illustrated. Mrs. Hodgson's fascinating story of "A Fair Barbarian," is continued, with very interesting papers on "Copley, the Artist" and "Charles and Mary Lamb," accompanied by portraits of each, and several reproductions of the works of the great artist. Several other excellent papers make up an exceptionally attractive number.

St. Nicholas, for March, is very good. Illustrations excellent, and an unusually interesting table of contents.

Littell's Living Age is presenting an exceedingly interesting series of papers, with the third number of "Don John," by Jean Ingelow, and the tenth number of "Visited on the Children," from the Cornhill Magazine.

The American Agriculturist is a monthly of great value, especially to the amateur farmer and gardener.

Our exchanges of weekly and religious family newspapers are regular and excellent.

BOOK NOTICES.

The Human Body; an Account of its Structure and Activities, and the Conditions of its Healthy Working. By H. Newell Martin, D. Sc., M.A., M.B., Professor of Biology in Johns Hopkins University, etc. New York: Henry Holt & Co. Cloth, 8vo, pp. 621. Price $2.75.

This is one of the American Science Series, for high schools and colleges, which Messrs. Holt & Co. are publishing. It is, as its title denotes, a popular exposition of anatomy and physiology, as those sciences now are. Beginning with the general structure and fundamental physiological actions of the organism, the author passes to the blood, the bony and cartilaginous skeleton, the muscular tissues, and the motor functions, the nervous system, the heart, blood vessels and circulation, the secretory tissues and organs. the food and its transformations, the respiratory mechanism, nutrition, bodily heat, sensation and the special senses, adding an appendix, separately paged and indexed, on reproduction and development. This scheme is a philosophical one, well suited to the natural relations of the subject matter.

The style of the writer is clear and correct, and his presentation of his subject well calculated to interest in it the inquiring mind of the young. It is, perhaps, rather too extended and minute for a text book in ordinary classes, but to accompany lectures on these subjects it is very well adapted indeed. For the general reader who desires information, no better guide could be named.

The application of the facts given to hygiene is made frequently, and the advice is sound and free from hobbyism and platitudes.

Special praise should be awarded the publisher for the neat manner in which the volume is published. It has about one hundred and seventy illustrations, well cut, and some printed in colors; the print is of a size readily legible, and paper and binding will satisfy the most exacting; it forms a pleasing contrast to any of the older school books on anatomy and physiology, in all these respects.

Bodines; or Camping on the Lycoming. A Complete Practical Guide to Camping Out. By Thad. S. Up de Graff, M.D. Philadelphia: J. B. Lippincott & Co. Cloth. 8vo.

This work is the record of the actual experience of two ardent anglers, who, for a number of years, have spent the month of June camping out upon the banks of the Lycoming Creek, Pa., and enjoying the charming scenery which surrounds it. It is intended to bring the merits of this part of our country to the notice of the disciples of Isaak Walton, and also to give a number of practical hints how to prepare for camping out, and how to enjoy the time when in the woods. It is pleasantly written and neatly illustrated, and there is a good deal of solid instruction to the adventurous angler scattered through its pages. As the author is a physician, he very appropriately looks at his subject from the point of view of its healthfulness as well as its pleasurable features. In very many cases no better remedy for the exhaustion incident to the strong competition of modern life can be suggested than a month or two spent in the primeval forests.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER—GRANVILLE.—COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS.—MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS.—SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents.

Full catalogue on application.

THE AFTER EDUCATION OF GRADUATES.

During the last few weeks a thousand or two new physicians have been added to the cohorts which already possess the land. They have entered the ranks of a profession where there are few vacancies, and in which it is peculiarly difficult to make a career by push and energy. It is a discouraging feature of this profession, that it hems and impedes the vigorous ambitions of youth, not only by the peculiarities of its self-made laws, but also by the strong opinion of the public, that mature years and long experience are essential to a complete physician.

How well provided are the majority of these young physicians, these neophytes of the profession, in the means of getting along? The question is a serious one for each of them. These requisites are in the first instance, a sound professional education, next, correct personal habits, thirdly, a sufficiency of resources to tide over the inevitably small income of the first few years.

That the education obtainable from the two years or even three years' course at our medical colleges is deficient, is acknowledged on all hands, That many a one is forced by circumstances to rest content with it, is true—too true; but those who have means or opportunity to extend it by a year in a hospital, or by engaging in a clinic or dispensary, should by all means do so. In no other way could the time be spent to more practical profit.

There are also certain branches of great advantage to the physician, in fact, quite indispensable to him if he intends to become profound in his knowledge, which he must study after graduation. One of the most prominent of these is *biology*, the doctrine of *life* in its broad sense. This is now pursued through botany and zoölogy, the sciences which are concerned especially with organic forms. It is not too much to say that almost any question in physiology or pathology analyzed to its elements, leads to the recondite laws of biology; investigations into the nature of epidemics, into the action of remedies, into the forms and functions of tissues, all lead up to the study of biology.

Intimately associated with this, as well as with clinical researches, is the art of *microscopy*. No one nowadays can expect to arrive at any distinction in medicine, unless he is well skilled in the use of that marvelous instrument, the microscope. The most wondrous operations of nature are hidden from men's eyes; they are performed in the dark, and concealed in the infinitely little. This instrument enables us to pry into these arcana, and discover the elemental forces at work in their simple forms.

It is unfortunate that for the study of these branches we are so little prepared, so inadequately equipped, in most of the medical schools of this country. This want was forcibly set forth in the opening lecture, by Dr. J. T. ROTHROCK, of the Auxiliary Faculty of the Medical Department, University of Pennsylvania, last week. In pointed terms he signalized the deficiencies for the higher education of physicians in the United States as a fact not creditable to our country and not in keeping with the wealth we possess and the liberal expenditures we make in many directions.

"So far," he said, "as any land fails to provide for the mental culture of the most aspiring student, it fails in its duty to civilization, and the students will seek that culture elsewhere. I am sorry to be compelled to state that America has fifteen hundred of such students abroad to-day, for whom no adequate provision has been made at home. No such exodus comes from Europe to our schools, because Europe offers greater facilities for study."

"The needed facilities are not necessarily expensive. Simple instruments, costing not more than $5000 or $6000, do all the work at Strasburg, Wurzburg, and other German schools. We need such laboratories here, and till we have them we cannot equal Europe, and every student who leaves these shores shows what we still lack of the true standard. The study of disease germs is very important, and is growing in importance and usefulness. No physican can know too much about it. To take an advanced stand he must be able to check the spread of disease. He must know enough of geology to comprehend the subject of the soils in drainage, and medical jurisprudence and toxicology are of the first importance: for how often he is called upon to give his opinion as an expert. Let him prepare himself to go into court with confidence, and do this even while knowing that life or death depends upon his evidence."

In Europe, he said, there is no such thing as classes, as they are understood in this country. The whole course lasts four years; a student, after the first examination, being allowed to practice, usually in the hospitals, and receiving his degree of M. D. only after an exhaustive examination and the production of a strictly original thesis. He cautioned the class against being, as a German professor pronounced his students, "so fearfully learned that they could not see what was right under their eyes." He insisted on the importance of the four years' course, and suggested that scholarships might be established by the alumni and undergraduates themselves.

Such suggestions as these are appropriate, and may be applied to all of our medical schools. In none of them are the facilities for such advanced studies as good as they should be. The reason does not lie in the lack of interest in scholars, but in the absence of financial support, and, in a measure, in the unwillingness of able men, who could make more in practicing, to devote their time to rather unremunerative abstract pursuits. In time, this will doubtless be changed. Satisfactory incomes will be granted to those willing to make such recondite investigations the main business of life; and the credit of discoveries and the benefit to be conferred by imparting such knowledge will overweigh the diminished financial success achieved.

There are other directions in which the graduate may extend his education with much profit, and thus fill in the hours he is doomed to spend waiting for his patients. If he is not acquainted with French and German, he may readily acquire either or both. It is no harder, and costs no more money—not so much—to learn German, as to learn to play a fair game of billiards; and so far as we have observed, it is equally pleasurable and more useful. In many localities it gains patients as well as opens a new source of professional improvement.

NOTES AND COMMENTS.

Cavazzini's Case of Gastrectomy.

In gastrectomy a part of the stomach, generally at the pylorus, is excised, on account of cancerous deposit. M. Petit, in *La Revue des. Sci. Med.*, Paris, Oct., 1880, cites several experiments of Czerny, where annular or oval portions of the stomach were excised in animals, recovery taking place after the operation; the entire stomach was removed in a dog, which lost flesh at first but subsequently (nine months later) had regained its flesh.

The operation has proven very fatal in the human subject, and has been performed but a few times. M. Pean performed it for a cancerous tumor confined to the pyloric region of the stomach.

Although the operation was performed with every antiseptic precaution, the patient succumbed four days later, notwithstanding that two transfusions of blood had been made.

Langenbech performed the same operation for cancer; it was found necessary to completely extirpate the pyloric portion of the stomach and unite the organ with the horizontal portion of the duodenum (*Deutsch. Med. Woch.*, May 15th, 1880).

In Cavazzini's case the stomach was opened at first unwittingly. A young woman of twenty-seven seemed to be in excellent health and had given birth to three children; after the birth of the last she commenced to suffer from pain in the epigastrium, which, though intermittent, became finally insupportable, inducing anorexia, vomiting and insomnia.

The pain was seated in one point where there existed a small and very hard tumor, about three and a half to four centimeters in diameter. This was considered to be a fibro-cartilaginous growth developed in the aponeurosis of the rectus muscle. Every means of relief, injections of morphine, atropia, etc., were unsuccessful, and the patient commencing to lose flesh, an operation for the removal of the growth was determined on. An incision was made over the tumor and the skin carefully dissected back; in cutting about the tumor a cavity was suddenly entered which proved to be the stomach; the anterior of the parietes of the organ and the abdomen adhering solidly at this point; the tumor, including a portion of the stomach, was carefully excised and superficial and profound sutures passed. After the sutures were removed there remained a small fistule, which closed on the fifteenth day, compression being made by means of a bag containing 500 grams of bird shot.

But erysipelas occurred later and was followed by an abscess in the abdominal parietes, which retarded complete cure until the end of the second month.

Seven months later the patient commenced to suffer from the same troubles, and there existed induration at the point where the operation had been performed. She again became enceinte, and scrofulous tumors appearing in the neck, condurango was administered, and the pain disappeared, together with the induration in the epigastrium.

Labor took place at term, the child dying later, of scrofula. In 1878, that is four years later, the patient again became enceinte, but she was at the time suffering from tubercular lesions in the lungs, gave birth to a dead child in the eighth month, and succumbed herself shortly afterwards.

At the autopsy large vomicæ were found in the lungs; the stomach was displaced towards the left and adherent to the spleen. There was a stricture of the stomach between the less and greater curvature, corresponding to the cicatrix left after the operation.

Gastrotomy for Removal of Foreign Bodies.

In the *Revue Generale*, by M. Petit, in *La Revue des Sciences Medicales* (Paris, Oct., 1880), he rather deprecates M. Labbé's method of operating. M. Labbé makes a transverse incision over the stomach, opens the peritoneum on a grooved director, and then drawing the stomach outward, sutures it to each lip of the wound. Then the organ is opened between the sutures, the foreign body extracted, and the stomach allowed to remain in this position; consequently, after cicatrization it remains permanently fixed to the anterior parietes of the abdomen. M. Petit considers that this might interfere with the digestive functions, and in a case reported by Cavazzini, pains attributable to these adherences were noted; again cicatrization is often obtained with difficulty, permanent gastric fistula occurring in some cases, and proving very difficult of cicatrization.

M. Petit advises the temporary fixation of the organ by acupuncture needles passed at the angles of the wound; the incision is then made, and the foreign body extracted. Sutures of carbolized catgut are then passed in the gastric incision, and the organ returned within the abdomen. Colin remarks (*Thèse de Paris*, 1877), that but three deaths occurred in 15 cases of gastrotomy for extraction of foreign bodies; while two deaths occurred in 32 cases where no operation was performed.

Inhalations of Turpentine Vapors in Pertussis.

M. Barety, of Nice, reports, in *l'Union Médicale*, that he had at one time four patients in the same family under the usual modes of treatment in pertussis; emetics, belladonna, etc., were tried with little success. At the height of the spasmodic period one of the children was placed in a newly painted room where the odor of spirits of turpentine was very evident; from that moment the fits of coughing became less intense and less fatiguing, and the malady did not have as lengthy a duration as in the other children. M. Barety considered that the amelioration was due to the inhalation of the vapors from the spirits of turpentine, and since that time he places deep plates containing this liquid under the head of the bed, and in the corner of the room in which the little patient sleeps; in this way the turpentine vapors fill the room, which should, however, be freely ventilated twice daily.

The paroxysms of coughing soon become less marked, and the malady takes on a benign character, and lasts generally about one month.

Treatment of Scabies.

M. Fournier, in his lectures on the treatment of scabies, gives the following prescription for an ointment, to be preferred to that of Helmerich, which often proves too irritating:—

℞.	Sodæ carbonat,	℥ iss	
	Sulphur. sublim.,	℥ iij	
	Tragacanth. gum.,	gr xv	
	Glycerinæ,	℥ vj.	M.

The preliminary friction with black soap (St. Louis Hospital mode) may be replaced by prolonged frictions with the ordinary toilet soap; the ointment should then be very freely applied over the whole surface of the body, well rubbed in and allowed to remain, the patient putting on his ordinary under clothing, so that any animalcules contained therein may be destroyed at the same time.

Inoculating Kine.

Dr. S. E. Wills, of Maryland, writes us:—

"I notice Dr. Dingee's article in February 26th, 1880, No. of REPORTER. If he desires to try the experiment of producing vaccinia from variolous matter inoculated in the cow, I hope his experience will be more satisfactory than some I made about twenty years ago, an account of which was published in the REPORTER at the time. I had about forty or fifty cases of inoculated smallpox to deal with, besides a number of cases of variola contracted from inoculated subjects. By some observers the vaccinia transmitted through successive vaccinations, from the time of Jenner is thought to be quite as efficient as the cowpox matter. On theoretical grounds, others prefer the matter direct from the cow. In Maryland, the physicians are furnished gratuitously with bovine virus, and we are prohibited from using any crusts more than two removes from the cow. I have never known a patient who has been three times successfully vaccinated to have varioloid."

Fatal Case of Poisoning by Chlorate of Potash.

In the *Marseille Médical* is the report of a case where a man, sixty-seven years of age, took somewhat over an ounce of chlorate of potash dissolved in warm water, delivered through mistake for epsom salts. Death occurred in seven and one half hours, and was preceded by the following symptoms: vomiting of greenish matter, colic and diarrhœa; general collapse, rigidity of the lower limbs and asphyxia. After death the skin of the back had a slate-colored tinge.

It is well known that the potash salts are poisons which act on the muscles and particularly on the heart. Sulphate of potash is ten times more poisonous than the corresponding soda salt, and chloride of potash may prove poisonous, while the chloride of sodium or ordinary table salt is inoffensive.

SPECIAL REPORTS.

VII—MEDICAL ELECTRICITY.

Mode of Action of Electricity.

Usually electricity is spoken of as a stimulating agent. But in the *Medical Record*, November 20th, 1880, Dr. T. W. Poole, of Canada, insists that in all degrees of strength the current is a paralyzer. He will not acknowledge that it is a stimulant, tonic, or vitalizer. At least not directly so; and he undertakes—not with much success, we think—to argue on the subject, *a priori*, in the following wise:—

Electricity is one of the forces of nature, and the mode of action of the natural forces is necessarily invariably uniform and consistent. From the spark of the battery to the flash of lightning there is an immense progression in power, but the addition of any number of sparks to that of the battery can in no way change its character or modify its mode of action, which is ever the same, and tends toward the same goal. Just as the flash of lightning kills, the battery spark tends to kill, in proportion to its power, and only fails to kill because of its feebleness and the counteraction of opposing forces. We take ad-antage of its weakness (as we do of fire, water, heat, etc.) to render it beneficial to us; and if the *effect* produced is different from that of the very powerful current, or the scathing lightning, it is not that the thing itself has changed its nature or modified its mode of action. If the greater discharge of electricity is a paralyzer, the battery spark is a paralyzer too, in proportion to its power; the difference being not in quality, but in degree. To assert otherwise is to controvert the plain teaching of natural science.

The error which lurks here is in the conception of nerve force. This is not a simple but a complex resultant force, holding its nature and existence from the combination of the elementary forces; each is a stimulant to it in certain degrees; each paralyzing and destructive beyond this degree.

Applications of the Faradic and Galvanic Currents.

Some sound and practical suggestions are given by Dr. A. Gunther, of Zurich, in the *Centralblatt für Chir. Med.*, No. 30, 1880. He teaches that the faradic current has valuable applications in the following diseases: 1. *Asphyxia*, both of infants and in that which occurs in catarrhal pneumonia, convulsive cough, atelectasis and accidents. One pole with a broad electrode is to be placed in the interscapular space, while the other, in the shape of an electric pencil, is to be run up and down the thorax and abdomen, after thoroughly drying the skin. 2. *Pendulous abdomen.* One electrode at the sternal insertion of the rectus abdominis, while the other is run up and down the muscle, the stream to be strong enough to induce forcible contraction of the biceps. 3. *Habitual constipation.* One electrode with a broad base on the perineum, while the other is carried up and down the course of the colon. 4. *Chronic cystitis*, with thickening of the vesical walls and incontinence. Electricity is contraindicated where erosions or ulcers of the vesical mucous membrane are present. One pole may be placed on the perineum, the other over the symphysis; or the one over the symphysis, and the other inserted as a catheter into the bladder. 5. *Impotence.* The testes can be taken between the two electrodes; or the glans can be placed between them.

The galvanic current is particularly efficacious in 1. *Chronic pleuritic effusion.* The anode on the sternum, the cathode *in loco dolenti*; a battery of 18 Stöhrer elements. 2. *Chronic periostitis*: The negative pole at the seat of disease. 3. *Chronic muscular rheumatism.* Use 8 to 10 elements, broad electrodes, moved slowly up and down each muscle for about two minutes at a time.

Dried Collodion as an Electrical Agent.

Dr. Seure, of Paris, has published a memoir, which was presented, last summer, to the Academy of Medicine, on the electric properties of dried collodion. He finds that thin leaves of this substance, which may be detached from glass or metal plates, are negatively electric in the very highest degree, sulphide of copper and gutta-percha being positive in respect to them. In the dark they become luminous by friction, and when rubbed with the fingers they give rise to a sensation of numbness. If the outside of a bottle be covered with collodion, and then rubbed, small sparks can easily be obtained. Dr. Seure thinks that some therapeutic effects may be obtained from this substance. He suggests that leaves of dried collodion should be sewn on the inside of the garments worn by hemianæsthetic subjects, or that they should wear under sleeves or leggins of collodionized silk.

Disturbances of Menstruation.

In the *Allg. Med. Cent. Zeitung*, Nov. 10, 1880, Karl Kihn states that he has had recent opportunities to convince himself of the value of the electrical current in amenorrhea and dysmenorrhea. He especially advises it in connection with hot infusions of juniperaceæ and warm foot baths. His plan is to place one electrode in the hand of the patient and to lay the other in the water of the foot bath. In a number of cases this simple measure increased the flow, relieved the pain, and established a regular and comparatively comfortable return of the periods.

The Induced Current as a Stimulant in Parturition.

A valuable study of the effects of the induced current in parturition, based on the observations of 41 cases, is contributed to the *Lancet*, Jan. 1, 1881, by Dr. W. J. Kilner, electrician to St. Thomas' Hospital. He uses it especially in cases where the pains are short, feeble and at long intervals, and states:—

> My first experiments were especially directed to discover whether the pregnant uterus, like the voluntary muscles, possesses *motor points.* After many trials, the conclusion I arrived at is that motor points exist, and can be easily found bisecting the line drawn from the umbilicus to the middle of Poupart's ligament. This point is approximate, being only applicable before the uterus has descended, to allow the head of the child to enter the pelvis, and the spot varies slightly in each case according to the position of the uterus. When we talk of motor points, we must recollect that the uterine muscular fibres

are of the unstriped variety, and that they do not respond to galvanic stimulation so quickly as the striped muscles.

When the poles of the coil are placed upon the spot just indicated, the first thing observed is the immediate contraction of the abdominal muscles, the intensity of which depends upon the strength of the current. Occasionally, at the instant of contact, uterine contractions commence, but more often a lapse of about a quarter of a minute is required, and not unfrequently they are delayed for two or three minutes. But still the current is taking effect, as the intermittent use, for instance, half a minute on and the same off, rarely fails to induce contractions in a few minutes; these increasing gradually in severity and duration, while the intermissions become less and less. Latterly, however, I have applied the current only during the contraction, to obtain the benefit of the relief of pain.

He appends the details of several cases, one of which illustrates a frequent occurrence—namely, that *the pains do not cease until the current be discontinued*, but however more frequently, although the pains become very prolonged, yet they stop of their own accord. It it be wished merely to prolong any one uterine contraction, the current is best applied near the termination of the pain, when it will commence *de novo.*

From the observations he made he found it comparatively easy to say beforehand what patients are the most likely ones to be affected favorably by the induced current, viz: (1) Those of a nervous temperament, who are easily excited, and who usually feel pain acutely; (2) those who have sympathetic disturbances, such as vomiting and hiccough; (3) those who require stimulation. In Dr. Kilner's opinion, the best way of applying the current is to place the electrodes (each being about three inches in diameter) upon the abdomen, over the motor points, these being retained in their proper places by the binder. It is easy to make flat electrodes of spongio piline by running through the waterproof covering several wires, in different directions. Large electrodes are preferable to small ones, because the same current spread over a large surface is not felt so acutely as when it is concentrated into a small space. For the relief of pain a very mild current is only required, but for the production of uterine contractions a variable strength is necessary.

Galvanization of the Medulla in Diabetes Insipidus.

The researches of Claude Bernard established the fact that pricking certain points on the floor of the fourth ventricle causes polyuria, sometimes with, sometimes without sugar. As this and other experiments seem to indicate that the seat of the affection is in the medulla, it occurred to Dr. Julius Althaus, to apply this clinically and to resort to galvanization in a case of diabetes insipidus, which he reports in the London *Medical Times and Gazette*, November 27th, 1880:—

A gentleman, aged thirty-seven, single, consulted me on July 27th, 1880. He had spent many years in the tropics, and had suffered from persistent diarrhœa, which nothing would arrest. This ultimately brought on a state of complete cerebral exhaustion, and he was entirely incapacitated from attending to his occupation. The most troublesome among the numerous symptoms from which he suffered, however, was that of polyuria, which was so bad as to exclude him altogether from society. When in company, he could hardly sit still for a quarter of an hour without experiencing a most pressing desire to empty his bladder; and this annoyance had led him to adopt a solitary mode of life. The average quantity of urine which he passed during the day amounted to ninety ounces, but often much more. It was feebly acid, had a low specific gravity, and contained no sugar or albumen, nor any excess of urea. As he had taken gallons of physic without the slightest relief, he wished to ascertain from me whether any mode of applying galvanism to him might be expected to be of service; and I therefore proposed to apply the constant voltaic current to the medulla. He eagerly grasped at this proposal, and I then applied the current of fifteen cells of Becker-Muirhead's battery to the occiput, taking care that the medulla received alternately the influence of the anode and cathode, and regulating the finer degrees of voltaic power by means of the rheostat. The application lasted altogether six minutes, and was entirely painless.

The patient came to see me again a week afterwards, and informed me that the result had been completely successful. The quantity of urine passed during the day had, after the application, fallen to thirty ounces; and while formerly he had often had incessant calls to pass his water, he had since then only been obliged to pass it three times a day. This improvement was also permanent.

The Electro-Magnet in Paralysis of Sensation.

An interesting application of the electro-magnet was reported last summer, in the *British Med. Jour.* (August 7). Three cases of partial paralysis with anæsthesia are related by Dr. Dreschfeld. They were as follows: 1. Hysterical anæsthesia affecting both sides of the body, and also the special sense organs. 2. Partial epilepsy, most probably of syphilitic nature; anæsthesia. 3. Left hemiparesis, with involuntary movements of arm and leg; left hemianæsthesia; left hemianopsia; mental disturbances.

The immediate effect of the electro-magnet in all the three cases is reported as very striking. In the first case, the application was so conducted that there could be no deception on the part of the patient; the second case closely resembles cases of meningeal syphilitic inflammation; in the third case there can be no doubt as to the presence of organic lesion. The anæsthesia in the second case might have been cured by the prolonged administration of iodide of potassium; and in the third case it might have gradually diminished, but the sudden effect produced by the magnet is specially interesting from a physiological point of view.

Negative results were obtained from the use of the magnet in two cases of progressive muscular atrophy, accompanied by analgesia without anæsthesia, also in lesions of peripheric sensory nerves. It seems, therefore, that the magnet is only of use in cerebral cases, and would thus be of diagnostic value in doubtful cases.

The Galvano-Cautery in Nasal Catarrh.

This plan of treatment has been tried by Dr. W. C. Pipino, of St. Louis (St. Louis *Medical and Surgical Journal*, 1881). He states that cases where most benefit is derived from the application of the galvano-cautery are those in which there is great structural change, as hypertrophy of the mucous membrane over the inferior and middle turbinated bones, causing an obstruction to the free passage of air through the nasal passages; deflection of the septum to the right or left must not be mistaken for hypertrophy of the membrane covering it, although we frequently find the membrane covering the posterior part of the septum hypertrophied, as well as that over the turbinated bones; defective hearing, excessive secretion, with the formation of crusts, and follicular degeneration of the membrane of the posterior nares and pharynx.

Nothing short of the partial or total destruction of the hypertrophied tissues will answer. The cicatricial contraction of the tissues from the heated wires deprives it of its erectile nature, removes the obstruction, allowing the free passage of air through the nose.

Electricity in Asthma.

Dr. R. Schmitz reports (in *Deutsche Med. Wochensch.*, 20th November, 1880) a case of asthma in which the good effects of the induced electric current were manifest—the patient, a man of forty, having obtained no relief from any of the means usually resorted to in such cases. It was noticed that each attack was preceded by a catarrh, which invaded successively the larynx, trachea, and bronchi; on the supposition that the pneumogastric nerve was probably subjected to pressure in its course by the swelling of the respiratory mucous membrane, it was determined to treat the nerve directly by electric currents. At the first *séance*, which took place in the evening, the electrodes were placed on the sides of the thyroid cartilage, at the internal border of the sterno-mastoid muscle. The current, at first feeble, but subsequently gradually increased in intensity, was passed for nine minutes. The relief which followed was so marked, that the patient slept the greater part of that night. Two applications of the current were made daily, for fifteen minutes each time; after the twelfth application the asthma, and with it the bronchitic râles, had disappeared. A subsequent attack was readily cured without electricity. It must, however, be borne in mind, that faradization of the pneumogastric nerve must be set about cautiously, as, if the current employed be sufficiently strong, the heart's action may be definitely arrested.

The Electric Treatment of Exophthalmic Goitre.

On this subject a paper by Dr. A. D. Rockwell, detailing the results of the treatment in nine cases, will be found in the *Trans. Am. Med. Assoc.*, 1880. It appears, in about one-half the cases it is of positive and permanent benefit.

Another valuable paper in this volume is on

The Strong Galvanic Current in Obstinate Sciatica.

The author, Dr. V. P. Gibney, relates thirty-two cases thus treated with very good results. Daily applications are made for at least a fortnight. The electrodes are applied in turn over every point of pain. A constant current of Leclanché battery is used, as strong as the patient can endure. Marked good results show themselves after two or three séances.

In the same volume is an essay on

The Galvano-cautery in Diseases of the Naso-Pharynx.

By Dr. W. H. Daly, of Pittsburgh. In estimating its value in such diseases, he does not place it very high, and doubts if the instrument will become popular, as "its expense is considerable and its behavior capricious." In most tumors and growths the mineral caustics are preferable, as they are both cheaper and "altogether less liable to be followed by serious local or constitutional symptoms."

—Louis Lessard, of Montreal, was born in Paris, France, in 1777, and on March 7th he fulfilled the duties of a Coroner's juror with the keenness of intellect of a man half his age. He owned a silver snuff-box, presented to him by Napoleon I, after the battle of Austerlitz. He served under Napoleon in most of his great battles, ending at Waterloo. He removed to Canada in 1830.

CORRESPONDENCE.

A New Test for Glycosuria.

ED. MED. AND SURG. REPORTER:—

Having a vial containing some suspected urine in my hand, standing beside a hot stove, the thought occurred to me, that if there is sugar in it, by dropping a small quantity of it upon the stove I will get the smell of burnt sugar. The thought prompted the act, when "presto," the room was filled with the characteristic fumes. I then proved it by the yeast test, and a neighbor, by the copper and urinometer.

I have no recollection of hearing or reading of this test, but I believe it will prove infallible.

Carlton, New York. T. R. BAMBER, M.D.

Quintuple Birth.

ED. MED. AND SURG. REPORTER:—

September 18th, 1880, at two o'clock, I was called to see Mrs. H., of this city, who was about to be confined, for the fifth time. Found her in poor health, pale, had a weak pulse and her feet and ankles were considerably swollen. She is thirty five years of age, and has never had more than one child at a time before. At this time the pains were light, as they were during the whole time of the labor, she not having sufficient strength to assist at any time the expulsive force of the uterus.

On examination per vaginam, I found a breech presentation, and the hips entering the superior strait. The labor proceeded slowly and naturally until a little after four P. M., when the first child was born, without making any perceptible difference in the size of the mother.

After cutting the cord I made an examination, and found the feet of a second child presenting. This one was born about nine o'clock, P.M., without any trouble, except that the labor was tedious, on account of weakness of the woman.

About this time I began to comprehend the situation, for after the birth of two, there did not seem to be much decrease in the size of the abdomen. The cord being cut, on examination I found the feet of a third one presenting. This one was born at 2 o'clock, A. M., of the 19th, a fine, plump boy, but still-born. After cutting the cord, I found still another one, with the feet presenting.

You ought to have seen the expression on the faces of the women present, as they looked at one another! I cannot describe it.

This (fourth) one was born in about half an hour, and still-born. Now I thought that must be all, and after waiting awhile proceeded to remove the placenta, or placentæ. After removing one, my finger came against something sharp, which surprised me at first, but I soon found it to be the ends of the fingers of a fifth child, whose head was now in the hollow of the sacrum with one hand over the head. The pains had all ceased. After waiting a considerable time, and doing all I could to bring on the pains again, without success, I sent for the forceps. They having arrived, I delivered her in a few minutes without trouble. This one was also still-born. The lady made a good recovery in about the usual time.

The first child lived two weeks, the second one three days. The others, as stated above, were still-born. They were all well-developed and came at full term. The weight of the five was nineteen pounds. First one five pounds, second one four pounds, and the others a little over three pounds apiece. There were two placentæ, three cords attached to one and two to the other.

Monticello, Ill. JAMES MOFFITT, M.D.

NEWS AND MISCELLANY.

COLLEGE COMMENCEMENTS.

Jefferson Medical College.

The fifty-sixth annual commencement of the Jefferson Medical College was held at noon on Saturday, March 12, in the Academy of Music. The building was filled to its utmost capacity. On the stage were seated the Trustees and Faculty of the College and invited guests. The graduates, numbering two hundred and five in all, occupied seats in the main part of the orchestra. After prayer had been offered by Rev. I. L. Nicholson, of St. Mark's P. E. Church, Dr. E. B. Gardette, President of the institution, conferred the degrees upon the graduates.

The following prizes were then announced and awarded:—

1. A prize of $100, by Henry C. Lea's Son & Co., for the best thesis, to Henry D. Bruns, of Louisiana, with honorable mention of theses of C. W. DeLarmoy, of Pennsylvania; Robert Lee Payne, Jr., of North Carolina; and H. J. Williams, of Georgia.

2. Prize of $50, for the best essay on a subject pertaining to surgery, to Joshua Ellegood, of Delaware, with honorable mention of the thesis of M. J. Cohen, of Penna.

3. Prize of $50, for the best essay on a subject pertaining to obstetrics, to S. Howard Wilson, of Pennsylvania, with honorable mention of J. H. Koons and E. R. Smiley, both of this State.

4. Prize of $50, for the best essay on a subject pertaining to Materia Medica and Therapeutics, to J. C. Martin, of Ohio, with honorable mention of L. M. Bullock, of New Jersey, and S. S. Ullrick, of Pennsylvania.

5. Prize of $50, for the best anatomical preparation, to E. N. Taylor, of Pennsylvania.

6. Honorable mention, by Professor Rogers, for the best original research in the chemical laboratory, to L. L. Artis, of Cuba.

7. Prize of a gold medal, by Professor Chapman, for the best final examination in physiology, to A. J. Dodds, of Syria.

8. Prize of a gold medal, by R. J. Levis, M.D., for the best report of his surgical clinics at the Pennsylvania Hospital, to G. W. Stout, of Pennsylvania, with honorable mention of the report of Charles F. Spangler, also of this State.

9. Prize of a gold medal, by Thomas G. Morton, M.D., for the best report of his surgical clinics at the hospital, to L. L. Rogers, of this State.

The Valedictory address to the graduates was delivered by Prof. Roberts Bartholow, M.D., after which the exercises were concluded with the benediction.

Dental Colleges.

The two dental colleges in this city turned out one hundred and twenty-five graduates on February 26th. At noon the twenty-fifth annual commencement of the Pennsylvania College of Dental Surgery was held at the Academy of Music, a large audience being in attendance to witness the ceremonies.

The following gentlemen were awarded prizes: William Lewis Cave, James G. Palmer, L. Bischoff, Eduardo Gaviria, W. Dammann, G. L. Simpson, A. M. Lorens, L. P. Cook, R. F. Guenther, E. Dalman, Oscar Klien and G. V. I. Brown.

In the evening the eighteenth annual commencement of the Philadelphia Dental College was held at the Academy of Music. There was a large audience present and the floral tributes were numerous.

Other Colleges.

On February 24th the Fort Wayne Medical College graduated twenty-two M. D.s. Dr. Van Sweringen delivered the address to the graduating class.

On February 25th, the Louisville Medical College graduated a class of fifty-four. The valedictory address was delivered by Dr. A. H. Keller, of Kentucky.

The Ohio Medical College, in Cincinnati, turned out one hundred and three graduates on Wednesday, March 2d. The Pulte Medical College (Homœopathic), forty. The College of Medicine and Surgery, thirty; and the Ohio Dental College, twenty-nine.

The Little Rock Medical College, March 2d, graduated ten students.

The Jefferson Alumni Association.

The Alumni Association of Jefferson Medical College held their annual meeting Friday, March 11, in the lecture room of the college, Professor S. D. Gross, the President, in the chair. Considerable interest was awakened by a resolution offered by Dr. S. W. Gross, requesting the faculty to prohibit any student from competing for a prize unless he has taken three courses of lectures. The resolution was withdrawn after some discussion, Dr. Gross saying that he only desired to call the attention of the faculty to the subject. The usual reports of committees were presented, and the present officers were re-elected for the ensuing year. In the evening, after an oration by Dr. Osgood, the annual alumni supper was given at Augustine's. Professor Gross presided, having on his right the orator, Dr. Osgood, and on his left Professor Beverly Cole, of the University of California, and among the thirty or forty others at the table were Professor R. E. Rogers, Dr. Hewson, Dr. Pancoast, Dr. J. H. Brinton, Dr. Andrews, Dr. Keen, Dr. S. W. Gross and other prominent practitioners. Toward the end of the banquet a few formal toasts were given, Dr. Osgood replying briefly to that to "The Orator;" Dr. Cole responding on behalf of "Our Guests;" Dr. Hewson for "The Alumni;" Dr. Rogers for "The Jefferson Medical College;" Dr. R. J. Dunglison for "The Medical Press," and Dr. Lambdin for "The Daily Press." After all the speeches the health of the Emeritus Professor of Surgery, Dr. Joseph Pancoast, was drunk standing, and the president declared the evening ended.

Women's National Hospital.

The Women's National Hospital at Hartford, Connecticut, designed for the treatment of women addicted to the excessive use of alcohol or narcotics, was recently chartered by the Connecticut Legislature. The Board of Corporators have recently elected the following officers: President, Dr. Marion Sims, of New York; Vice Presidents, Dr. Frank H. Hamilton, of New York, and Dr. George B. Hawley, of Hartford; Secretary, T. D. Crothers, of Hartford. The Trustees are leading physicians from ten different States. The hospital will probably be erected in Fairfield County, Conn.

Longevity of Women.

The recent European statistical returns of the population of Europe have supplied the statistical department at Vienna with the means of making an interesting study as regards longevity. It results from this, that of 102,831 individuals who had exceeded the age of ninety years, 60,303 were women, and 42,528 men. The greater longevity of women is exhibited also by the greater chances of women of attaining or exceeding the hundredth year. Thus, in Italy there are found 241 female centenarians for 141 male centenarians, and in Austria 229 women for 183 men. In Austria there are 1,508,859 sexagenarians, or 7.5 per cent. of the total population.

Items.

—A large number of petitions have been received in the Michigan Senate, in favor of a chair of eclectic medicine at Michigan University.

—Another doctor is presently to be knighted in England. He is Dr. James R. Bennett, F. R. S., President of the Royal College of Physicians.

—Two allopathic physicians, one homœopathic, and one eclectic are serving amicably together, as a committee appointed by the Connecticut Legislature, to draft a Medical Practice act.

—An immense laboratory for chemical analysis is, by order of the Préfet de Police, about to be opened. Experts will there be at the service of the public, for the purpose of analyzing wine, milk, chocolate, coffee, meat—in a word, all articles of consumption—and that for very small fees. This war against adulteration well deserves approval and encouragement.—*Gaz. Méd.*, January 28.

OBITUARY NOTICES.

DR. GEORGE A. OTIS.

We have received the following announcement from the Surgeon General's Office:—

It is with profound regret and a sense of loss, not only to his corps, but to the medical profession, that the death of George Alexander Otis, Surgeon and Brevet Lieutenant Colonel, U. S. Army, is announced to the Medical Corps of the Army.

Born at Boston, Massachusetts, November 12th, 1830, he graduated with the degrees of A.B. and A.M. from Princeton College; entered the Medical Department of the University of Pennsylvania, and received his degree of M.D. from that Institution in 1850; visited Europe, and prosecuted his studies in London and Paris, and returning to this country he established himself at Springfield, Massachusetts; appointed Surgeon 27th Massachusetts Volunteers, September, 1861, he held this position until appointed Surgeon U. S. Volunteers, August 30th, 1864. After the close of the war he entered the Medical Corps, U. S. Army, as Assistant Surgeon, February 28th, 1866; became Captain and Assistant Surgeon, July 28th, 1866; Major and Surgeon, March 17th, 1880, having received the four brevets of Lieutenant Colonel of Volunteers, Captain, Major and Lieutenant Colonel, U. S. Army, for meritorious services during the war. While Surgeon of the 27th Massachusetts Volunteers, he served in Virginia, North and South Carolina, and was on special duty in charge of the hospital steamer "Cosmopolitan," in the Department of the South. Assigned to duty in this office July 22d, 1864, he was Curator of the Army Medical Museum, and in charge of the Division of Surgical Records until his death.

He was editor of the Richmond *Medical Journal* for three years, member of the leading medical societies of America, and corresponding member of various similar societies in Europe, and a contributor to prominent medical journals. Surgeon Otis, with his personal observations of the surgical collections abroad, brought indefatigable industry and untiring energy to the development of the surgical and anatomical collections of the Army Medical Museum, which he has made the most valuable of their kind in the world. The compilation of the Surgical Volumes of the Medical and Surgical History of the War has placed Surgeon Otis confessedly among the most prominent contributors to surgical history.

While on duty in this office Surgeon Otis wrote for publication no less than ten reports on subjects connected with military surgery, etc.; among which are his most valuable and exhaustive reports on "Excision of the head of the femur for gunshot injury," and on "Amputation at the hip-joint in military surgery." Of great culture, retentive memory, and with a remarkable facility of expression, he was, as a compiler and writer, conscientious in his analysis, giving his deductions from the facts before him, with modesty, but decision. With such a record it is needless to speak of his zeal, his ambition or his devotion to his profession, and especially to the reputation of the corps of which he was so bright an ornament. While devoting himself to the preparation of the third and last surgical volume (now more than half completed) of the Medical and Surgical History of the War, he died in this city, February 23, 1881. His untimely death will be deeply deplored, not only by the medical corps of the army, but by the whole medical profession at home and abroad.

Jos. K. Bames, *Surgeon General.*

—Wm. Walker, M.D., for eighteen years a practitioner at Monmouth, Ill., died in that city on Sunday, Feb. 20th, in the 61st year of his age. His disease was typhoid pneumonia, complicated with inflammation of the bowels. A native of Pennsylvania, he graduated at an early age from Bethany College, West Virginia, and in 1853 received from Jefferson Medical College, Philadelphia, the degree of M.D. After a few years' practice at Rock Lick, Marshall Co., Va., he moved to this thriving Western city, where the remainder of his life was passed.

Among the medical fraternity of the Military Tract, no one was more widely known or thoroughly esteemed. And in commercial pursuits he proved no less successful than in his chosen profession. For a number of years he was a director of the First National Bank of Monmouth, and a prominent figure in other local enterprises and industries.

As a tribute of respect to his memory the banking houses of the city closed their doors on the day of his burial.

—Dr. Thomas C. Cox, of Trenton, died in Kalamazoo, Mich., last week. He was a student at the Jefferson Medical College, and upon his graduation joined a Pennsylvania regiment as Assistant Surgeon, serving creditably until the close of the rebellion. After being mustered out he practiced his profession for awhile in Chester County, Pa., but soon drifted into journalism, for which he had a predilection and in which he was chiefly occupied.

—Dr. James Burd Peale, of Holmesburg, died suddenly, in this city, on the 2d inst., of disease of the heart. He was prominent as a surgeon during the war, having been, at one time, Medical Director in the army of the Potomac.

—Dr. Andrew Wood, LL. D., a distinguished Edinburgh physician and literary man, died early in February.

MARRIAGES.

DOUGLAS—FULLER.—At St. Andrew's Church, Pittsburg, Penn., Anna Marie, youngest daughter of the late Capt. Fuller, C. E. I. S., to William Douglas, M.D., of Belfast, Ireland.

PARKS—WILLITS.—On 2d Mo. 23d, 1881, at Friends' Meeting House, Downingtown, Pa., Thomas E. Parks, M.D., and Meribah A. Willits.

DEATHS.

BROWN.—At Staunton, Va., February 10th, Dr. J. Lewis Brown, formerly of Philadelphia.

COMFORT.—On the 9th inst., near Wyoming, Minnesota, Dr. J. W. Comfort, formerly of Philadelphia, aged 79 years.

GREGORY.—At Mount Vernon, N. Y., March 2d, 1881, Joseph S. Gregory, M.D., in the 57th year of his age.

PEALE.—In this city, suddenly, on the morning of the 2d instant, J. Burd Peale, M.D.

RUSS.—On Tuesday, March, 1, at his residence, in Pompton, N. J., John D. Russ, M.D., in the 80th year of his age.

STEVENSON.—At Morristown, N. J., on Wednesday, February 16th, Dr. R. W. Stevenson, in the 77th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1256.] PHILADELPHIA, MARCH 26, 1881. [Vol. XLIV.—No. 13.

ORIGINAL DEPARTMENT.

LECTURE.

PARALLELISM OF THE ERUPTIVE FEVERS.

Abstract of a Lecture delivered at the Hôpital des Enfants Malades, Paris,

BY M. JULES SIMON.

Translated for the MEDICAL AND SURGICAL REPORTER.

The diagnosis of the eruptive fevers is sometimes easy, even at the outset of the disease; in other cases it is impossible, even after the eruption has commenced to appear.

There are certain points of resemblance between them all; all are contagious; smallpox, varioloid and measles can be directly inoculated; scarlet fever is contagious principally through the pellicules of epidermis which become detached towards the tenth or twelfth day of the disease.

Measles.—Measles commences by a chill; there is cephalalgia and vomiting, as in the other fevers, but the temperature does not mount suddenly; it gradually becomes higher, to attain its maximum at the moment the eruption makes its appearance. At the same time there supervene symptoms of bronchitis, pharyngitis, accompanied by a hoarse cough, coryza and redness of the conjunctiva, with hypersecretion of tears.

These prodromata exist three or four days before it is possible to establish a diagnosis.

Variola.—The outset of smallpox is violent and the fever intense from the beginning; the ascending line of temperature is not vacillating, as in measles; in twenty-four hours it is at its maximum.

The chill is very violent; the fever, more intense than in measles, is, nevertheless, less marked than in scarlatina.

The symptoms, instead of pointing towards the respiratory organs, are rather those of cerebro-spinal congestion; intense cephalalgia and rachialgia, sometimes accompanied by a sort of paraplegia.

Sometimes a form of erythema, the variolous rash, appears, preferably in the groins, simulating the rash of scarlatina.

There is often, too, vomiting and convulsions, new sources of error in forming a diagnosis; the prodromata in definitive cases last two or three days.

Scarlatina.—Scarlatina comes on very suddenly; the fever is moderate, or, on the other hand, very intense. This peculiarity explains why certain physicians, judging, undoubtedly, from a limited number of cases, have considered this a benign malady; while for others it is the most fatal of all diseases.

It is thus that Tissot has compared the disease to dogs who bite without barking. In the great majority of cases the fever rapidly becomes very violent, the temperature attaining 105° or 106°; a temperature met with in no other disease with the exception of typhoid fever. But during this period the patient in scarlatina suffers from the throat, and on examination the fauces, the tonsils are seen to be scarlet red; white spots soon commence to appear on the tonsils, while the rest of the pharyngeal mucous membrane appears of a dark red color.

The glands about the throat are simultaneously affected; and finally all the symptoms last but twenty-four to thirty-six hours when the eruption appears.

We will return to the consideration of measles; we hear it every day repeated, that the eruption appears first on the face and neck; but in children it is not in this situation that it must be sought for; in them it appears first behind the ears, or on the back.

The eruption is characterized by small red spots (*taches*), which are often papular, and as the tissues of the young child become easily affected with œdema, if the fever is intense, and the child then seen for the first time, it may easily be mistaken for a case of smallpox.

In such a case it is better to defer for two or three days the expression of a positive opinion.

During this early period the prodromic symptoms of measles, coryza, conjunctivitis, etc., instead of disappearing, become more marked.

In connection with scarlatina, of which the diagnosis is often easy, it must be remembered that cases are met with in which there is very little fever or eruption.

Children may be brought to you in the tenth or twelfth day of the disease; there remains no trace of the scarlet rash; small brownish spots are found, which are the seat of epithelial desquamation; this last sign must be carefully sought for, particularly on the back and in the armpits.

The eruption in smallpox occurs on the face and hands, and on the lower limbs. It consists of papules, which on the third are surmounted by a vesicle, which becomes umbilicated, and the liquid contained therein purulent; dessication occurs about the fifteenth day.

On the eighth day, that is, at the moment of suppuration, the temperature, which had fallen, becomes almost as high as at the beginning of the disease (secondary fever). In varioloid dessication commences after the sixth day, and there is no secondary fever, as in variola.

It is, nevertheless, sometimes very difficult to distinguish between the two, particularly when the eruption in varioloid is confluent.

Smallpox is, as we have observed, accompanied by a rash, which may simulate a scarlatiniform eruption; the same happens in certain rare cases of diphtheria.

As a general rule, the eruption in scarlatina is found on the neck, in the armpits, the groins, in points where the skin is very delicate. The redness is diffused, and more marked or scarlet in certain points, contrasting with the color of the skin on neighboring parts, all being covered with sudamina.

The fever lasts eight or ten days, and when it falls, retrocedes gradually.

In all cases convalescence is very long and dangerous, because the least imprudence may become the starting point of complications of exceeding gravity.

About the twelfth day albumen is found in the urine, and if the child take cold a very grave attack of angina or fatal nephritis may supervene.

It must not be thought, because fever is no longer present and desquamation is taking place, that the malady is at end. The greatest care must be taken of the child, in order to prevent his taking cold; the room he is in should not be freely ventilated for a month; his skin is excessively sensitive, and a fetid atmosphere is better than a free supply of air, which, though pure, is cold. We should remember that, in ninety cases out of a hundred, just such imprudence has been the means of leading the little patient to the tomb.

In conclusion, after an attack of measles, the little patient should remain at least a month confined to the house; a period of two months is not too long after scarlatina and smallpox.

COMMUNICATIONS.

THE PRACTICE OF MEDICINE AMONG THE INDIANS.

BY H. M. M'CLENACHAN, M.D.,
Of Washington, D. C.

It shall be my aim to describe as clearly as possible the practice of medicine among the Indians, including in that term medicine, surgery and obstetrics. The writer has had the privilege of observing the customs of two tribes, to wit, Gros Ventres and Assinniboins. From information received from persons conversant with the customs of other tribes, I am satisfied the practices are essentially the same among all tribes not having been influenced by civilized ways.

In this article I shall confine my remarks to the practice of medicine proper, reserving the subjects of obstetrics and surgery for future numbers.

To know why the Indian believes in his mode of treatment (for he undoubtedly does), it will first be necessary to ascertain his views as to the cause and nature of disease.

He does not consider himself as in any way responsible for bringing on a spell of sickness. He may expose himself to inclement weather and contract a severe cold; but the two do not stand in the relation of cause and effect.

He knows certain diseases are contagious; but he does not think the disease *per se* is catching, but that the person taking it is under some peculiar spell.

In a general way he does not consider that habits of life, changes of weather, or hereditary influences bear any relation to disease, but that it is governed by some higher power and entirely beyond the influence of man, so far as preventing it is concerned; but that an enemy can, by making bad medicine, cause it to produce sickness. All the manifestations of disease are, therefore, due to evil spirits.

They have no distinct idea of what they mean by the term, some giving to the spirits the form of animals or insects; others, again, consider them an imponderable entity. Whatever may be the peculiar form of the evil spirit imagined by the individual, all believe this much to be a fact, namely, that it takes possession of the body, causing sickness and death. It is a matter of observation among them, that there are many forms of disease, as whooping cough, measles, diarrhœa, etc., but they do not look upon the different forms as distinct types of disease due to specific causes, but simply believe the spirit to be inhabiting different parts of the body.

The spirit is omnipotent, therefore can produce convulsions in one and diarrhœa in another. It will thus be seen that they give no consideration to rational causes but assign everything to a higher power. I have asked them why it is that the spirit will select one instead of another, when the natural conditions were the same.

In case a child is sick, the father believes he has in some way offended the spirit, and it punishes him through his child, he being too strong for it. Again they say an enemy can influence the spirit. This is called making bad medicine. I have known of several cases where a man, having several wives, is taken sick, and where some one of the wives gets the blame for making bad medicine.

It is not necessary to multiply examples, for they would only prove what has already been asserted, that disease is caused by spirits. They give no distinct meaning to the term spirits. It is to them an all-powerful, always present *something*, capable of anything an imagination uncontrolled by reason can conceive of.

It will readily be imagined that the treatment will be essentially the same in all forms of disease. Such is the fact. Disease is an evil spirit, and the object in all cases is to drive it out of the body. Still they do employ other modes of treatment, but simply to relieve some local symptom and not to counteract the disease per se.

The treatment of the sick, except in cases of midwifery, is relegated to the "Medicine Man." He is a power among the Indians. They do not adopt the profession (if the term may be employed) from choice, but from a belief that they are called by some higher power. This call is not understood in the sense in which we employ it, but the person is supposed by them to have been instrumental in saving a life, and is thenceforward a Medicine Man. What medicines are used are collected and prepared by the Medicine Man, and their names and mode of preparation are profound secrets. The medicines they use are roots indigenous to the locality in which they reside.

The medicine man does not follow his calling from humanitarian motives, or for the love of science, but, like many in the civilized world, he believes the laborer is worthy of his hire. He has no stipulated fees, but takes all that he can get. His fees consist of horses, robes, wearing apparel, etc. He will take the last horse a man has. In justice to him, we must say, the Indians, as a people, exhibit the most remarkable disregard for property.

The treatment may conveniently be divided into two sections; the treatment of the disease, or, as they understand it, the spirit—and by treatment they mean the removal of the spirit; and second, the relief of symptoms.

To accomplish the first object, the medicine man decks himself in the most hideous costume. We will describe the average costume, premising with the remark that the dress varies with the number of articles procurable, the more the better. The face is painted, usually red, with yellow trimmings about the eyes and mouth. The hair, always worn long, has a tuft of feathers braided in on the crown, and to braids of hair hanging about the shoulders are attached horsehair, snake-rattles, shells, etc.; over all is dusted red and yellow paint. The ears are pierced by numerous rings, and suspended from them hang shells, reaching to the shoulders. About the neck are strings of bright-colored beads with birds' claws, pebbles, buffalo teeth, etc.

The wearing apparel consists of a shirt, made of muslin or raw-hide, leggings, breech-clout, moccasins, and over all a blanket or buffalo robe. The shirt is daubed with paint, with some hideous image on the breast. The leggins are made to fit closely, but with a wide strip along the outside, to which is attached beads, bones, etc. The blanket, or robe, in either case gaily adorned, is loosely thrown over the shoulders. Thus equipped, he is ready to go forth and terrorize the spirits. The patient is stripped and the performance commences. The medicine man goes through a series of gyrations and contortions, touching the patient with his hands, blowing upon the body, chewing roots and expectorating them over the body. The whole performance is involved in an air of mystery. Then comes the drumming, singing and dancing. For this there are two assistants, who beat the drums. The drums are simply hoops, about twelve inches in diameter. covered with rawhide, and having loose pieces of metal attached, to add variety to the sounds. The medicine man has a rattle, made of a bladder to which is attached a handle, and filled with pebbles. They gather around the victim, drum, rattle and sing, and keep up a constant to and fro motion of the body. The singing is easier imagined than described. If there is any music in it, I have never been able to detect it. I think the length of time occupied in these performances depends more upon the power of endurance of the actors than upon the condition of the patient. The number of repetitions varies with the condition of the patient and the ability to pay. The larger the fee the greater the influence the medicine man has over his patient. The Indian Doctor, in case the patient gets no better, protects his reputation very nicely, in that respect having the advantage over his white friend of the same profession. In some cases, it may be, the fee was not large enough. Again, some enemy has made bad medicine to counteract all his efforts. As a last resort, he may admit that he was not strong enough to scare the spirit.

Before leaving this subject, it may be of interest to some to learn of some of the tricks of the trade, for be it known the red man is not above deception.

He will console the patient by informing him that he hears the spirit, and that it has ceased its evil doings, and will soon depart. Or he may affect to see it in the air. No one is able to disprove the assertion.

Another very effective deception is to—as seen by those present—chew a bit of charred wood, and then place his mouth to the patient's body, and pretend to draw out the defunct spirit, and before the sick one's eyes to expectorate the blackened saliva.

We now come to the treatment of symptoms. They have learned, by observation. that it is necessary that the skin, bowels and kidneys should perform their several duties. Hence, when there is any derangement of these organs, they endeavor to correct it. As to the function of the skin, perspiration, they do induce that most effectually. Among all their practices, I know of none exhibiting so much ingenuity as the sweat-house. It is about eight feet in diameter, four feet high, and in shape like an inverted caldron. First they dig a hole in the ground. about one foot deep and eighteen inches in diameter. This is to be in the centre. Then around this, in the form of a circle is placed willow sticks, firmly planted in the ground and about two feet apart. They are about eight feet high, and all bent converging to a point in the centre, about four feet from the ground. and all securely fastened by willow twigs. Over this framework is placed blankets, several thicknesses being used, an opening being left for a door, which is closed during the sweating process. While this is being built, a fire has been kindled near by, and in it has been placed several small pieces of stone, to be heated. The persons who are to occupy the house, for several take a sweat at the same time, now divest themselves of all clothing, enter and seat themselves, tailor fashion, around the centre. A pipe filled with tobacco and lighted is then given them. An assistant now removes the heated stones with two sticks, and places them in the hole in the centre of the house, hands to those inside a bucket of water, and closely closes the door. The water is poured over the stones, when a volume of steam and heated vapor arises, filling the apartment. The bathers then smoke, and sing, and sweat. and sweat, and sing, and smoke. They remain inside about fifteen minutes when they are bathed in a profuse perspiration.

If it be not freezing weather, the bathers go from the bath to the river and plunge in, for I should have mentioned that the sweat-house is built near a stream of water. Strange as it may seem, I have not seen any immediate serious effects from such a sudden change, forcing, as it must, a large amount of blood from the surface to the internal organs.

It is the custom of many to take frequent baths, not for the relief of any malady, but on general principles. During the winter season these sweat-houses are erected inside buildings; then, of course, the cold plunge is dispensed with.

For producing catharsis certain roots are used, but I have not been able to learn the names of any of these roots. As they are always given in the form of a decoction, I am inclined to ascribe more virtue to the menstruum than the drug. The object is also sometimes accomplished by a process of kneading, which excites the peristaltic movement of the bowels. I have heard of the syringe being used (one made from pithy wood) but among the Indians I have observed I have never seen it used.

In case of suppression of urine, the Medicine Man would first drum and sing, then resort to the following:—

Heat small pieces of stone, wrap them in flannel and place them under the patient's back. In case of failure, then the steam-bath would be resorted to. Here, it may be observed, the treatment is not so wide of the mark.

The Indians have great faith in emesis. I do not know why it is they should resort to this in some cases and not in others. As a rule, this procedure is confined to children. It is accomplished by the use of decoctions. The theory of the treatment is that if the spirit has made any bad medicine in the stomach, it can be gotten rid of.

The Indian has no faith in a medicine the effect of which he cannot see. The Medicine Man never gives any drug to be taken at regular intervals.

Such is a brief outline of the Indian's conception of the cause and treatment of disease.

In our next we will take up the subject of surgery.

DIPSOMANIA.

BY M. J. HALLORAN, M.D.,
Of Worcester, Mass.

Bruhl-Cramer, a German physician, practicing at Moscow described under the designation *Trunksucht*, an affection sometimes observed in habitual drunkards, where the appetite for liquor becomes so urgent that nothing will allay it. At present, under the designation dipsomania is understood a form of mental disease, having as prominent symptom a morbid craving for drink, utterly beyond the power of the patient to control.

As Esquirol has pointed out, the patient may be noted for sobriety, even for his disgust for alcoholic stimulants, but at the moment of the access no respect for himself, for his relations or his position in society will prevent him from drinking. Often there are intervals of perfect sobriety. Esquirol records the case of a merchant who became dipsomaniac every winter; during the continuance of the attack nothing was spared, and he reduced himself almost to beggary, but once the attack was finished, he returned again to business, and made good his losses. In the great proportion of cases these sober intervals become shorter, and sometimes the mad passion for drink seems to continue without lucid interval. (Fletcher—*Brit. Med. Jour.*, 1864.)

There is an acute form of dipsomania observed in persons predisposed to mental derangement on the occurrence of any great moral commotion, at the time of the change of life and during the puerperal state in women, or during the prodromal period of general paralysis or insanity in men.

In persons predisposed hereditarily to mental trouble, small quantities of alcohol soon induces a condition of veritable dipsomania; but it will generally be found that there exists in such individuals other evidence of a morbid mental condition, tendency to suicide, pyromania, etc.

"There is something wanting;" they all belong to the great class of degenerated beings (êtres degenerèes) on which Morel has so well written; they constitute the various classes of monomaniacs, a consideration which has led Skae to class dipsomania as one of the forms of moral insanity.

He remarks (Edinburgh *Med. Journal*, 1858, p. 772): "This craving for stimulants is only one of the symptoms of moral perversion which characterize the disease;" and again, "Of the other symptoms of moral perversion, the most common is the habit of lying; and accompanying this disregard for the truth, there are often other indications of moral perversion in the insane drunkard; such are extreme licentiousness, or a propensity to theft, or a delight in fomenting quarrels and creating mischief by leading other parties into trouble."

But there are other clinical facts which have not attracted the attention they merit.

I laid before M. Magnan, of the St. Anne Asylum at Paris, the objections made by Bucknill to clinical observations of dipsomania in general and in particular to the one M. Magnan had, quoting from the elder Trélat, reproduced in his work on Alcoholism. It was the case of a lady whose mother and uncle had been subject to attacks of dipsomania. She led herself a very exemplary life, but from time to time entered on wild periods of drunkenness, during which friends, honor and family were forgotten. During these attacks she introduced all manner of nauseous substances into the liquor, in order to induce disgust of it, but without success. Dr. Bucknill contends that there is nothing to prove that she was not a common drunkard, given to periodical sprees, and rather takes to task M. Trélat for giving credence to her assertions of attempting to render the liquor nauseating.

M. Magnan replied to this objection: "The patient, previous to an attack of dipsomania, is just like the ordinary insane patient, distressed, plunged into profound melancholy, a prey to groundless fears." As M. Trélat observes (*de la Folie lucide*, p. 151): "Drunkards drink when they find a favorable occasion; in dipsomania the patient drinks only at the moment of the access."

Some men attend well to business during the day, but drink heavily at night; others drink on public occasions, or when driving a bargain; they drink, as M. Trélat says, when a favorable occasion offers.

How different the dipsomaniac: he may have every day liquor under his hands with no desire for it; at the moment of the access he will have recourse to every subterfuge to obtain liquor, and if deprived of it will swallow anything in the guise of a stimulant.

A young lady patient of Dr. Skae's drank creasote and vinegar, and even took tobacco, when deprived of everything else. And, unfortunately, such patients become dangerous while under the influence of liquor; a patient of Gall's became an incendiary only at such moments.

In the great majority of cases morbid hereditary antecedents exist; in thirty-two out of sixty-eight cases, according to Skae; such was also the case in several among the patients we observed at the St. Anne Asylum. We have found also that the patient was generally subject to other morbid impulses; one patient made three determined attempts at suicide; another was arrested twice in succession for petty thefts in public, giving more or less plausible reasons therefor.

These patients generally drink alone; they are often intensely ashamed of the vice; one patient used to immediately quit any house where she was discovered, leaving her furniture behind, and never returning to claim it.

The reasons given by these patients for their actions seem plausible, and they will make the most solemn promises of reform, which are invariably broken.

We consider, then, with Dr. Skae, that dipsomania is one form of moral insanity, but that it is of difficult diagnosis; it has been too much the habit of late years to style inveterate drunkards "dipsomaniacs." Careful investigation should be instituted as to whether there exists any hereditary morbid tendency, or whether the ordinary actions of the patient give any indication of mental derangement.

As Morel remarks (*Etudes Cliniques*, p. 333), "In such patients we recognize an unhappy organization tainted with morbid hereditary tendency, and destined to finish miserably in general paralysis or dementia."

ICTERUS NEONATORUM AND ITS RELATIONS WITH UMBILICAL HEMORRHAGE.

A Paper read before the Atlantic County Medical Society, Atlantic City, N. J., February, 7th, 1881,

BY BOARDMAN REED, M.D.,
Of Atlantic City, N. J.

One of the most serious accidents that can befall an infant within the first week or two of its life is spontaneous hemorrhage from the umbilicus. This is fortunately a very rare mishap. Among 2000 births at the Emigrant's Refuge, Ward's Island, only two cases of this affection occurred. There was only one case, it is said, in upwards of 9000 children cared for during two years at the Foundling Hospital, Paris. Two old and eminent practitioners in this country, one of whom assisted at 3000 and the other at 4000 births, report having seen only a single case each of this form of hemorrhage. It is stated that in the Dublin Lying-In Hospital not even one case occurred during twelve years, among 6654 births. All the records to which I have had access show the great infrequency of this affection. It has happened to me, however, to have two well-marked cases of it within the last three years. In both of these the hemorrhage was persistent for several days, and was complicated by jaundice; and in both it was fully controlled, though in one of them the child died some ten days later.

These cases I shall proceed to report somewhat fully, on account of the rarity and serious nature of the disease, and in the hope that other members of the Society may, from their own experience, be able to throw additional light upon the subject.

CASE 1.—November 16th, 1878, a male child, born at full term, well-formed and in good flesh, weighing about eight pounds. The mother seemed to be in fairly good health, though coming of a family having a strumous tendency. There were no indications of syphilis in either parent, or in the appearance of the child. The cord dropped on the sixth day and the base apparently healed as usual. About the tenth day jaundice set in and became marked, but yielded gradually to minute doses of blue pill. On December 5th, when the child was nineteen days old, I was called in to prescribe for an oozing of blood which had then been progressing a day or two. The jaundice was now disappearing. A little blood came from the reopened surface of the umbilicus, enough to stain the compresses as often as placed in position. Some simple astringent application was made, and this proving ineffectual, benzoated oxide of zinc ointment was ordered. This stopped the bleeding and healed the open surface within a few days. The child was nursed by the mother, and is still living, being one of the most robust looking children in the place.

Case 2.—This occurred nearly a year later, and was in several respects highly interesting. The mother had been afflicted for a year or more with anæmia, palpitation of the heart and other symptoms of deranged nutrition, and a few months subsequent to the birth a vaginal examination revealed marked cervical endometritis, with some areolar hyperplasia.

The father had long suffered from impaired health, having dyspepsia, periodical sick headaches, and considerable nervous exhaustion.

During this pregnancy the mother had nausea almost constantly, which became aggravated in the later months, so that vomiting was frequent, and very little food could be retained. Finally the vomiting became almost incessant. No remedy afforded even temporary relief, except hypodermics of morphia, which checked it usually for a period of eight to twelve hours.

I had ordered rectal alimentation to be resorted to, and was on the point of cauterizing the *os uteri*, as the only alternative to the induction of premature labor, when nature interposed, and a female child was delivered a month before the time expected. Judging from the appearance of the child, however, the birth must have taken place within a week or two of the expiration of the full term.

A week previous to the birth hemorrhage began from the uterus, though the *os uteri* was not then dilated. This was temporarily suppressed by the usual measures, but recurred at intervals until the child was born, Sept. 5th, 1879. It was alive and appeared in fair condition, weighing about six pounds.

The mother had no milk, or next to none, and all measures failed to increase the secretion; so that artificial food had to be depended upon. This was, of course, a particularly unfavorable circumstance, considering the inherited tendencies of the child.

The cord was secured with a double ligature, and all went well until early on the morning of Sept. 8th, the fourth day, when the compress over the umbilicus was discovered to be saturated with blood. The nurse finding the ligature secure, attempted to stop the bleeding by applying cobwebs. This failed entirely. Upon being called I found blood issuing slowly, but continually, from the sides of the softening cord, in various places. I immediately applied a new ligature, within an inch of the navel, but this was of no avail, the blood continuing to ooze from all parts of the base above it. I now applied a styptic, composed of Castile soap, chlorate of potash and alcohol, and made firm compression. The bleeding was only temporarily checked.

I proposed resorting next to Monsell's salt, and should that have failed, to ligation of the umbilicus *en masse;* but being called out of town, I left the case with Dr. Wm. H. Bennett, who, after trying in vain several styptics, inserted harelip pins through the tissues beneath the umbilicus and ligated the mass.

Upon returning next day I found the hemorrhage greatly diminished, and after some further tightening of the ligatures by Dr. Bennett and myself, and the administration of ergot with tincture of the chloride of iron, in suitable doses, it still further lessened and finally ceased altogether.

It should have been mentioned that before the hemorrhage was controlled spots of purpura appeared upon the forehead and other parts of the child.

Jaundice was not noticed at the time the hemorrhage began, but was developed a few days subsequently, to a marked degree, while in *Case* 1 it preceded the bleeding by some days.

On September 15th the pins were removed, and by the 18th the umbilicus had healed completely.

Shortly after the pins were removed, Dr. Bennett, who had been seeing her with me, returned to Philadelphia. When the life of the child was so seriously threatened, a young mother stopping in the neighborhood, who had a full breast of milk, came in and nursed it several times a day. This no doubt contributed largely to the success of our measures for stopping the hemorrhage, since, when this lady left the place and the child was put again on cow's milk, diarrhœa set in and the jaundice became more marked. The bowels were checked by the aid of mild astringents and a change to condensed milk, but the child continued to fail steadily, became very weak, vomited frequently, and died September 21st, with symptoms of general adynamia.

I can learn of only one other case of spontaneous hemorrhage from the cord as having happened in Atlantic City. This occurred three or four years ago, in the practice of a homœopathist here. The bleeding, as I am informed, set in suddenly, on the tenth day, after the cord had separated normally, and proved uncontrollable. To supplement the efforts of the attending physician the assistance of a resident surgeon was invoked, but neither the infinitesimal doses of homœopathy nor the most potent styptics applied by a skillful hand were of any avail, and the little one soon succumbed. This case presented no jaundice.

There have been previously reported, so far as I am able to ascertain, only one hundred and ninety-six cases of spontaneous umbilical hemorrhage. Jaundice was observed in seventy of these, purpura in seventeen, and ecchymosis in five. The three additional cases I here report bring up the total number to one hundred and ninety-nine, in ninety-four, or nearly one half, of which there was some manifest outward indication of vitiated blood.

Counting my second case among the fatal ones (though death did not result until some ten days after the hemorrhage was controlled), the total number of deaths in the one hundred and ninety-nine cases was one hundred and sixty-five, or about eighty-three per cent.

Dr. Wm. B. Atkinson, in his little work entitled "Hints in the Obstetric Procedure," published in 1879, presents a brief but comprehensive account of umbilical hemorrhage and the various forms of treatment best adapted to it. In all serious cases he advises the ligature *en masse*, with the local application of styptics afterward, in addition. The method of performing this simple operation is to transfix the integument merely by passing harelip pins through under the base of the umbilicus, at right angles to each other. Then several figure-of-eight turns are made with a waxed ligature around the pins or entirely underneath them, thus ligating the entire mass very effectually.

In a small proportion of cases, even when there is present what is called a hemorrhagic tendency, this may succeed, but more often the bleeding, even if checked in this one place, breaks out in another, perhaps in some of the viscera, and death then invariably results.

One of the most interesting features of this rare affection is its frequent association with jaundice. Dr. Charles West, in his classic work, refers to this connection, though having never observed it himself. Speaking of "Icterus Neonatorum," he says:* "One remarkable phenomena attending these cases is the tendency to hemorrhage by which they are characterized; this hemorrhage taking place, for the most part, from the umbilicus, either before or soon after the separation of the funis. * * * It is unusual for the infant to survive its birth longer than a fortnight."

Ellis, in his "Diseases of Children," speaks of jaundice as "not an uncommon prodroma" of hemorrhage from the cord.

There have been various theories to account for the frequent association of these two conditions, none of them wholly satisfactory. It is evident enough that in the grave cases of bleeding there is a hemorrhagic diathesis, as all the authors take pains to state; but this really explains nothing. There is evidently some impairment of the blood, which becomes abnormally fluid, and it is probable that various causes are capable of producing such a dyscrasia in young infants. Inherited tendency must be a possible predisposing cause, since instances are on record of three children in one family dying from the form of hemorrhage now under discussion. Possibly also obstruction of the bile ducts or a deficient secretion of bile, at an age when the weight of the liver bears twice as great a ratio to the weight of the entire body as in adult years, and when, presumably, that organ performs functions of relatively greater importance than at a later period, may vitiate the blood sufficiently to affect its coagulability.

Comparatively recent investigations—notably those of Austin Flint, Jr.—have shown that the liver performs an important excretory function in separating from the blood the substance known as cholesterine. This, unlike most of the other constituents of the bile, is now believed to be purely excrementitious, being analogous to the urea excreted by the kidneys. Just as the retention and accumulation of urea in the system produce the condition called uræmia, the like accumulation of cholesterine, through failure of the liver to excrete it, produces a group of toxic symptoms, to which the name cholesteræmia has been given. This is a true blood poisoning, and when it is produced artificially, as it was by Koloman Müller, in 1873, in five experiments on animals, there is set up a complete representation of the phenomena of grave jaundice. Furthermore, in numerous cases of jaundice occurring in the course of cirrhosis or other fatal forms of disease, an excess of cholesterine has been found in the blood by Dr. Flint, while similar experiments made upon the blood of persons affected with simple jaundice due to duodenitis, revealed no such excess of that substance. Yet the latter cases usually presented the same decoloration of the fæces, and even more marked pigmentation of the skin and various secretions than in the fatal forms. This would seem to prove that, not the pigment, but some other ingredient of the bile must be the real toxic element in jaundice.

---

* First edition, Phila., 1850, p. 354.

There are not at present sufficient data—at least not in my possession—to warrant the inference that the particular form of blood poisoning due to the accumulation of cholesterine in the system in consequence of a suppression or perversion of the functions of the liver, is that which in new born infants causes a hemorrhagic tendency; but this is not impossible, since in the graver forms of jaundice, at all ages, the immediate cause of death is frequently hemorrhage, and in those affections a notable excess of cholesterine has been shown to be present.

Yet in all these cases the jaundice, as well as the excess of cholesterine may be only an effect, not the cause, of blood poisoning, some derangement of nutrition being the first link in the chain. There are malignant forms of jaundice, which are generally held to result from blood poisoning, such as those occurring in pyæmia, and from snake poisons, over-doses of phosphorus, etc. Even in these cases, however, it is probable that the toxic matter, in whatever way it enters the system, first produces some disturbance in the functions of the liver before the symptoms of jaundice result. It is by no means certain that the pathology and etiology of jaundice have been yet fully and correctly wrought out.

Virchow, has lately advanced the view that jaundice resulting from poisoning by phosphorus is really due to obstruction, being caused by catarrh of the duodenum and the partial closure of the orifice of the ductus choledochus. Other German observers now object to the division of icterus into two classes, *hepatogenous* and *hæmatogenous*—that is, cases referable to the liver and those referable to the blood—maintaining that all cases may arise from either faulty action of the liver, or from obstruction of its ducts. When the liver, after death, is found anatomically intact, they hold that there may have been spasmodic closure of the bile ducts, or a lowering of the blood-pressure in the hepatic capillaries, causing a decrease, or even suppression, of the biliary secretion. To this latter cause they attribute the jaundice of starved animals, and that which follows a free discharge of bile through a fistulous opening. They suppose that icterus neonatorum may be due to lowered blood pressure in the liver, resulting from the closure of the umbilical vein, which during fœtal life emptied the main bulk of the oxygenated blood directly into that organ. This hypothesis obviously might account for the transient attacks of jaundice, so often seen in the new-born, which are not connected with hemorrhage or any blood dyscrasia. Just as obviously it would not account for the graver cases which usually terminate fatally, unless it be supposed that there is some serious obstacle to the establishment of the circulation in the new channels at the time of birth. Even this hypothesis would utterly fail to account for cases which do not develop until the tenth day, or later.

Considering all the facts, we are driven to the conclusion that there may be various causes of icterus neonatorum, as of jaundice in the adult, and that when it is associated with hemorrhage there must be some impairment of the crasis of the blood. What it is that poisons the blood has not been conclusively established, but probably it is the accumulation in it of excrementitious matters, which are normally separated by the liver and discharged through the intestinal canal.

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF PROF. A. JACOBI.

Reported for the MED. AND SURG. REPORTER.

Intestinal Catarrh.

Here is a little child, thirteen months old, with the following history. Three weeks ago the mother weaned it, and since then it has failed steadily. Its color is bad and it has lost its appetite. Its bowels move six or seven times a day, and what it passes is of a very light color. It has also some fever. The mother says that since she weaned the child she has fed it on everything that was on the table. Now it is important to know, first, whether this change in the child's health was a sudden change, coming immediately after weaning, or not. It it was gradual, there might be some other cause for the trouble. Before weaning, however, she says that she always fed the child on breast milk only, but since weaning she has given it potatoes, bread and milk, tea, coffee, and so forth. We might ask if she ever sees any of the food undigested in the passages. She says that she has seen pieces of meat. Food undigested passing along the alimentary canal in such a condition must act as a local irritant. A single piece alone, such as she describes, might give rise to a catarrh of the entire canal. The baby has eighteen teeth, so the mother says. That is a great many for a child of thirteen months to have. I will examine and see if that statement is correct. No, there are only fourteen. You generally have to make allowance for a mother's statement. Now this catarrh of the intestine deprives the child of nourishment in two ways. Whatever is introduced into the alimentary canal because of the exaggerated peristaltic action of the bowel is immediately passed downward undigested. Besides, the mucous membrane of the intestine is changed in character, and loses its absorbent properties. So the food which the child takes is much of it passed unchanged. Such a diarrhœa is called lientery.

Now, as far as this case is concerned, the child has been nursed too long. It ought to have been weaned four months ago, instead of three weeks. Then, when the mother did wean it, the change from mother's milk was too sudden, and instead of giving the child what was similar to breast milk, the mother has allowed it to have pretty much the same food as she takes herself. Certainly this child has made a complete mistake in choosing a mother. If he had a different mother he would do much better. What is to be done for him now, to restore him to health? In this condition cow's milk alone is not easily digested. You must add an antacid, in order to prevent coagulation of the milk by the over-acid stomach. In such cases as these the milk, if given alone, is quickly coagulated into a large, tough curd. It is important then to add an antacid, and which one would you choose. There are several, such as the bicarbonate of sodium, the carbonate of magnesium and the carbonate of calcium. Which of them would you use in this case? Certainly neither the sodium nor the magnesium salts, because they are both purgative, and you have here a condition of excessive action and secretion in the intestine already. You would, therefore, make choice of the calcium salt. It is also important that the milk should be diluted, either with gum arabic water, half and half, or barley water in the same proportions or less. The milk may be boiled at once and farinaceous food may be given, the child being quite old enough. In a number of cases cow's milk is not digested, especially in bad cases in summer time. Then you must forbid milk at once and give barley water alone, or substitute the white of eggs for the milk. If this child had a little more diarrhœa than it has, I should forbid milk altogether. This treatment will have to be kept up for some time, ten days at least; for, lasting for three weeks, it is probable that the catarrh is universal, and it is also probable that the lymphatics of the abdomen are also congested and swollen, exactly as the glands in the neighborhood of the mouth become swollen when there is any trouble about the mouth or throat.

When the catarrhal trouble is of recent date only, if we have an opportunity of inspecting them, they look red and congested. When the inflammation has been more chronic, they are large, hypertrophied, and the seat often of caseous degeneration which may terminate in suppuration or induration, rendering them useless for purposes of absorption. That is one reason why I always insist on checking diarrhœa instantly, because of its influence on the abdominal glands. It is dangerous in so far as it renders useless the functions of these lymphatics. Now, we know that these glands do enlarge as the consequence of persistent diarrhœa, and therefore the prejudice which exists against stopping such diarrhœa immediately is not well founded, nor is there any reason for letting alone that diarrhœa which sometimes accompanies teething. It is only dangerous when let alone, and for the reasons stated. Now, as to this case, the cause of the intestinal catarrh is plain. There has been an improper choice of food. The food which has been given has not been digested, and has been passing along the mucous membrane of the alimentary canal all the time and acting as an irritant. This has been going on too long. The proper food I have already spoken of. As for medication, if there are at present any irritant substances in the intestine, a dose of castor oil, ʒj, which may be given in hot milk, will remove them. Further than that, what is to be done? What is the state of the mucous membrane? It is reddened, irritated, and bathed in catarrhal and serous secretion. The mucous follices are in a state of enlargement, and perhaps superficial erosion and ulceration. There must be, then, some local treatment, and there is no better remedy for this condition of things than bismuth. It acts both as a protection and a cover to the inflamed surface, and is at the same time also an anti-fermentative. It binds the sulphide of hydrogen. You may give of the subnitrate, or the subcarbonate, three to five grains, three times a day. No, it is better to give it oftener and in smaller doses, say two grains every three hours. There is here, besides, an undue amount of secretion and peristaltic action, so you may add a little opium, in doses of one thirtieth of a grain. Give one third of a grain of Dover's powder. For an antacid, do not give, as I have before said, either the sodium or magnesium salts, but in preference the carbonate of calcium, which is unirritating, and not a purgative. You may give it in doses of three grains. With such a treatment as this, and the addition of proper food, which is most important, this case will do well.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Reported for the Med. and Surg. Reporter.

Sarcoma of Eyelid.

Dr. Chisholm. About one month ago a child, five years old, was brought to the hospital with a tumor of the lid which had been discovered only a few days before. The tumor was attached to the under surface of the lid by a pedicle containing large blood vessels; it was as large as a cherry and full of blood vessels; no pain was produced by its presence. For fear the hemorrhage might be dangerous a ligature was placed loosely around the mass, in preference to removing it by the knife. On the next day it had not lost its color, but was of a deeper red; some of the blood vessels had given way and the bandages were soaked with blood. Nothing more was done at that visit beyond giving iron for the anæmic condition. In a few days the tumor was of an ashy hue. Two days later it protruded between the lids. A ligature was applied which cut through the mass and it fell off. The eye was examined and found in a healthy condition, except a slight ashy appearance of the cornea, for which a lotion of boracic acid was used. Upon the child's return, two days later, the cornea was entirely eaten away. It is singular that the slight pressure of the tumor should produce such destructive changes. The tumor was examined and found to be a sarcoma, containing both round and spindle cells, and nearly certain to return. It is three weeks since the mass was removed, and now it is nearly of the original size. The cornea has been replaced, but vision is lost, and probably life may be destroyed.

Abdominal Abscess.

Dr. Evans. Three or four months ago, I was called to see a lady, aged thirty, married, mother of children, one of which, nine months old, was still at the breast; always had good health up to the present illness. After her confinements the menses usually appeared within six months, but at the time I saw her they had not been present since the birth of her last child. She was taken with a chill and severe abdominal pain, and a medical gentleman who attended her for eight weeks pronounced the case one of Bright's disease, and would be fatal. When I saw her there was great dyspnœa, anasarca, and almost complete suppression of urine, half a teacupful of coffee-colored urine being passed in the twenty-four hours. I feared to give her diuretics, but gave one drop of croton oil every two hours, until free watery evacuations were produced. In the evening she passed a larger quantity of water, and was much relieved. The next day I repeated the oil, with manifest benefit. Then ʒj fld ext. jaborandi was given, which produced free diuresis. The kidneys had recovered from their engorged condition and the urine flowed freely; then potass bitart was used. to keep up the flow. All this time there was no pain, and the improvement continued for ten days, when the dropsy reappeared and the croton oil was repeated for two days. She then complained of pain, and the fluid extract of juniper was used as a diuretic. On the next morning she had a hemorrhage from the bowels and passed a large quantity of pus. The flow of pus continued for several days, and gradually lessened in quantity. I think she passed several gallons. She made a good recovery, and is now well. I do not think she had Bright's disease. If this was an abscess dependent upon parturition, it is singular that she was perfectly well for nine months after delivery. It would be very strange for an abscess to exist that length of time and show no signs of its presence.

Abscess of Tonsil.

Dr. J. H. Hartman. A young adult had severe pain on deglutition and a burning in his throat. His father thought he had quinsy, and under the use of gargles and domestic remedies he seemed to be doing fairly until a day or two before he came to me. The left tonsil was swollen as large as a pigeon's egg, and there appeared to be deep-seated inflammation. The swelling was opened freely and much pus escaped. Further inspection revealed a white substance in the tonsil, which, upon extraction, proved to be a piece of wooden toothpick, about half an inch long. This is the first case of the kind that has come under my observation, although many cases are reported in the books. Fish bones, tooth-brush bristles, apple-seeds, etc., have been found in the tonsils, and have produced abscess. I have frequently, in excising the tonsil, met calcareous concretions, sometimes as large as a bean. More than once I have been compelled to remove the tonsilotome and finish the operation with a bistoury.

Gunshot Wound.

Dr. Cathell. A man was shot in the mouth on last Thursday. The mouth was open at the time and the ball struck the palate about half an inch to the left of the median line, was deflected by some cause and made its exit under the mastoid process of the right side. There was only slight hemorrhage, not much pain, and no paralysis. There is extreme stiffness of the neck, but nothing of serious import up to the present. It is too soon to say what complications may retard the recovery, such as abscesses, secondary hemorrhage, pyæmia, or even tetanus.

Some years since I saw a case which was very peculiar. A man was shot just above the knee; the efforts to find the ball failed, and profuse suppuration, with emaciation and hectic, followed. Necrosis was thought to exist, and the man got a pension on account of the wound. A surgeon, in examining the case, some years after, found a prominence near the seventh cervical vertebra, upon which he cut, and removed a large bullet. The wound was received during the war and the removal of the bullet was in 1868. The suppuration ceased and the man made a complete recovery in a very short time, and has had no trouble from this source since. How the ball could travel from the knee to the back of the neck is difficult to tell.

EDITORIAL DEPARTMENT.

PERISCOPE.

Phimosis as a Cause of Hernia in Infants.

Some valuable remarks on this subject were made at a society meeting in Kent, England, by Mr. S. Osborn, F.R.C.S.E.:—

Having, in my capacity as surgeon to the Surgical Appliance Society, to examine and apply some hundreds of trusses in the course of a year, the frequency of phimosis in combination with rupture in infants has struck me repeatedly, more especially just lately, as I have had no less than ten cases within the last month. The phimosis in all these cases, I am certain, was the undoubted cause of the rupture, and may be thus explained. After the descent of the testicle into the scrotum has been accomplished, the vaginal process of peritoneum through which it descended begins to close and become converted into a fibro-cellular cord. But the testicles having but lately descended (the left coming down between the seventh and eighth month of fœtal life, and the right between the eighth and ninth month), the uniting medium is yet but young, and not being sufficiently organized, is easily broken down by any strain thrown upon it. Phimosis occasions that strain, from the impediment which it offers to the outflow of urine. For the mechanism of ordinary micturition is effected by the contraction of the muscular coats of the bladder and urethra; but in cases of obstruction to the outflow of the urine, extraordinary force is called into action, and this is effected by the contraction of the abdominal walls pressing upon the bladder, while the diaphragm is also at the same time in a state of tension. By this means pressure is exerted over the whole of the abdominal wall, and the apertures by which the testicles have descended to the scrotum being always the weakest points of the abdominal surface, they naturally give way under the strain thrown upon them. In other words, the child, straining to pass his water, forces the abdominal contents downward upon the weak points at the inguinal canals, and rupture on one or both sides results. I would go even still further than this, and say that the canal which has been the last to close, or, in other words, that side on which the testicle was the last to descend, is the side on which we usually have the rupture occuring; and knowing that the right testicle is generally the last to descend, we naturally find that hernia in infants is also encountered with greater frequency on this side. That the rupture occurs on the side on which the testicle was the last to descend is only what one would suppose, for the uniting medium which is effecting a closure of the canal on this side is not in so advanced a condition of organization as on the other side, where the testicle has taken its place prior to the other. It is thus easily seen how a single truss frequently produces a double rupture. The cause of the obstruction to the outflow of urine is still present in the phimosis, and one inguinal canal being guarded by the single truss, the abdomen gives way at its next weakest point, viz., the other inguinal canal, and a double rupture is the consequence. Such a result might have been prevented by early circumcision. The hernia in these cases is generally scrotal, or, if not, it soon becomes so by the wedge-like projection of the intestine; and as to whether it be congenital or infantile in variety, depends upon the amount of the funicular process of peritoneum which has become converted into fibro cellular tissue, or which has been broken down by the aforesaid propulsion of intestine. The operation of circumcision, as performed upon young children, and which was done in all of the cases I previously spoke of, is both easy of performance and effective in its results: easy of performance because no sutures are ever required (children bear pain well, and the parts are usually well in a week or ten days); effective in its results, because the hernia then stands every chance of being effectually cured by the application of a truss, the exciting cause having been removed, and, at all events, a double rupture is prevented by its early adoption. Occasionally difficulty arises in the operation when the rupture is very large; for the penis, buried by the projection of the rupture, is represented in such cases by a button-hole aperture, and the operation is then more easily effected by the rupture being commanded by a double inguinal truss during the performance of the operation. In conclusion, I would suggest, then, that whenever an elongated or contracted prepuce be present in infants, the sooner circumcision is performed, the better; thereby the more serious complaint of rupture will be prevented.

Treatment of Pain by Mechanical Vibrations.

For some years past, says the *Lancet*. Dr. Mortimer Granville has been occupied with important researches upon the possibility of combating neuralgia by mechanical means. Proceeding largely upon theoretical considerations, he came to the conclusion that a series of interrupted mechanical shocks to a nerve would diminish its sensibility, and for that purpose invented a small instrument whereby a succession of rapid blows could be kept up upon the skin. Many physicians in London and Paris have seen and employed the apparatus, and spoken of it with approval; but Dr. Granville forbore to bring it under general notice until it had been thoroughly tested. He has paid the penalty of his patience, and the old story is repeated of the publication of an idea by another person, by whom it was conceived long after the one who first thought of it, but who did not proclaim it to the world. In justice to himself Dr. Granville should forthwith point out how he arrived at the idea, and state his experience of its practical enforcement. Meanwhile it may be interesting to summarize the statements of M. Boudet de Paris, who writes on the subject in *Le Progrès Médical.* After alluding to Dr. Brown-Séquard's observation, that chloroform applied over the skin of an animal produces general anæsthesia by its irritant action on the peripheral nerves, he points out that all irritants or revulsives may be placed in one category—such as actual cautery, hypodermic injections of water, application of metals, magnets, tuning-forks, electricity, vesicatories, sinapisms, compresses steeped in ether or chloroform, a motley group, but each intended for the same end—the relief of pain: they all operate by irritating the terminal twigs of sensory nerves. Vulpian long ago showed the good effect of the local application of chloroform: and Landouzy has recently pointed out the remarkable influence, in controlling the cough of phthisis, of hypodermic injections of water; while the cautery, acupuncture, and each of the forms of electricity are commonly applied to relieve pain. The action of metallic applications—metallo-therapy—of which we have heard so much in the last few years, was best explained on the theory of vibrations, by Vigouroux, who proceeded to experiment upon the effect of sonorous vibrations, which he thought might have a direct mechanical effect upon the sensory nerves. By the aid of a large tuning-fork and sounding-board he caused hemianæsthesia to disappear, and provoked contractions in hysterical subjects at la Salpêtrière, as rapidly as with the magnet or electricity. The pains of an ataxic were subdued when his legs were brought under the influence of these sound-waves. M. Boudet de Paris then thought this might be applied locally over a nerve—the sonorous being changed to mechanical vibrations by means of a small button attached to the resonater, and applied over the nerve. He therefore contrived a small apparatus consisting of an electrically mounted tuning-fork, the vibrations of which were transmitted to a rod which could be easily applied over a nerve. In a healthy man this mechanical excitation produced rapid local analgesia, often anæsthesia, the maximum effect being produced by application over a nerve which could be compressed on a bony surface. When placed against the skull its walls vibrate in harmony with the tuning-fork, and a sensation of approaching vertigo, frequently followed by a desire for sleep, is produced. An attack of migraine can be cut short by the application. Neuralgia—especially of the fifth, where the nerves issue from bony canals—disappears after a few minutes' application of the instrument to the nerve at such points, but in the case of deeper seated nerves, much protected by soft parts, it is more difficult to get good results. The writer suggests this treatment for the pains of ataxics and syphilitics; he thinks there is no limit to its applications, and suggests that perhaps cranial vibrations may induce cerebral, and thus general, anæsthesia. Its mechanical action is comprehensible, when we see how simple friction of the skin may soothe very acute pain. He does not regard the number of vibrations as important. This, however, is, we believe, a point on which Dr. Mortimer Granville lays the greatest stress.

The Tribasic Phosphate of Silver in Organic Nervous Disease

This substance, prepared by Caswell, Hazard & Co., of New York, is thus mentioned in the *Lancet*, Feb. 19th, by Dr. A. McLane Hamilton:—

The tribasic phosphate of silver possesses advantages over the other silver salts which entitle it to a fair trial. I have given it for months, in doses varying from one-third to half a grain, without any skin discoloration whatever, and its administration is unattended by the gastric irritability that so often follows the use of either the nitrate of silver or the phosphide of zinc. At the same time its therapeutic effects are much more pronounced. It is best given with some such excipients as argol and glycerine, for vegetable substances tend to decomposition; and for this reason I have discarded the confection of roses as an element of the pill mass.

In the first edition of my work upon Nervous Diseases I directed attention to the probable advantages of this drug, especially in sclerosis of the posterior columns. The experience of two years has convinced me that it is my duty to urge others to make use of the remedy. In two classes of cases it has proved to be of great value: 1. In those of more or less acute myelitis with disturbance of the bladder and rectum. Not only in such cases of transverse disease has there been a decided improvement in the matter of control over the functions of these organs, but there has been a decided gain in the muscular power. This has been conspicuous in a very remarkable case of chronic meningo-myelitis seen in consultation with Dr. Todd, of Ridgefield, Conn. 2. In cases of sclerosis of the nervous substance. In seven cases of posterior spinal sclerosis there has been a subsidence, more or less, in the violence of pains, and in those who have taken the drug for over a year the power of locomotion is materially increased.

In six cases of inveterate epilepsy, as the result of gross inflammatory intracranial changes, the patients have been relieved, judging from the diminution in the number of the attacks.

I am now giving the drug to patients with cerebral tumor and general paralysis, and while it would be out of the question to expect anything like permanent cure in such hopeless diseases, I do believe that a persistent and proper use of the silver salt will do much more for the patients than any of the drugs hitherto used. I can find in medical literature no record of the use of the phosphate of silver, nor am I able to learn by inquiry that it was used prior to 1878. I sincerely hope that others may be prompted to publish their experience.

Diagnosis of Adherent Placenta.

Dr. A. C. Air writes to the *Lancet*, February 5th:—

I have met with several cases of morbidly adherent placenta, during the last fourteen years, and am inclined to believe that the diagnostic problem may be solved with almost absolute certainty; although, from my experience being limited to so short a time, I would desire to write with all becoming modesty.

The diagnosis is, I think, to be founded upon two symptoms, one of which is mentioned by Dr. Churchill, the other by Dr. Barnes, viz., that at some period of pregnancy, generally between the third and fifth month, a fixed pain, generally of a dull, aching character, is felt over some part of the uterus; and this is converted into a severe *dragging* pain when the patient attempts to turn over to lie on the side opposite to the placenta site; so much so that patients with an adherent placenta will never (as far as my experience goes) voluntarily lie on that side. This pain, I believe, to be of the same nature as that mentioned by Dr. Barnes as being experienced when the cord is drawn upon; and is due to the dragging on the cord by the child, when, from gravitation, it sinks through the liquor amnii.

Theoretically, it may be objected to this explanation that usually the cord is sufficiently long to prevent any such dragging; but I think it will generally be found that when the cord is long it is twisted around the neck or limbs of the child, and produces the same effect as a short cord would.

No history of this dragging pain on the patient's turning to the side opposite to the placental insertion will be obtained when the retention of the after-birth is merely due either to the inertia of a wearied uterus, or from irregular contraction; if there is hemorrhage in either of these cases, one would be justified in trying the effect of cold, compression, etc., before introducing the hand, but in cases of true placental adhesion, trying these and similar means leads to dangerous loss of precious time.

Two Yards of Intestine Removed.

A Paris letter in an English contemporary describes a remarkable case in the practice of Dr. Kœberle, of Strasburg.

The patient, a young woman, aged twenty-two, had been subject for some years to acute attacks of abdominal pain, and on two occasions there had been symptoms of obstruction, which had, however, been overcome by the use of enemata. Since that time (October, 1880) the pain had been most constant and severe, not remitting day or night, and at times so intense that it could scarcely be soothed by hypodermic injections of morphia. Gastrotomy was performed on November 27th, 1880, and four narrowings were found in the bowels, one being only four millimeters in width. These strictures were distributed over two yards of the gut (2 meters .05), which was excised between two ligatures at each extremity, the vessels of the mesentery being secured by twelve ligatures. The ligatures of the ends of the intestine were then tied together so as to place the gut in the most favorable position for enterotomy, which was performed on the third day. The parts beyond the ligatures came away between the twelfth and fifteenth days, and on the twentieth the first alvine evacuation occurred. Five days later a band of strapping sufficed to prevent food or gas passing through the wound, which had entirely healed in six weeks. The operation was not performed antiseptically, and the temperature never rose beyond 38° Centigrade. During convalescence, and from the third day, the patient was fed by the mouth, with solid and substantial food—bread, meat and eggs—sufficient liquid being given for the purpose of digestion only, the thirst being assuaged by injections of water in the rectum, seventy such injections having been made in the twenty days. The young woman, who is now quite well, has no pain or digestive trouble of any kind.

Complete Extirpation of the Uterus, With Both Ovaries.

Dr. Thomas Chambers reported this case to the London Obstetric Society:—

Jane S., aged 45, was admitted into the Chelsea Hospital for Women, May 24th, 1880. In 1870 she first noticed a lump in her right groin, which grew slowly for five years. After this menorrhagia commenced, and gradually increased. Pain and hemorrhage were excessive, and she eventually became too weak to attend as an out patient, and was remarkably emaciated. The tumor was freely movable from side to side, and was very soft and doughy, but without fluctuation. The pelvic cavity was unoccupied, the vagina drawn up into a cone, with the os and cervix, both small, in the centre. There was a periodical discharge of watery fluid through the vagina. Hence a diagnosis of fibro-cystic tumor was made. Medical treatment having proved of no avail, extirpation of the uterus was proposed to the patient, and she decided in favor of the operation. It was performed on June 22d. The abdominal incision was extended to eleven inches. The broad ligaments were tied with silk at each side, a parallel clamp placed above the ligatures and the uterus cut away. After a few minutes arterial hemorrhage occurred from a large vessel, which was at once secured. The cervix was then transfixed by a double ligature, the clamp removed, the ligatures tightened, and the stump replaced. By the 21st day the patient was convalescent, a free discharge of offensive matter from the vagina having taken place suddenly on the 14th day. The tumor proved to be a lobulated white fibroid, not fibro-cystic, and contained very large vessels.

The Temperature in Tubercular Meningitis.

Dr. Jules Turin, in an interesting article on Tubercular Meningitis, in the *Jahrbuch für Kinderheilkunde*, vol. XVI, quoted in the London *Med. Times and Gazette*, sums up the question of temperature as follows: 1. Tubercular meningitis is always accompanied by a rise in temperature in one or other of its stages, but very seldom during its entire duration. (The stages are given according to Dr. Whytt, who, as is well known, first described the disease). 2. In a few cases only does the disease begin with a sudden rise of the bodily heat, as in some forms of acute disease. 3. The thermometric results are extraordinarily variable, so that it is quite impossible to establish any typical temperature curve. 4. In uncomplicated cases of tubercular meningitis the temperature rarely exceeds 102.2° F.; it generally varies between 100° F. and 102° F., but it may also sink some degrees below the normal. 5. The most common type is the remittent, with the usual day fluctuations. The variations within twenty-four hours are normal, or more than normal; sometimes they are very irregular, with more or less sudden rise or fall at any stage and at different periods in the twenty four hours. 6. If the tubercular meningitis is the terminal affection of some previously existing febrile disease—as, for instance, a coxitis, or any bone or joint lesion—the average temperature will be higher than in other cases; but, in other respects, the course of the disease will be unaffected. 7. In the cases with acute general miliary tuberculosis the febrile exacerbations are more considerable and the variations more marked.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Part III. of Dr. Isaac Ott's "Contributions to the Physiology and Pathology of the nervous system" contains reprints of various articles contributed by him to different periodicals during the last year. The subjects of some of these are "Crossed Hyperæsthesia," "Notes on Inhibition," "Bromide of Ethyl," "Urechitis Suberecta," etc. Dr. Ott is a careful and intelligent worker, and his studies are well directed and valuable. Published by the author, at Easton, Pa.

——A neatly gotten up little book by Dr. Joseph F. Edwards is "Constipation plainly treated, and without the use of Drugs." (Philadelphia: Presley Blakiston, 12mo., pp. 72, cloth. Price 75 cents). He has chapters on the functions of the stomach and bowels, on the necessity for daily evacuations, and on how to procure daily evacuations without the use of drugs. He recommends fruits, appropriate exercise, laxative diet, fluids, massage, etc. It is apparently written for the public rather than for the profession.

——In a neat reprint Dr. John Homans, of Boston, reports the details of 25 consecutive cases of ovariotomy. He had the remarkably good results of twenty two recoveries and only two deaths (one under treatment). We recall no statistics more cheering than these. Nor were they "picked cases;" on the contrary, he distinctly claims that the operation is justifiable in the face of great odds. He says:—

> I think there is a normal duty involved in undertaking to practice ovariotomy, namely, that a surgeon is bound at times to operate in cases where he can give but little hope for a favorable result. This becomes more and more a duty as time goes on and the operation becomes more and more firmly established. In the earlier efforts to make the operation one to be advised and urged, it would have been wise to select for operation only those cases almost certain to recover, in order that ovariotomy might not fall into disrepute; but now I think an ovariotomist ought to be willing to operate in a case like Number XXXIV, for instance, where the contents of the tumor were so thick that they could only be removed through an incision which would admit the hand. Here there was a possibility of recovery and a certainty of a speedy and distressing death.

Antiseptic precautions seem to have been used pretty generally.

BOOK NOTICES.

Lectures upon the Diseases of the Rectum and the Lower Bowel. By W. H. Van Buren, M.D., LL.D., etc. New York. D. Appleton & Co., 1881. 8vo., pp. 412. Cloth. Price $3.00.

This is an enlarged and improved edition of the author's lectures, as published some years ago. Diseases of the rectum are so frequent and entail such an amount of annoyance and actual misery, that a standard work like the one before us, on this subject, is next to indispensable to a physician's library. How common are piles, fistulas, fissures, ulcers, and diseases of the rectum! Pruritus ani is another abominable annoyance to thousands, and its causes are very various. Dr. Van Buren's treatment of seat worms we have often had occasion to put into practice, and with rare failures. The chapter on cancer of the rectum is very complete. Extirpation of the rectum is spoken of with qualified approval, as at least affording a respite from the disease. The operation itself is apparently not particularly serious. All of the nine cases for which the author "was responsible," as he phrases it, recovered from the procedure, and two of them continued in good health two years afterwards.

The volume is printed in large type, on fine paper, and has twenty-seven illustrations.

Imperfect Hearing and the Hygiene of the Ear Including Nervous Symptoms, Tinnitus Aurium, Aural Vertigo, Diseases of the Naso-Pharyngeal Membrane, Middle Ear, and Mastoid Region. With Home Instruction of the Deaf. By Laurence Turnbull, PH. G., etc. Third edition. With illustrations. Philadelphia: J. B. Lippincott & Co. 8vo. Cloth. pp. 147. Price $2.50.

Dr. Turnbull is extensively known as an aural surgeon of eminence, and his works have always been received with much satisfaction by the profession. In the one now before us he takes up a number of topics connected with diseases of the ear and adjacent parts, and discusses them both in the light of his own extended observation and also with reference to the recent literature of this specialty. Dr. Turnbull acted as president to the sub-section of Otology at the British Medical Association, in 1879, and chairman of the corresponding section of the meeting of the American Medical Association last summer, posts which gave him unusual facilities for learning and comparing the views of the most distinguished otologists of both hemispheres.

The topics he dwells upon are pretty fully set forth in the title above given; others are, "The limit of perception of musical tones by the human ear," "artificial perforation of the membrana tympani," "the prevention of deafness," and "a comparison between the audiphone, dentaphone, etc., and the various forms of ear trumpets." These various subjects are treated clearly and free from partisanship. The book is well illustrated and neatly manufactured.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS. — MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS. — SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3 20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cen ts

Full catalogue on application.

THE DISEASES OF ANIMALS USED FOR FOOD.

On various occasions within the last few years we have spoken urgently of the importance of giving greater attention to veterinary medicine, and of studying diligently the diseases of the lower animals. Recent occurrences have impressed on the public mind how essential that is to the welfare of our nation. The doubtful or bad reputation which American pork, etc., has gained abroad, through the frequency of trichinous disease in it, or of the prevalence of hog cholera, has led to severe pecuniary losses in the United States, and at last to a prohibition of the introduction of this staple food into foreign nations. The reasons they give are simply that in so many instances animal food shipped from the United States has proved, on inspection, to be the flesh of diseased animals, and capable, when used as an article of consumption, of producing disease in the human race.

Unpleasant enough is the conviction forced upon the American mind that the authorities of the European States, however anxious to receive cheap food, do not intend poisoning their subjects for our benefit. It is well enough for our officials to make quite a noise about an arbitrary distinction drawn against American products; but it would be a great deal better if they would expend their energies in establishing Boards of Health, Inspectors of Food, Examiners of Stock Yards and Slaughter Houses, and in other ways providing for the protection of our own and other people against contamination by diseased meat and fraudulent foods.

We shall heartily thank the French and Germans, if, by their action, they force upon our government the necessity of such supervision, inasmuch as thereby they will protect our own people. Thousands of people, no doubt, die every year in the United States, of trichinosis, whose real disease is entirely unrecognized by their physicians. From the French reports, it would appear that a large proportion of American pork contains trichinæ, and as forty million pounds of this meat are said to be imported annually from America to France, it became necessary to take steps to protect the public from the danger which menaced them. An official instruction was circulated in January, calling the attention of food inspectors to the question, and a large quantity of meat was, in consequence, seized, and found to be diseased. At the Academy of Medicine of Paris, a sitting was also devoted to the subject, and various schemes for protecting the public were proposed by different speakers. The matter was settled by a decision, made by the Minister of Commerce, on the recommendation of the Council of Hygiene, which forbids any further introduction of American salt pork into France.

No one but a pork merchant with a very elastic conscience could have anything to say against their action. It was perfectly proper, and we justly merit the discrimination against us, by reason of our constant negligence in reference to diseases of the lower animals and their prevention. What an honest care for the welfare of our own people has never led government to do, perhaps now the lowest motives of self interest will succeed in accomplishing.

This matter of trichinosis is a serious one. It is far from true that simple cooking is a perfect safeguard. This has been lately almost demonstrated by M. VACHER, of Paris, whose authority is of considerable weight. He affirms that the protection given by cooking is quite illusory, and that in the thorough cooking of an ordinary joint of meat the temperature in the centre is not sufficient to insure the destruction of the parasite. He took a leg of pork of moderate size and boiled it thoroughly. A thermometer placed within it at a depth of two inches and a half, registered after half an hour's boiling 86° F., after boiling for an hour 118°, after an hour and a half 149°, and after two hours and a half, when the joint was thoroughly cooked, 165°. This temperature M. VACHER maintains is insufficient, and we must remember that at the centre, which is still further from the surface than the bulb of the thermometer was placed, the temperature would not be so high. "Trichinæ would escape almost entirely the action of boiling water" in cooking. M. VACHER's note was communicated to the Chamber of Deputies, and no doubt has influenced the decision of the French Government to prohibit entirely the importation of American pork.

Very different from this is the cheerful statement of Dr. JOHN H. RAUCH, Secretary of the Illinois State Board of Health, which was published in the daily papers, March 15th. It runs as follows:—

> "Since 1866, eleven deaths have occurred in Illinois by trichinosis, and in every instance from eating raw ham or sausage. As a sanitarian, I regard the danger to life from this source as practically amounting to nothing, it being so easily prevented by cooking. No doubt more deaths occur from many other articles of diet that are regarded as harmless, no record being made of the same. Of the millions of hogs that have entered Chicago in the past two years, only two hogs have died of trichinosis."

Now, in making this statement Dr. RAUCH was either quite ignorant of what he was writing about, or he made it in the interest of the pork packers, with a very slight regard to scientific accuracy. If he had studied the subject at all, he must have known that the multiform aspects of trichinosis puzzle even experts (See the REPORTER, November 20th, 1880, Editorial), and that any such assertion as the above is baseless. Generally, death from trichinosis is set down to typhoid fever. Moreover, the fact (if fact) that only two out of millions of hogs have died of trichinosis in Chicago, is not to the point. Was the cause of the death of every hog ascertained? If so, then the hogs have much closer sanitary inspection than have the people of Chicago. But the relative malignity of the disease in man and hogs differs greatly; the parasite is far more injurious to the human species.

We regret to see Dr. RAUCH thus overlooking the sanitary welfare of the people of Illinois, for the interests of a few of its meat merchants.

The hog cholera is another terrible scourge. In 1878, 14 per cent. of the entire "hog crop" perished in Illinois; the year previous considerably over a million animals perished; the average annual loss for the last ten years, in that State alone, is above half a million swine.

There are many other diseases of animals used for food which impair the healthfulness of their flesh. Many of these maladies destroy millions of dollars worth of live stock every year. There is every reason to believe that they are preventable, at least, in great measure. What is wanted is the assistance of the government in their thorough investigation in the first place; and next to that, a general popular instruction of the agricultural classes in the hygiene of animals, and the simpler methods of treatment and recognition of diseases.

For years we have been urging the better education of agriculturists in this matter; and now the Committee of the Board of Trade of Chicago come out and say that these great losses and disturbances of trade arise primarily from "the lamentable ignorance among farmers, about the hygiene and diseases of their animals." Let us have no deception about this matter, and no misunderstanding as to what should be done. The root of the evil is here plainly shown.

WOMEN AS PHYSICIANS.

There is nothing like the logic of facts. To it all theories must be brought and tested. It is vain to attempt to escape its verdict.

The question whether women are calculated to be successful in the profession has been debated vigorously. Now is the time when we can ask, *Have they been* successful? The record is before us and open for inspection.

The Valedictory Address of Dr. Rachel L. Bodley, Dean of the Woman's Medical College of Philadelphia, placed this matter before her hearers. Her theme was a statement of the work accomplished by their Alma Mater in the thirty years of the existence of the College, as exemplified in the professional careers of her 276 daughters sent out as medical graduates during that time. To enable herself to speak with precision Dr. Bodley sent to each of the 244 surviving graduates (32 had died in the thirty years) a circular containing eight questions, to which she solicited answers. The questions were designed to cover the prominent features in the experience of the medical women graduated by the College, in the practice of their life work—its professional character; its pecuniary rewards; its social status; its teaching work; its membership in medical societies, and finally, that important question in sociology touching the influence of the study and practice of medicine upon woman's relation as wife and mother. Of the 244 surviving graduates, answers were received from 181, and of this number 151 are in active practice as doctors, the remaining 30 having given up, for various reasons, among which are domestic duties, philanthropic work, other business, poor health, retired, old age; and in some instances no reason was assigned.

We shall give the words of the lecturer on some of the other points:—

The second question related to the predominating character of the medical practice of the 151 who are thus actively engaged, whether gynæcological, obstetrical, surgical or medical. The responses are as follows:

Gynæcological practice predominating, 32; obstetrical, 9; medical, 9; surgical, 3; general practice, without discrimination, 34; gynæcological and obstetrical, 19; gynæcological and surgical, 6; gynæcological and medical, 26; obstetrical and medical 6; surgical and medical, 7. Total 151.

The third question relates to the social status of the woman physician in the community in which she dwells.

One hundred and fifty-one answer this question, and of these 144 report cordial social recognition. These answers are often emphasized and frequently accompanied by testimonials in proof thereof. Seven report negatively. These seven dwell in communities which may not be named here, since the announcement would be accompanied by possible annoyance to the ladies interested. These exceptions recall the character of public opinion twenty-five years ago, in many communities which are now happily advanced and reformed to the extent of permitting every woman to cultivate her talents and to engage heartily in whatever good work her hands may find to do.

The fourth question interrogates in reference to the work accomplished by the woman practitioner, as resident or visiting physician in hospital, asylum, charitable institution. or as physician in college or school for girls. To this question 157 make reply: 59 are thus engaged. The record in this regard is inspiriting. In our own State of Pennsylvania, one is physician in charge of Woman's Hospital of Philadelphia; one is resident physician to department for women in State Hospital for the Insane of the Southeastern District of Pennsylvania; one is assistant physician of State Hospital for the Insane, Southeastern District of Pennsylvania; one is assistant physician Pennsylvania State Lunatic Asylum, at Harrisburg.

In New York, one is resident physician of Nursery and Children's Hospital, Staten Island; one is assistant resident physician, same institution; one is resident physician House of Mercy for Girls (a charitable institution); eight are assistant physicians in the Woman's Hospital of Philadelphia, and in the New England Hospital in Boston; besides these are consulting and visiting physicians to hospitals and charitable institutions, members of consulting boards; one alumna occupies the responsible position of physician to the State Industrial School, Lancaster, Mass.; others have in the past occupied similar positions, as the position of resident in our own Woman's Hospital, resident of the N. E. Hospital for Women and Children in Boston, the late Mission Hospital of Philadelphia, etc., etc. Besides this service in hospitals, several record themselves as resident or visiting physicians to schools for girls; one as an auxiliary visitor to the State Board of Charities in Massachusetts, etc., etc. One states that she was City Physician for one year to the city of Springfield, Mass. Another is now Health Officer to the city of Charlotte, Michigan. The frequent mention in the answers to this fourth question, of being physicians (usually without salary) to "Home for Erring Women," "Orphans' Home," "Home for Girls," "Reformatory School for Girls," "Infirmary for Infants," "Children's Home," "Home for Aged and Infirm Persons," etc. etc., suggests the wide and fruitful field opened by medical work to true-hearted women, skillful and wise physicians, wherein they may accomplish great and lasting good for their race.

The fifth question relates to the monetary value of the medical practice per year, and is answered by 76 ladies.

24 as much as $1000, and less than $2000.
20 as much as $2000, and less than $3000.
10 as much as $3000, and less than $4000.
5 as much as $4000, and less than $5000.
3 as much as $5000, and less than $15,000.

Four report sums varying from $15,000 to $20,000 per year. Ten report less than $1000 per year.

The average income is found to be $2907.30 to each of 76.

The four who report the exceptional large sums are established practitioners, and have reported the amount each year for several years.

These sums may, probably, be relied upon by the social statistician as fair averages of the income of women physicians, since many are careful to state that they give only actual receipts, as indicated by bank-book or ledger, and several decline to attempt to reply, stating as the reason that they are too busy to make an accurate estimate, and they are unwilling to hazard a guess. Several, who make no estimate, reply that they are able to support comfortably families varying in size (frequently stating the number in family), father, mother, and brothers, mother and sisters, several nephews and nieces, etc., etc. Three women doctors report having accumulated sums sufficient to permit them to retire from active service.

Question sixth referred to the work for which woman is pre-eminently fitted, that of medical teacher, and specified separately institutions of learning and popular audiences of women. Fifty-four answer this question affirmatively. Among these are seven professors in medical colleges in Philadelphia and New York, and twice that number of lecturers and instructors in our own college and in the medical college for women in Chicago. The statements which have come in relative to the popular course of lectures on medical subjects, for women, are highly gratifying. Sometimes the audiences have been large ones, in cities; sometimes they have been "talks in my office," with my patients; sometimes "instruction of my office students;" and often "lectures on physiology and hygiene" in girls' schools; and oftener still, as private letters which have accompanied answers have stated, the teaching has been of the character set forth in the letter of an alumna who is practicing far out on the Western prairies, when she writes: "I am daily thankful for the privilege of teaching women (in their homes) how to take care of themselves and how to preserve the health of their children."

The seventh question is the inquiry which, in later years, has assumed (with us) especial interest, in deciding the professional status of women physicians, viz., that of membership in medical societies. Sixty-six reply affirmatively to this question. "Are you a member of a county, State, or other local medical society?" Of these, four reside in California, one in Connecticut, one in Delaware, four in Illinois, one in Indiana, three in Kansas, two in Massachusetts, five in Michigan, two in Minnesota, one in Missouri, one in New Hampshire, fifteen in New York, six in Ohio, fourteen in Pennsylvania, three in Rhode Island, one in Tennessee, one in Wisconsin—seventeen States in all.

The professional ability of many of these ladies has been recognized by election to membership in more than one State or local medical organization. Thus, the accomplished author of the Boylston prize essay for the year 1876 reports membership in six societies, five in New York city, and in the American Medical Association. Another alumna, practicing in the largest city in Ohio, reports membership in four societies, three prominent local organizations, and the American Medical Association. Then, again, especial distinction has been conferred upon others by enjoyment of sole members as women practitioners of medicine, as in the Boston Gynæcological Society, where membership has been accorded to but two women, and both of these are alumnæ of our college. Seventy-three different medical societies in all, throughout the United States, have thus honored women. Five of our graduates have represented their respective State societies in the American Medical Association, viz.: Delegates from Rhode Island, Ohio, Illinois, New York and Tennessee. But eight women have as yet enjoyed this honor of representation in the American Medical Association. The preponderance is, therefore, in favor of our college—five out of eight. An alumna, practicing for some years in Minnesota, writes that she holds the appointment of delegate to the American Medical Association for 1881. Montgomery County and Delaware County (Pa.)

Medical Societies, have each elected a college alumna as a delegate to the Pennsylvania Medical Society which will meet in Lancaster in May, 1881.

While to Pennsylvanians it may be gratifying to note the number (14) admitted to membership throughout the State, the membership in regular Medical Societies in the county of Philadelphia is far from satisfactory, if we had the time to enumerate localities who have granted membership to women. The papers have come in from all our Philadelphia Alumnæ (30 in number) with the brief answer, "No." One Alumna writes from Iowa, that on the 3d of February, 1881, she was invited to accept the position of member of the Medical Examining Committee of the medical department of the Iowa State University.

To the last question (the eighth) 61 make answer. The inquiry is worded thus: "What influence has the study and practice of medicine had upon your domestic relations as wife and mother?" As it is concerning the phase of influence suggested by this question that our critics make their severest comments, so it is the most difficult to present truthfully the impression made by the answers received. I have decided to let the statistics speak for themselves.

The answers of the 50 married ladies who respond to this question tabulate as follows: Influence, favorable, 43; not entirely favorable, 6; unfavorable, 1.

Unmarried ladies' reply to this question after striking out from the line, the words "wife and mother." Three state that the study and practice of medicine have prevented marriage, while a fourth states definitely that she has "remained single for reasons entirely distinct from her profession."

Returning to the answers of married women, because these possess the greater general interest, I remark that the song of domestic life, as I have listened with ear attent, has been sung in no minor key. In the melody (as the tabulated statement shows) are a few discordant notes, but these are such that a master might throw in to enhance the harmonies of his strain. For example, a thoroughly conscientious mother writes from her nursery, where three quite young children claim the mother's ministry: "The *study* of medicine is of great benefit, but the practice often interferes with the duties to my family." The clear, pure quality of the replies, as a whole, is truly inspiriting; for example: "Purifying and ennobling. Married a physician since I began practice. Am the mother of a boy of eight years of age." Another: "As wife my duties have never been interfered with; as a mother I have been incalculably benefited. * * * My husband is also a physician. I am often enabled to assist him with his cases, both in diagnosis and treatment, and I often find his advice of great value to me. We are, mutually, a help to each other."

The general impression which these statements convey cannot be misconstrued. Even allowing for the natural bias of the lecturer in favor of the cause she advocates, there can be no doubt but that the results she states will compare very favorably with those from a similar number of male graduates. As far as it goes, it is a strong vindication of the propriety of those women studying medicine who have tastes and talents in that direction.

NOTES AND COMMENTS.

Means of Checking Phthisical Cough

In the *Progrès Médical*, November, 1880:—

Dr. Landouzy, after describing the suffering which the subjects of phthisis undergo from the paroxysmal cough to which on the slightest occasions they are liable, and the mischievousness and inutility of the means usually tried, without avail, to arrest these, states that a considerable experience enables him to rely upon an easy, rapid, and inoffensive procedure for arresting this distressing occurrence. It consists merely of a subcutaneous injection of a syringeful of distilled water, to which a few drops of cherry-laurel water have been added. The injection is made in the subclavicular or cervical region, and it is the more certain and durable in its operation the nearer it is thrown in to the points where the patients complain most of the sensation of irritation and tearing which constitutes the first link of the reflex chain that ends in the cough. Thus, in laryngeal phthisis, the effect is greatest when the injection is made at the sides of the larynx; as it is in circumscribed pleurisy or bronchitis at the apex, when inserted into the painful or tender intercostal spaces. It is rare, under such treatment, for the cough not to be cut short at once, however violent, intense, and obstinate it may have proved to be. The respite is usually a prolonged one, especially if the patient do not become too soon accustomed to the use of the remedy. A great deal is done if the distressing morning and evening paroxysms can be thus prevented. Mere distilled water would suffice, but a few drops of the laurel-water should be added, in order to deceive the patient, for his own good; and for the same reason it is well to call the injection a solution of bioxide of hydrogen. This addition causes a little temporary irritation on injection, which also favorably impresses the patient.

The New German Pharmacopœia.

This national work, intended for the whole German empire, is in a forward state of preparation. Foreign exchanges inform us that it will be published in the German language, including the heading of each article, to which, however, the Latin titles will be added. The title of the new edition will be *Arzneibuch des Deutschen Reiches.*

The editors have treated the question of striking out unnecessary drugs and preparations in a very radical fashion It is said that of 797 articles in the *German Pharmacopœia*, no fewer than 370—that is to say, nearly a half—are eliminated by this Commission. Among them are acetum colchici, aconitin, ammonium carbonicum pyro-oleosum, valerianates of bismuth and of quinine, bromine, prepared shells, elemi, dry and inspissated ox-gall, several preparations of iron, kino, logwood, mastich, acetate of morphia. santonate of soda, oxymel of colchicum and of squills, guaiacum and scammony resins, lactate and valerianate of zinc, etc.; as well as about half of the hitherto officinal distilled waters, plasters, extracts, ethereal oils, tinctures, and ointments. They are proceeding much more cautiously in adding new agents to the pharmacopœia. They have added salicylic acid, nitrite of amyl, apomorphin, physostigmin, jaborandi, and pilocarpin; on the other hand, they have rejected condurango, coto bark, quebracho bark, leaves of eucalyptus and the preparations thereof, araroba and chrysophanic acid, butyl-chloral, bromide of camphor, gelsemium, etc. In the matter of antiseptic dressing, materials have been added, as concentrated carbolic solution, and carbolic water prescriptions formulated for absorbent cotton-wool; catgut in three strengths, gutta-percha paper, thymol. and acetate of alumina.

The Nutritive Powers of Koumiss Illustrated.

An extraordinary illustration of the nutritive powers of koumiss was recently brought before the Medical Society of London.

Dr. H. Sutherland read notes of this case. The patient, a girl aged 24, on admission, had been for five years under his care at St. George's (Hanover Square) Dispensary. One year and seven months ago vomiting commenced; the attack came on at first only once a fortnight, but lately it occurred always once, and sometimes five or six times, a day. As far as could be ascertained, there was no organic disease of the stomach; no tenderness on pressure, cachexia, nor any other constitutional symptoms. Every known remedy was tried to allay the vomiting—bismuth, opium, hydrocyanic acid, creasote, carbolic acid, hyposulphites, etc.—without any satisfactory result. All attempts to cure the case by dieting had failed; and the patient could keep nothing on the stomach, as food, except koumiss, which she had taken for sixteen months. She was, however, able to retain a quinine and orange mixture, and also sherry in small quantities, but brandy made her sick immediately. The uterus was not displaced.

Mutual Aid Associations.

The plan has at various times been brought forward to organize inside the medical profession a mutual aid association. Such a one is established in this city, and others in other limited areas, and seem to work well. Life insurance experts predict that all such plans will not succeed, for various reasons which they advance, as may be seen in the last Annual Report of the Provident Life Insurance Company of Philadelphia.

An ardent supporter of such an association is Dr. Frederick Horner, Jr., of Virginia. In a report which he presented at the last meeting of the Virginia State Medical Society he says: "We are unable to recognize an objection to a trial of the experiment to raise funds to be applied for the relief of the destitute.. Our medical brethren furnish no exception to the accidents, financial distress, and even immoralities, incident to human life, and at death not unfrequently leave their families without support or the resources of education. Let our effort be to relieve this class."

Instance of Rapidly Fatal Syphilis.

A striking example of rapidly fatal syphilis was lately reported to the Glasgow Pathological Society:—

Dr. Robertson showed the brain of a stout man, aged thirty-two, who had become hemiplegic several weeks after acquiring syphilis; the primary sore and a secondary rash being present at the time of death. The necropsy did not reveal any morbid change in the chest or abdomen. The left internal carotid artery, at its bifurcation into middle and anterior cerebral, was obstructed by a thrombosis, and the wall of the vessel was thickened. The left anterior and middle lobes were much softened. Dr. Robertson considered the diseased condition of the vessel to be due to the syphilitic poison. It was rare to find such arterial change while the primary sore was still present, though it occurred occasionally with ordinary secondary symptoms.

The Detection of Carbon in the Air.

A new method of estimating the amount of organic carbon in the air was recently laid before the Chemical Society of London, by Drs. Dupré and Hake. The carbon is converted into carbonic acid by passing the air over heated oxide of copper; the carbonic acid thus produced is absorbed by baryta water, the carbonate is converted into sulphate, which is weighed. The carbonic acid present in the air as such is estimated in a similar way and deducted. The mean quantity of organic carbon in 10 litres of ordinary London air was 0.000154; Boussingault and Verser found ten times as much. The authors also refer to the results obtained by Pettenkofer in his well-known experiments on the elimination by animals of H and CH_4. Pettenkofer seems to have entirely neglected the organic carbon in the atmosphere, and thus his results require very important corrections.

The Striation of Muscular Fibres.

The cause of the striation of voluntary muscular fibres was not long since discussed before the Royal Society of London, by Mr. John Haycraft. He showed that all the cross striæ observed are due, not to any differences of structure along the fibre, but simply to the *shape of the fibre* itself. The fibre is not a smooth cylinder, but is ampulbated, alternate ridges and depressions occurring with beautiful regularity across its length. The striæ correspond with these in position, and are caused by their action on the transmitted light. He showed theoretically how this must be so, and illustrated it with a model of the same shape as the fibre, but of uniform structure, which exhibited, down to the minutest detail, the cross striæ of the fibre itself. He then showed the true explanation of the action of staining agents and of polarized light.

Injury from Earrings.

At the Therapeutical Society of Paris, in December, Dr. C. Paul stated that, simple as is the operation of piercing the ears and inserting the ring for earrings, it not unfrequently—and especially in scrofulous subjects—gives rise to most serious effects. Since his attention was called to it about fifteen years ago, he has been able to collect, without difficulty, one hundred and twenty such cases in which scrofulous eczema or ulceration has appeared, deforming the lobule or cutting it through as clean as the chain of an écraseur, and leaving unsightly cicatrices. Union in these cases is effected with difficulty, and renewed piercing of the lobule is followed by the same results. M. Féréol has found, in cases where the metallic ring could not be borne, that ulceration may sometimes be prevented by employing a filiform gum bougie.

The Causes of Pneumonia.

On this point Dr. Edwin M. Snow, of Providence, remarks, in a recent report:—

In regard to the causes of pneumonia, it is a mistake to suppose that it is caused by "catching cold," in the ordinary meaning of the phrase. Some other element than cold is necessary to produce pneumonia. It probably frequently depends upon personal idiosyncrasy or constitutional predisposition; foul air may be often the cause, and especially the foul air of the sick room; sometimes there seems to be a general atmospheric (epidemic) cause that produces a great amount of the disease. Some persons have thought they could trace a connection between pneumonia and the natural malaria of so-called malarious districts.

CORRESPONDENCE.

Bellevue Hospital Medical College Weakens; and Why?

Ed. Med. and Surg. Reporter:—

From the late Announcement of this honored Institution, we learn that the high vantage ground taken in a previous circular touching the preliminary examination of applicants, and the three-term course of lectures requisite for its honors, have been receded from, thereby implying that they have not been sustained by the Profession, as indicated by their patronage, in this desired step of progression. Can this really and truly be the cause? We do not question their honesty or integrity in the declaration, but simply the causes assigned therefor. All the utterances of county, state, municipal and national Medical Associations touching the raising of the standard of medical education, and the status of graduation, fail to sustain this cause of weakening; and we feel as if it was a reproach upon the profession, because of their inability to appreciate the efforts made by Bellevue for the advancement of medical education.

No man, whether now in the profession, worthy of the name, or seeking to enter therein, but glories in the high standing of the school that issued or may issue his diploma, as alike the purity and exaltation of his profession.

For our part, at the mere thought or mentioning of the University of Pennsylvania, our *alma mater*, our bosom heaves with emotional pride in the character and standing of this time-honored institution. We sought its honors because of the requisites thereto, and however high these requisites are made, a hearty response goes from us.

Those medical institutions whose efforts have been directed towards the exaltation of the profession merit the approbation of that profession, and as the *Professors* therein are, such will be the estimate of the profession at large. Especial pride has been manifested by the medical profession generally, almost amounting to exultation and vanity, in the success and status of Bellevue. We are not ashamed to confess that the writer shares in that spirit largely; for this college is manned by skilled genius and great learning combined; and as the Hospital is the greatest charity of a great city, so the college is the fruit of the noblest spirits of the profession. Then let us see if there are not other and more plausible reasons why this noble institution recedes from its advance. Turn to their Announcement of the previous year, and you find an *embargo*, a *prohibition*, laid on the entire medical body, whether hoary from field service or crowned with younger honors in medical science. until you shall pay tribute and purchase their tickets for the privilege of attending their lectures. No matter. then, whether a graduate of any other school of even so high repute, of five or fifty years' standing, if you perchance may wish to listen to their teachings, or drink from the stream that flows through Bellevue, you must pay for the privilege or go thirsty. There ever is and must be a reciprocal courtesy and influence existing between the profession and our schools, as the friends of the several schools favor applicants to the school of their respective choice. There is a degree of civility and respectful deference existing between the *schools* and the *profession*, and the students and under graduates and the schools themselves. The status of the *profession*, and the professors in schools, other things being equal, demand like civility and complaisance.

The proprieties of official life, and the observance of fraternal decorum, should characterize the intercourse of our noble—the noblest and most self-sacrificing of human callings. We imbibed this spirit from our departed masters, and shall ever maintain that medical knowledge, to the regular profession, is common property, without being patented, trade-marked, or ticketed to those entitled to receive the same; that less than this would be uncivil and discourteous, whether arising in the walks of the busy practitioner or the more fortunate and gifted occupant of a professorship in our schools. When Bellevue took this forward step, did she not hamper her progress by this indiscriminate prohibition on the profession at large; failing to observe that deference due thereto which is not due the under graduate and student at the school.

Louisiana, Mo. Jno. S. Pearson, m.d.

Foreign Bodies in the Stomach.

Ed. Med. and Surg. Reporter :—

In the Reporter of January 1st, 1881, No. 1, we find an article entitled "Curious Accumulation of Foreign Bodies in the Stomach." I have also found great difficulty in forming a diagnosis. I once made a sad mistake. which I discovered after death, which was due to the accumulation of watermelon seed in the stomach. Such experience is never forgotten.

November 14th, 1878, I was called in haste to see Mr. B., a young man of 27 years, very stout, the son of a farmer. Found him suffering great pain, walking bent forward, round his room, screaming for help, and at intervals of three to five minutes, would fall upon his knees, pressing his hands against the bowels, throwing his body backward and forward, expression of extreme agony. More melon seed. Obstruction. Ordered him held. Examined him best I could. Slight pressure upon the epigastric region over the pyloric end of the stomach produced unendurable pain.

Upon inquiry I learned, November 10th, while working at the sugar house he had a chill, and on the 11th diarrhœa, which caused him to stop work and go to his employer for advice, who, by the way, was an excellent M. D., who gave him morphine and quinine, which gave relief, and he continued work; 12th, chill again; asked permission to go home, and left, with a supply of quinine, to prevent return of chill. November 14th, three p.m., at home, chill followed by the above pains, etc.: all the history I could obtain. Nothing in the way of medicine aided nature. 16th, at four a.m., K. M. Clark, m.d., was sent for at my request, and at ten a.m. arrived to find my patient asleep for the first time. At eight o'clock that morning the bowels acted, and there passed a large amount of hard clay-looking fæces, mixed with peas, some perfectly whole, which we supposed to be the cause of the trouble, and left him to nature's sweet repose. That evening at three o'clock, chill returned, and followed by similar symptoms, not so severe; vomiting gave relief. 17th, no change, some fever. 18th, pain now and then; fever continues. 19th, 8 a.m., no fever, resting well, passed a good night; 4 p.m., chill symptoms returned again; commenced vomiting and nothing would be retained; and when the stomach became empty, all pain would be gone. Thus my patient remained, chill. followed by the same pain every third evening. And during the whole time, from the 14th of November to the 15th of December, you could feel a distinct. hard mass at the pyloric end of the stomach, which I said was inside, but was unable to prove until 4 o'clock, December 15th. Then the mass came away, being three and a half by one and a half inches, covered with mucus resembling a thin membrane, that nature had thrown around, to prevent injury and shield the canal, in the centre of which was found five large seed which we recognized as persimmon seed. Patient then remembered the time and place of eating the same, which proved to be October 20th; remained until November 10th, producing no inconvenience; making their exit December 15th.

Patient now married and has never needed medication a day since or before. There must be similar cases, but I am unable to find them on record. Being out in the country, cut off, so as never to have the pleasure of conversing with my brother physicians, I am always interested in reading communications from rural M.D.s, and hope this may be the means of more from them.

Babb's Bridge, La. J. A. Johnston, m.d.

Veratrum in the Opium Habit.

Ed. Med. and Surg. Reporter:—

The article in the Reporter of November 8th, 1879, on veratrum and its uses, brought me a correspondence from the Pacific to the Atlantic coasts, and all but two of the letters had reference to the above habit.

To these, in the main, I replied in detail. It will, perhaps, at this time serve a better purpose to illustrate from the life, and to show that by voluntary or forced seclusion, with judicious treatment, relief is at least possible, and hope may be offered to the enthralled; for few cases offer less hope than the one whose case is here recited.

July 30th, 1880, at 9 o'clock at night, came to my door a young man of twenty-four, groaning violently, as if in acute pain, and one with seemingly as natural tendency to all forms of perverse evil, as water to run down a decline.

He had in the morning taken, as his last dose, four grains of morphine and two ounces of laudanum. I refused him any help, promising, however, to see him in the morning. This I did, and found that he had spent a night of restless and tremulous horror.

He consented then to submit himself to entire seclusion in his room, where he would second every effort made to rid himself of his opium, in which effort, from the beginning of the attempt, encouraged by his family, he persisted.

He was ordered five drops of fluid extract of veratrum every four hours, till nausea ensued, then the same dose at longer intervals, concentrated nourishment, and the absolute withdrawal of any opiate.

In forty-eight hours the stomach had become intolerant of anything, circulation depressed below natural standard, volume fair. Black coffee, ammonia and capsicum were then ordered, and the veratrum withdrawn. All of these the stomach rejected. He was now groaning and tossing, mourning and complaining. No sleep seemed possible to him. From this time the case marched through seventy-two hours more of like agony. Nausea, vomiting, intense restlessness, growing rapidly weaker. At the end of one hundred and twenty hours the pulse had become a thread, by reason of this sleepless and innutritious agony.

He was now too weak to move, and laid on his left side with knees drawn up, his whole surface cold, and leadish almost in color, his respiration rapid, with a faint moan, and occasional gasp to supplement his breathing, wasted almost to a skeleton by the fearful struggle, and the odor from his body absolutely cadaveric.

The hour for action and triumph had now come. I inserted hypodermically half a grain of morphine. For one hour quiet was restored, the surface was warm, the stomach retained milk, reaction was complete.

He had, for twenty-five nights consecutively, from this time, one fourth grain of morphine at bedtime, then no more, and has just left my office, March 2d, robust and hearty, freed from the habit, and, as he tells me, from any desire for its use. E. H. Sholl, m.d.

Gainesville, Ala.

Frostbite.

Ed. Med. and Surg. Reporter.—

During the low temperature that has prevailed this winter the physician has had an opportunity to study the effect of cold, not alone on his own system, but on that of others, who, by misfortune, or other causes, have failed to use proper precautions, and have been obliged to apply to him for relief. We are all aware that the pathological conditions produced by an excessively high or low temperature are almost identical; yet the treatment must differ in each of these conditions; and while the experienced physician may have the treatment for these conditions crystallized into tried and trusted formulas, properly labeled and stored away in the brain ready for emergencies, yet the inexperienced, when called to treat a frostbite, or if the parts have sustained greater injury, may search in vain, unless he be the fortunate possessor of an extensive library, for a thoroughly reliable remedy, or combination of remedies, that will not bring disappointment and often danger to his patient. No doubt many can recall instances that have fallen under their observation, of terrible loss of life and limb, that might have been saved if properly treated. Again, the temptation to amputate in these cases before persevering attempts have been made to save the part is very great, as the fact exists, that with the public the operative surgeon is greater than the conservative, and this, often, it may be unconsciously, is an important factor in determining the time to amputate.

In February, 1879, I was called to amputate the greater part of the left hand of a man aged forty-five, that had been frozen four weeks before, and had been treated by applying poultices of flaxseed meal and was completely gangrenous. He made a good recovery from the operation. The same month the treatment I shall detail saved the foot of a young man I was called to attend, who was exposed to a very low temperature all night, without overshoes, and a very thin pair of boots on his feet, they having been thoroughly wet in the evening; the left foot seemed to be more affected than its fellow, being perfectly black in color, with complete loss of sensibility. I kept the feet constantly saturated with

℞. Bal. copaiva
Sp. turpentine, āā equal parts,

and thoroughly covered with absorbent cotton. I have used this treatment for years, and it has always pleased me. It may be applied in an ulcerated or even gangrenous condition, has a soothing feeling to the patient, and rapidly restores the circulation to its normal condition.

Saunemin, Ill. H. E. H. Barnes, m.d.

Treatment of Pneumonia.

Ed. Med. and Surg. Reporter:—

Years ago, when I first commenced the practice of medicine, I at once subscribed for the Medical and Surgical Reporter and have ever since taken it, and drawn inspiration from its pages. Among the first articles which came under my notice and which particularly attracted my attention by their forcible style and the positive conviction that they carried with them, were those by Dr. Hiram Corson, on the treatment of measles and scarlet fever, with ice, etc. I was so much pleased with the result of carrying out his treatment in those diseases, that when I have seen an article headed by his name, I was able to read it carefully with the positive result of getting some practical and valuable information. You will notice that what Dr. Corson says is *practical*, to *the point*, and backed by a large personal experience.

After reading the above, you can judge how eagerly I devoured his recent valuable papers on pneumonia. I studied them carefully, and became convinced that there was the ring of truth in them. I decided at my first opportunity to fully test the treatment, and with the most gratifying results to myself and patients. You must understand that in this village pneumonia is very fatal under the old treatment, and with the best care and the best treatment I could give, enlightened by the very best teachers of the day, my results were nothing to be proud of, and I got so that I actually dreaded to be called to a case of this disease. Since Dr. Corson's articles have appeared I have had five cases, one of them an old man seventy-three years old, and one eighty-two years old, the other three under thirty. *Every one recovered*, and two aborted the third day after the treatment commenced, and in a week resumed their work in one of our shops. The other three, including the seventy-three year case, ran a mild course and made a rapid recovery. These were all typical cases of pneumonia, with all the characteristic symptoms, roseola, sputa, etc., and were fair prototypes of the cases that had originally been so difficult to cure, and which, if a cure was effected, left the patient with a crippled lung and constitution for life. I want to be placed on record as standing fairly and squarely by Dr. Corson's side, fighting the good fight in favor of health and life.

To him be all *honor* and *glory* (for he will get it), for using and infusing new life into an old treatment. WM. C. WILE, M.D.

Sandy Hook, Conn.

The German-English Medical Dictionaries.

ED. MED. AND SURG. REPORTER :—

Though your criticism of Barnes' German-English Dictionary, in the No. for February 26th, 1881, is, in the main, correct, you say that he "in a certain measure supplants" Cutter's Dictionary.

It is true that Dr. Barnes has copied all but half a score of my words, with their definitions, punctuation, etc., but I fail to find that he has materially increased the number of words that would be of service to a medical reader. Moreover, he has suppressed the genitive and plural terminations of the nouns, as well as the auxiliaries of certain verbs—information which is often indispensable in a dictionary of German. By this means he has gained room for his "needless additions, not particularly or at all scientific." The two books contain the same number of pages.

A careful examination of his book shows a great many inaccuracies (over a hundred), such as wrong spelling, misplaced and omitted Umlauts, etc., many of them quite confusing to one not familiar with the German.

My dictionary is an original work, an alphabetical list of the medical terms I met with in reading German books and journals, during twenty years, with their definitions. It was not written to make *money*, and I hoped to increase the usefulness of the book as fast as the plates paid for themselves. For this reason I ask that the press and the profession discountenance Dr. Barnes in his shameless piracy.

New York City. G. R. CUTTER, M.D.

[We quite agree with Dr. Cutter, that Dr. F. Barnes committed a downright dishonorable act by appropriating the German Dictionary. By the by, the Edinburgh *Medical Journal* proves, conclusively, that Dr. Barnes is very ignorant of German, and translates it very incorrectly.—ED. REPORTER].

Tinctura Rusci.

ED. MED. AND SURG. REPORTER :—

I notice in your issue, March 5th, a formula, given by the *Am. Journ. Pharm.*, for tinct. rusci, as recommended by Prof. Kaposi, for ringworm. The explanation given there is entirely erroneous. Prof. Kaposi simply means the oil of betula alba, or birch oil, oleum betulæ empyreumaticum, oleum rusci, the tar of the root, wood and bark of the birch tree. The formula for tinct. rusci is as follows :—

℞. Olei rusci, 50
Æther. sulph.,
Spr. vini āā 75
Filtrat. adde,
Olei lavandulæ 2. M.

Fredonia, Wis. DR. J. H. VOJE.

NEWS AND MISCELLANY.

COLLEGE COMMENCEMENTS.

University of Pennsylvania—Medical Department.

The regular Commencement for the 115th annual session of the Medical Department of the University of Pennsylvania (including the Departments of Medicine and Dentistry) was held March 15th, in the Academy of Music. The attendance was very large, the aisles on the ground floor being crowded with persons obliged to stand during all the exercises. The graduates of both departments, numbering 162 in all, and wearing the classic hat and gown, were assigned to seats in the orchestra, and the ample stage of the Academy was filled with the members of the Board of Trustees, the Board of Faculty, the Alumni Association and invited guests. Provost Pepper presided. He and the members of the Faculty were also clad in the collegiate hat and gown.

After several selections had been played by the orchestra, the officers of the University and the graduates entered from the green room upon the stage, the graduates marching thence to the orchestra. Prayer was then offered by Rev. Dr. O. H. Tiffany, pastor of the Arch Street M. E. Church, after which the degree of M. D. was conferred by the Provost upon the graduates of the Medical Department.

The prizes were announced by Dr. Tyson, Secretary of the Medical Faculty, and awarded, as follows:—

A prize of $50, for the best essay upon medical subjects, to each of the following graduates, in the order of merit of their theses: J. P. C. Griffith, O. C. Robinson, G. E. De Schweinitz and L. J. Lautenbach, all of Pennsylvania. Honorable mention was made of the theses of T. D. Dunn, W. A. Edwards, M. F. Gerrish, J. B. Gibbs, H. H. Herbst, Guy Hinsdale, James Kingsbury, Moyses Marondes, E. F. Nunez, B. O'Brien, E. P. Raab, E. T. Shelly and H. K. Weiser.

Distinguished merit was announced for the theses of Louis Brose, G. B. W. Field, R. B. Hammer, J. B. Scott, H. D. Speakman and W. N. Whitney.

The gold medal anatomical prize offered by Dr. H. L. Hodge was awarded equally to Thos. D. Dunn and G. E. De Schweinitz, and "distinguished mention" was made of M. T. Weber.

Prize of thirty dollars, for the best record of anomalies found in the anatomical rooms, was awarded to Guy Hinsdale, of New York.

The "Morbid Anatomy Prize" was awarded to E. H. Dickenshied, Dr. N. M. Miller receiving honorable mention.

Drs. G. E. De Schweinitz, J. V. Scott, S. J. McGrew, J. J. Buchanan, M. Marcondes, L. D. Brose, Thos. D. Dunn, W. C. Gayley, J. P. Griffith, W. A. Edwards, Jas. Kingsbury, Alex. Marcy, Jr., Chas. W. Kollock, J. P. Tuttle, J. R. Duffield, E. B. Angell, J. S. Hennershotz, J. B. Gibbs, W. E. Berkaw, T. C. Detwiler, W. G. Knittle, J. A. Lopez, J. H. W. Young, M. J. Weber, Dan'l Longaker, A. B. George and H. F. Weaver were announced as the "Honor Men" of the class, having all attained an average of over ninety.

THE DENTAL DEPARTMENT.

The degree of Doctor of Dental Surgery was conferred upon forty-seven graduates.

The following award of prizes was announced by Dr. Charles J. Essig, Secretary of the Dental Faculty:—

Set of Instruments, presented by S. S. White, for the best thesis, to C. T. Howard; with honorable mention of the essays of S. R. Wing and K. P. A. Kaas.

Prize of dental instruments, presented by S. S. White, for the best specimen of laboratory work, to W. C. Wendel.

Prize of gold medal, presented by Dr. Essig, for skill displayed in the laboratory, to R. H. Kimball.

Gold medals, presented by Prof. E. T. Darby, for the best specimens of gold fillings in the mouth, were awarded to A. J. Kutz and C. C. Southwell.

Honorable mention was made of the following gentlemen, for averages exceeding ninety:—

Stephen R. Wing, D.D., Herman L. Reinecke, Cyrus T. Meaker, William W. Steward, Benjamin F. Place, Earle P. Hawes, Charles T. Howard, Boyd G. Saunders, Victor M. Smith, Charles C. Southwell, Theo. V. Ketcham, Burr T. Mason.

The valedictory address to both the graduating classes was delivered by Professor Horatio C. Wood, A.M., M.D., and, after the distribution of the floral tributes to the graduates, the exercises were concluded.

Woman's Medical College.

The twenty-ninth annual commencement of the Woman's Medical College of Pennsylvania was held at noon, March, 17th, in Association Hall. A large audience was present. Flowering plants and palm trees decorated the front of the stage. The graduates, all wearing black silk dresses, occupied the first row of the orchestra, the three rows of seats in the rear being reserved for the students of the College. On the stage were seated Judge Peirce, who acted as President pro tem. in the absence of President Perot; Professor Samuel D. Gross, Bishop Simpson, the Corporators of the College, and the members and auxiliary members of the Faculty of the institution. Carl Sentz' orchestra, in the gallery behind the stage, played several selections before the entrance of the graduates. The exercises were opened with prayer by Bishop Simpson. The degree of M.D. was then conferred by the President upon the following graduates from the States named:—

Pennsylvania—Mary Hallowell, A.B., Rebecca S. Hunt, A.B., Hannah J. Price, M. Elizabeth Reifsnyder, Florence Preston Stubbs and Mary Willets, A.B.

Ohio—Mary Jordan Finley, Georgietta T. McClelland and Minnie Palmer Washburn.

New York—Mary W. Case, A.B., Caroline A. Hemiup, B.A., and Martha M. Waldron, A.B.

Massachusetts—Ellen E. Brown and Ella L. Dexter.

Missouri—Mary A. Kolbe.

Indiana—Emma V. P. B. Culbertson, A.B.

New Jersey—Hannah H. Johnson, A.B.

New Brunswick—Alma A. Lapham.

New Hampshire— Addie H. McDaniel.

In conferring the degrees, Judge Peirce briefly addressed the graduates in terms of congratulation, encouragement and advice.

The diplomas having been presented, Professor Rachel L. Bodley, M.D., Dean of the College, delivered the valedictory address, in which she reviewed the statistics and development of the medical education of women, and their success in the profession. This address has so much of interest that we give its principal headings in detail, elsewhere.

Philadelphia College of Pharmacy.

The sixtieth annual Commencement of the Philadelphia College of Pharmacy was held March 14th. The Proctor prize medal, together with the Alumni gold medal, were presented to Louis Genois, of Louisiana. Prizes for proficiency were also awarded to W. F. Jenks, of Pennsylvania, materia medica; W. C. Smith, of Iowa, pharmacy; Gustav Adolph Otgen, South Carolina, chemistry, and Samuel W. Miller, Pennsylvania, manipulation. Professor Joseph P. Remington delivered the valedictory, and the exercises were brought to a pleasing termination by the presentation of a pair of fine prescription scales to Professor Remington, by J. W. Swope, on behalf of the Zeta Phi Society. The degree of Graduate in Pharmacy was conferred by the President of the College on 140 graduates.

Leprosy in the United States and Sandwich Islands.

We have been requested to insert the following:—

At a meeting of the New York Academy of Medicine, held January 20th, 1881, the following resolution was adopted:—

Resolved, That a Committee be appointed by the President to investigate the extent to which Leprosy prevails in the United States.

The President appointed as such Committee, Drs. H. G. Piffard, F. R. Sturgis, and G. H. Fox.

The Committee are desirous of ascertaining the actual number of Lepers in this country at the present time, and to that end respectfully request any physician who may know of the existence of a case in his neighborhood to communicate the fact to the Chairman of the Committee, at No. 10 West 35th Street, New York.

Now that leprosy in the United States is attracting some attention, the report of Dr. Chas. Neilson, who has succeeded Dr. Emerson as superintendent of the leper settlement on the island of Molokai, will be read with interest. At the close of the year 1880 there were six hundred and nine persons in the settlement, and one hundred and sixty-one had died during the year. Nine children were born of leprous parents, and six deaths occurred under one year of age. Dr. Neilson observes that efforts to improve the hygienic condition of the lepers meet with no aid from them, a marked feature of the disease being a condition of apathy and despondency. The government has made liberal provision for the afflicted. in providing good shelter and an ample supply of wholesome food. Among the remedies in use, an oleo-resinous substance, known in commerce as gurgun oil, is considered the most valuable. especially when combined with lime-water. The treatment is, however, empirical, and is addressed rather to special symptoms than to cure of the disease. Leprosy is regarded as undoubtedly contagious.

Another Charter Annulled.

After eight months of litigation in the Courts, the Commonwealth secured, on March 15th, a decree of ouster in the quo warranto proceedings against the Philadelphia University of Medicine and Surgery. This result was brought about by agreement of counsel on both sides, the following papers having been filed in the Court office:

Commonwealth of Pennsylvania ex relatione the
Attorney General vs. Ingraham et al. C. P.,
No. 3. June T., 1880. No. 614.

And now, March 15, 1881, the defendants served * * * say that they disclaim any intention in the future to exercise any corporate right, and that they consent that a decree of ouster may be entered as of this date, without costs, the Commonwealth expressly recognizing all diplomas granted in accordance with the terms of said charter, and validating all past acts, the decree prohibiting only the exercise of any future corporate act.

This medical college was known as "Dean Miller's."

A Righteous Decision.

It is gratifying to learn that the New York Court of Appeals has dismissed the appeals of the insurance companies in the Dwight cases, seven in number, with costs. Colonel Dwight, of Binghamton, was heavily insured in several companies, and some of them refused to pay the insurance after his death. alleging that "not only were they deceived by Mr. Dwight, as to his state of health and occupation, but that his death was either caused by his own hand or he procured the taking of his life with a design to defraud the companies."

It was a simple endeavor to get out of paying just liabilities.

The Siamese Twins Outdone.

An Italian couple, Tocci by name, are at present exhibiting at Vienna a most remarkable specimen of their progeny, a pair of twins named Jacob and Baptiste. These boys are grown together from the sixth rib downward, have but one abdomen and two feet. The upper part of the body is completely developed in each; their intellectual faculties are of a normal character. Each child thinks, speaks, sleeps, eats and drinks independently of the other. This independence goes so far as to admit of an indisposition of the one without in the least affecting the other. They are over three years old, in perfect health and seemingly in excellent spirits.

St. Helena as a Health Resort.

—We learn, in the *Bulletin* of the National Board of Health that, in his report of January 22d, United States Consul H. J. Crouch observes that during the previous week the only death reported was that of a Spanish sailor, who died of "Java Fever;" no deaths in the city of Jamestown, which has a population of 6210. The streets are cleaned and swept daily, and the excellent sanitary condition, with the favorable climate, renders this one of the most salubrious places in the world.

Items.

—A private letter from Danville, Pa., states that the loss by fire in the State Hospital for the Insane, near that place, amounts to about four hundred and fifty thousand dollars. There were twenty-two wards, and fourteen of these, with the central building, were destroyed. The structure was very far from being fireproof, and in rebuilding it an effort will be made to correct the mistakes of construction exposed by the fire.

—In consequence of an outbreak of the plague the Government of Egypt has issued a notice of quarantine against vessels from the Persian Gulf.

—A resident of Columbus, Ohio, has brought suit for $50,000 damages against a relative who had applied to the Probate Court for the appointment of a guardian for him on the ground of alleged imbecility.

—The Committee on Public Health in the Michigan Legislature has reported favorably upon a bill requiring liquor drinkers to take out licenses, and providing penalties for selling liquor to persons not thus licensed to buy.

OBITUARY NOTICES.

—John Harris, M.D., Consul of the United States at Venice, died there February 21st. He was in his 89th year, and was appointed by ex-president Grant. Deceased was at one time engaged in the medical profession in this city, and was highly esteemed for his many excellent traits of character.

—Dr. John Dennison Russ, a distinguished philanthropist, died March 1st, at his residence, in Pompton, N. J., in the eightieth year of his age. Dr. Russ was born at Chebacco, now called Essex, in the State of Massachusetts, in the year 1801. He graduated at Yale College in 1823, and afterwards studied medicine at Bowdoin College. He afterwards spent three years in Greece, and on his return devoted much time to the instruction of the blind. Most of his later life he spent in New York city.

—M. B. Mosser, M.D., died at his residence in Mechanicsburg, Pa., March 14th, after a protracted illness, in the 45th year of his age. He graduated from Jefferson Medical College in 1862, soon after entered the army and served as Acting Assistant Surgeon during the war of the rebellion, in field and hospital, the latter in Haddington U. S. General Hospital, of which he was executive officer, until that institution was closed in the fall of 1865. He was a member of the American Medical Association, Medical Society of Pennsylvania, and Cumberland County Medical Society. He has made several contributions to medical literature, and was respected by all who knew him.

QUERIES AND REPLIES.

Size of Brains.

MR. EDITOR:—Dr. Faust, in your publication of March 12th, 1881, Queries and Replies, gives the weight of the largest brain on record as sixty-five ounces; on page 497, vol. xxvii, of MEDICAL AND SURGICAL REPORTER, he can find one noted as exceeding sixty-seven ounces. For the smallest on record, of a female, aged forty-two, whose weight of brain was two ounces and five grains. Let him look in MEDICAL AND SURGICAL REPORTER, vol. xi, page 355. The weight of brain of several distinguished men can be found, MEDICAL AND SURGICAL REPORTER, vol. xxiii, page 40, where Cuvier's is quoted at 64.5 ounces. W. PENNINGTON, M.D.

Basking Ridge, N. J.

Calomel and Chlorate of Potash.

Several further replies have been sent in reply to this query (January 29th). Dr. Divelbis, of Kansas, states that he frequently combines them, and by so doing obtains the desired effect of the mercury by the exhibition of smaller doses. No signs of poisoning have ever manifested themselves.

Dr. Millard, of California, also writes that the chlorate will retard the period of salivation when combined with calomel.

Dr. N. V. S., of Ohio. There is no recent monograph on the pathology of fever. Much has been written on it in the later general treatises on pathology, and also in the journals.

Student asks:—

1. What is meant by the term clay colored?

2. How are these two statements, found in Flint's *Physiology*, p. 26, to be reconciled? "It appears that all circumstances which favor exposure of the blood to the air hasten its coagulation," and "The blood will coagulate more rapidly in a vacuum than in the air."

Ans.—Clays differ in color materially, but the term generally is understood to mean a yellowish white.

2. No reconciliation is needed. The statement is simply one of observed facts. The formula you inquire about appears to be correctly printed.

Dr. T. M. M. writes:—

"In all but liquids I can with little trouble convert grams and centigrams, etc., into grains, scruples and drachms; but when it comes to measuring water, tinctures, and fluid extracts thus, I do not know how to do it. I write, therefore, to ask that you publish a rule for this."

Ans.—It is sufficiently accurate to say that one cubic centimeter equals fifteen minims; four cubic centimeters = one fluidrachm. The gram and the cubic centimeter may be considered as equal quantities, except the liquids be very heavy or very light.

MR. EDITOR: I wish you, or some of your many readers, would give me some suggestions in regard to lead colic. The patient is a painter, thirty-one years old, and has been in the business sixteen years. For the last year he has not been painting. I have given him the usual treatment, and can relieve him temporarily, but it returns in a few days.

Another obscure case is that of a patient, female, forty-six years old; she has ceased menstruating three years. For two and a half years she has had intestinal pain, spasmodic and intense, unless under the influence of anodynes. I have nearly exhausted the materia medica, with no relief. J. M. B.

Indiana.

DEATHS.

COX.—In Kalamazoo, Michigan, on February 28th, Thomas C. Cox, M.D., in the 40th year of his age.

MONELL.—On the evening of March 7th, at Greencove Springs, Florida, Dr. Joseph S. Monell.

WADE.—At his late residence, in Cincinnati, Ohio, Dr. E. D. Wade, in his 59th year.

HARRIS.—John Harris, M.D., consul of the United States of America for Venice, in his 89th year.

BOYER.—At New Orleans, March 12th, of paralysis, Dr. D. P. C. Boyer, aged 56 years.

PIEPER.—At his residence, No. 9 St. Mark's Place, March 10th, Dr. William L. Pieper, aged 64.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1257.] PHILADELPHIA, APRIL 2, 1881. [VOL. XLIV.—No. 14.

ORIGINAL DEPARTMENT.

LECTURE.

DISEASES OF THE HEART—CONTINUED.

BY ALONZO CLARK, M.D., LL.D.,

President and Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons, New York.

I told you, in speaking of hypertrophy, that I would show you a heart that is, probably, the largest that has been noticed in this country. This is the specimen. There are several interesting things about this: first, that it is, probably, the largest heart that has been seen in this land; second, its history is well preserved. I gave you the history in a previous lecture. He could carry this large heart only because he grew up with it. These large hearts, as far as I have noticed, always begin to be diseased in early childhood, possibly in infancy, and the person becomes accustomed to the extraordinary development of it, and so it gives little inconvenience. It grows with his growth, and may attain this monstrous size.

I told you, when speaking of pericarditis, that I would exhibit to you a heart to which the pericardium was attached. You observe here is the pericardium, and it is attached to the heart. The patient had had endocarditis and pericarditis, and this is an instance in which we can pretty safely say we have twenty-two years from the development of the pericarditis till death. You will see the manner in which the pericardium is trying to separate itself from the heart. By just raising up the flap of this pericardium on either side you will see threads running from one side to the other. They have been considerably torn up by handling, but still I think you will notice them better on the upper side. This pericardium, had the man lived long enough, would have been separate. The attachment, as you see, is loose. Then, as a specimen of aortic disease it is extraordinary. Opening the aorta by "its ears," and getting down to the valves, you see they are thick and leathery. They are more than a line in thickness, nearly an eighth of an inch in thickness, and they are much distorted, and they are, you see, quite incapable of performing their office. They feel hard, like sole leather. Then the right auricle, together with the right ventricle, you observe, is somewhat dilated, but very much encroached upon by the septum ventriculorum. The mitral valve is not so very much diseased. That is to say, its offices are not very much hindered. It is thick, scarcely leathery, its posterior valve is contracted. It is contracted considerably, and I am not sure that it would perform its office perfectly. But the amount of disease there is trifling, compared with that which affects the aortic valves. That, I suppose, the boys would call a "bully" heart.

Here is "bully" No. 2. Here, too, has been pericarditis. You observe how rough the heart is. There is something of that thready appearance, not so much however as in the other specimen, in this pericardium. I do not know the history of this case as I do of that, but you observe here is very marked shortening of the valve. That valve is not one-half its proper height, and it would be impossible for its parts to meet in the middle of the artery and prevent regurgitation. In this instance the right heart is more hypertrophied than the left, that is, in proportion to its natural thickness the walls are thicker, and in regard to capacity it seems to be just about as great as the left. The thickening here is quite remarkable. The tricuspid valve does not seem to be diseased. The aortic valve is firm, and shortened to a certain extent, and here again the posterior more than the anterior curtain of the valve. But the great defects, or rather the principal diseases of the heart, are the hypertrophy, particularly of the right side, and the valvular disease at the aortic opening. The pulmonary valves are about natural.

Here is another specimen of marked hypertrophy, and here again you observe a (septum) of the aortic valve thickened and drawn down. The valves, you observe, are very imperfect, and allowed regurgitation, while the mitral valve is in tolerably good condition. The right ventricle is small, comparatively. It will not hold one-half, it will hardly hold a quarter of what the left will, and that of itself is a kind of disease. The blood can be thrown out from the left heart a great deal more rapidly than it can be received by the right; and the result is exactly the same as when the valves are defective.

I was speaking to you, when we were last together, of dilatation. I had begun to describe to you the peculiarities of that disorder of the heart. We will go on with that, and I will show you at our next meeting a specimen that is rather striking; a dilated heart, in which, if I remember right, all the cavities are dilated, and they are stuffed with hair, so that the heart has about the size that it had in life, and yet in the cuts made into the walls you will see to what a very marked thinness it has been reduced.

Dilatation, I told you. considering it in the sense in which we are using the word now, is a thinning of the walls of the heart. We have hypertrophy with dilatation, in which there may be considerable thickening of the walls of the heart, but this is spoken of by a distinctive name. We now refer to simple dilatation of the heart, in which the walls of the heart, of the left side, come to be little more than a line in thickness. The walls of the right (?) heart are from five to three lines in thickness in the normal state, that is, five at about half an inch from the base, and growing a little thicker toward the apex, and at the apex three lines in thickness. But this heart that I shall exhibit to you on Friday will give less than a line in thickness of any portion of the left ventricular wall.

The first question that presents itself to us is, how can this thinning occur? A good many speculations have been offered in explanation of this occurrence, but I am inclined to think that the German explanation is the best; that it may occur in two different ways: First, by a reflux of blood when the blood is in a non-nutritive state, dilating the natural walls of the heart till they are thinned down to what I shall exhibit to you; the other, that hypertrophy with dilatation may have occurred, and that by fatty degeneration, which I shall explain to you a little further on, the material constituting the muscle of the heart may be absorbed, taken up, carried away, leaving very little but the two serous membranes, the endocardium and the pericardium. That implies, of course, very marked feebleness in the heart's action. Simple dilatation of the heart to the extent to become a disease is a rare occurrence. I have met with two or three cases, and that is all.

The indications of it, the means of recognizing it during life, are both physical and rational. Among the physical signs will be one that belongs to hypertrophy, extended region of dullness. The lungs will be pushed away, in the same way, from their natural position, and in auscultation for the respiration you will find it silent over the dilated heart. That is, the lung is pushed so far away that the sounds of respiration will not be brought to the ear placed in the midddle portion of the pericardial region. There is no palpitation proper. It frequently happens, however, that the patient complains of palpitation. His sensitiveness is increased at the same time that the action of the heart is rendered feebler; though he complain of palpitation you put your hand over the heart, and you can scarcely feel it beat. In one case that I saw, it was very remarkable that the contraction of the heart was in a wave. It was not a sudden contraction of all the muscles of the heart at the same moment, but the contractile effort seemed to pass up under the hand. Beginning below, I could feel the wave pass the length of my hand. That is, so far as it was applied to the intercostal spaces. I could not feel it, of course, through the ribs, but the intercostal spaces being thin, as I exerted some pressure they would indicate to my hand the kind of action that was taking place in the heart.

A feeble beat of the heart, then, with an increased region of dullness, and a consideration of the kind of sound, will be the chief physical signs. The sounds of the heart are changed in relation to each other; the time is changed, or the rhythm, as it is called. As the heart beats naturally, the second sound follows instantly upon the cessation of the first, and then there is a period of rest, about as long as the period occupied by the first and second sounds together. In this condition you are very apt to have the motion of the heart, or rather the sounds of the heart, resembling the ticking of a watch, the first and second sounds at even distances apart. The first sound is short, scarcely exceeds in duration the second. Tick, tack; tick, tack; in about that relation.

Then the appearance of the patient gives a marked indication of dilatation. The force with which the heart contracts upon the blood is so far diminished that only a small quantity is sent into the arteries at any one beat, at any one time. This does not dilate the arteries, does not keep them of their natural size. They are apt to grow small, therefore, I referred the other day to the filling of the ventricle during the period of rest of the heart. I perhaps should have said the ventricle has no power of dilating itself. but it is dilated by the force that it has impressed upon the blood when it went out from it into the arteries. The residual force of the circulation when the blood returns to the heart is really the dilating power. In that sense it dilates itself. The venous power is considerable, as when we tie the arm to bleed a man the force of the current is such as to throw the blood quite a considerable distance from the arm. This force is not all exhausted when it comes to the right heart, and it is that residual force impressed upon the circulation by the contraction of the left side that opens the right. In this case now, and so contrariwise, the force impressed upon the blood going out of the right side of the heart opens the left ventricle, or causes the left auricle to fill, and thus is really the cause of the filling of the left ventricle. Now, in this dilated heart you have a very feeble force impressed upon the blood when it comes out of either dilated ventricle. It will, of course, flow into the opposite ventricle in an equally feeble stream. It will dilate the veins, because there is not force enough behind to empty them, and you get œdema of the face, of the feet, and of the surface of the body, and you get at the same time enlarged veins; the blood seems to rest in the veins. Of course, it does not absolutely rest, but the current is slow.

The oppression of the breathing is very marked in these cases. It belongs to almost every form of disease of the heart, but is developed earlier, and is, perhaps, more severe in this than in any other, and that depends upon the failing force with which the blood can be circulated through the lungs. There are at least three distinct causes of dyspnœa besides the nervous causes that would produce the same thing. One is, an overcharged or congested lung, or lungs; another, very slow circulation of the blood through the lungs; and the other, some physical obstacle to the dilatation of the lungs by the air entering them. These three conditions all produce dyspnœa more or less severe, and why? You would suppose that, mechanically, they would not act in the same way. Mechanically they do not, but physiologically they do. They each one interfere with the aëration of the blood. When the lungs are congested the blood is circulating slowly through them, and though the blood that is in the lungs may become aërated it is not given to the system with sufficient rapidity to answer the demands, and consequently a sense of dyspnœa. And then, too, when the quantity circulating through the lungs is very small and the current slow, there is not enough aëration of the bulk of the circulating blood, and there is dyspnœa. Then, when both pleuritic cavities are filled with serous fluid, or any other fluid, and the lung room is not great enough, there is not space for very much aëration of blood, and there is dyspnœa. And these three conditions of the lungs explain most of the dyspnœas that occur with the diseases of the heart, and in none of them is that dyspnœa more perceived, more apt to cause suffering, than in this dilatation of the heart. These are the leading facts by which you are able to recognize simple dilatation of the heart, if you should happen to meet it.

With reference to its treatment, I will say a word, because there is something to be said in regard to this that does not belong to all forms of diseases of the heart. I see recommended in some of the text books, and in special papers on this affection, as a means of relief, bleeding; bleeding from the arm. Well, I will tell you my experience. When I was house physician in New York hospital, a man came in in whom we recognized dilatation of the heart, and it was in that particular man that I got that wavy motion of the contracticle fibres of the heart. My principal, seeing how much he suffered, said bleed him. I looked at him with surprise, and said, "Doctor, I would not dare to bleed him. He cannot lose five ounces of blood without dying." "Pooh, pooh?" says he. "If you don't like to bleed him, give me the lancet." He tied up the arm and took the lancet—I was accessory in holding the bowl—and the vein was opened. The man bled a little spurt, it may have been four or five, possibly six ounces, and rolled over on the bed—I had him sit on the bed on purpose—rolled over on the bed and breathed no more. Of course that did not make me very much in love with bleeding for dilatation of the heart. And yet, even in Niemeyer, if I remember right, it is recommended, but, I suppose, theoretically, inasmuch as bleeding does in some conditions of dyspnœa give relief. But I do not think it applicable to the dyspnœa which arises from dilatation of the heart. Well, then, there is very little you can do. The man cannot take any exercise. He would drop down of dyspnœa if he were to make any great exertion. He may walk about the ward a little, if he is in a hospital, or in his room, if at home; but that is about all he can do. He cannot go up stairs, and can scarcely go down. About all that you can do is to induce him to take as much food as he can digest, with the hope of enriching the blood a little, and delaying the progress of the disease; to give him chalybeates, which will help in this change of the condition of the blood, almost any form of iron that is a favorite with you, it matters very little, for they all go to about the same thing; and create an active condition of the kidneys, to carry off the œdema. This latter is applicable to almost all the forms of cardiac disease where dropsy has occurred. I shall recur to the matter of diuretics by and by.

With these remarks on dilatation of the heart, we will leave that subject and turn to another condition of disease of this organ. You hear a great deal about fatty degeneration of the heart. You will hear a great deal more than you will see. I scarcely see a fat man advanced somewhat in years, who has trouble with the heart, that the attending physician does not say, "Why, Doctor, don't you think he has got fatty degeneration of the heart?" My reply is uniform, "I cannot diagnosticate fatty degeneration of the heart, and I have no right to assume it in any case without proof." You will see where the difficulty lies pretty soon. Fatty degeneration, to the extent of producing real disease, is quite a rare occurrence; occurring, to be sure, now and then, but in comparing it with dilatation and hypertrophy together, it hardly bears the relation of one to fifty.

There are two kinds of fatty degeneration of this organ. One I have sometimes designated as adipose degeneration, or adipose deposit upon the heart. The other is an integral degeneration of the muscle of the heart into fat. The latter is called, commonly, Quain's degeneration, as he was the first to describe it—the author of the anatomy that was very much in vogue twenty years ago. The two are very easily distinguished by the appearance after death. But neither of them can be confidently recognized during life. The latter, Quain's disease, you will be more likely to distinguish than the other. The fatty degeneration of the adipose variety is merely a deposit of fat upon the surface of the heart. I have some better specimens than this, which I can show you, perhaps, at our next meeting, though this is well enough marked to give you an idea of what is meant by it. Always there is some fat upon the exterior of the heart in the pericardium, but you will observe, in examining this specimen, that here it has encroached somewhat upon the muscular element of the organ. The whole heart is covered with a more or less abundant layer of fatty tissue, but chiefly upon the right side. Well, that is the part of the heart that is most commonly overloaded with this fat. You take a portion of this fat and examine it under the microscope, and it will present exactly the same appearance as adipose tissue taken from any other portion of the body—a multitude of cells filled with oil. It is a healthy fat enough, but a dislocation; it is out of place here. It is out of place here, for the reason that, as it becomes abundant the muscular heart becomes weakened. But many persons, no doubt, carry this condition for a considerable time without knowing anything about it. The heart performs its office with fair regularity and with fair force. But in a few instances it will happen that the fatty encroachment is unequal, and it weakens one part of the heart more than another; as, for example the septum, ventriculorum may be just as strong as it ever was, while the wall opposite is weakened. The result is, that the heart sometimes gives way first at that point; at the point where the greatest weakness of its muscular tissue is it bursts itself. I will refer to that again a little further along. This is the heart, then, and you may examine it and see what it means. The fat is very abundant upon the base, but that does not do so much harm as that deposited along the course of the ventricular wall. The heart is also hypertrophied.

I told you the heart beats with perfect regularity, and that it is not enlarged in any such degree as that you can recognize it by physical signs. Well, then, how can you recognize it at all? Well, just make up your minds, now, and forever, that you cannot recognize it, except after death. And we will not spend a great deal of time in talking about fatty degeneration of the heart, when you cannot tell what is the matter with the patient when he has it.

Now, the other kind is altogether different in its effects upon the heart, and altogether different in its pathological aspect. The heart muscle is a striped muscle. It has cross markings, lines in the direction of its length, and lines across, dividing those muscles, as the muscles of the arm and leg, and all the voluntary muscles of the body are, into little checks. Well, these checks, when Quain's degeneration occurs, come to hold first a little oil globule. A muscular element seems to be removed from it. The place of the muscular element is taken by oil drops, minute, microscopic drops. I can show you a plate the next time, that will, perhaps, give you a better idea than any of my splendid drawings, but you may get some idea of it from this drawing. Well, then, this sort of heart has become useless. No, not quite, because this sort of degeneration is unequal in the walls of the cavities. It will be here marked, and at another place scarcely noticeable. The result of this production of oil within a muscle, covering the sarcolemma, is to change the color of the heart, and to change its consistency. Here, for example, are three specimens of this kind of degeneration. This one is not so very much softened. It seems to be small. The walls of the heart are thin, but the cavities are not dilated. The peculiar color that the oil gives to it is noticably yellow. Here is another which is soft and yellow, and the walls of the heart are a little thinned, but not reduced so much as that you would be able to recognize it during life. And here are several other specimens which you will examine with regard to color, etc.

In regard to the recognition of this form of disease, it is more nearly possible than to recognize an adipose deposit upon the exterior of the heart. For example, I was called to see a lady, not quite middle aged, in whom there was marked irregularity in the action of the heart. I measured its size; that was natural. She was of an age that would hardly admit of the supposition that she had bony degeneration of the heart structure. That belongs to advanced age. She was not more than thirty, or perhaps thirty-five. She could lie down flat in bed, that is to say, she could lie down on her back without any pillow or bolster, and felt better in that position than with her head raised. She was dizzy, and disposed to faint when she walked about, and particularly when she made any exertion. The peculiar irregularity—I say peculiar; I do not know that that is the proper name—the marked irregularity, the irregular irregularity in her heart fixed on my mind that there was some disease of it. In using that expression, irregular irregularity, I ought perhaps to define it. When a heart beats on for five, six, or seven minutes, and then drops a beat, that is an irregularity; but there is a certain degree of regularity in its recurrence. You may count a certain pulse, and find that the sixth is dropped through a whole minute. But when there comes a kind of irregularity, that you cannot describe, when the heart beats perhaps rapidly in this way and then holds up, beats slowly, and then directly begins with a sort of fluttering that is hardly describable in words, that is what I mean by irregular irregularity as contrasted with the regular recurrence of certain phenomena in the action of the heart. Well, this lady had that. The heart beat with an irregularity that is hard to describe. Now, it will be well for you to remember that that belongs to some particular disease of the heart; that that particular irregularity, that you cannot well describe, does not come of mere functional disturbance, but is always, as far as my memory goes, associated with a change of some kind in the structure of the heart or its valves. I said to the Doctor who called me in, "I am confident there is some disease of the heart here, but I cannot tell what it is." Had I known the fact that in this kind of degeneration it is not uncommon that patients can lie down with the head low in bed, and feel better than when the head is raised, I might perhaps have made a reasonable conjecture. But at that time I did not know it—thirty or forty years ago. This lady died, and we had a post-mortem examination, and the heart I think is one of these. I examined various portions of it under the microscope, and found the kind of degeneration that I have been trying to describe to you, more or less in all the parts of its walls. But it was very marked, more marked than anywhere else, in the fleshy columns, and this perhaps was one reason of the marked irregularity. They performed their office very imperfectly, and by sympathy disordered the heart.

This kind of degeneration is, again, of rather rare occurrence. It may occur at any age. It may occur upon hypertrophied and dilated hearts, and it may occur upon hearts that are perfectly normal in size and up to the time of its occurrence perform their function perfectly.

I do not know what causes this Quain's degeneration. It is something connected with the nutrition, the nerves of the organ. Persons who have it do not become œdematous, they do not become always very pale. This lady that I referred to was pale and icteric, but I did not refer the icteric element to the heart, unless perhaps the liver was deranged by imperfect circulation of blood through it.

As to the treatment of this particular form, if you make it out, there is but little. A rather extraordinary recommendation has been given, however, by one physician of some authority, and that is to make the patient to run up-stairs. I think it would kill more than it would cure. The idea is to make the heart active, and to cause it to be nourished by healthy muscular tissue in that way. But my own opinion is that it cannot be done. The treatment that I should adopt, and have recommended in cases where this disease was suspected, is of an entirely different character. It is aimed at causing the absorption of the fatty matter, and reduction of the supply of fat in the body; for example, the patients, as in two or three other forms of disease that depend upon fatty disorders that I shall describe to you further on, are directed to take moderate exercise, to walk upon the level ground, or upon the floor of the house, and take, according to their strength, the exercise they can endure. The second element of the treatment is absence from all fatty food, including butter, milk, cream, fat of meats, and in a manner all fatty food. I sometimes allow them enough of milk to flavor their tea or coffee, but nothing beyond that. Only lean meats, and the vegetable foods that contain the least oily matter. Well, the grains; perhaps you ask whether they contain oily matter; yes, they contain oily matter. Wheat contains about three per cent.; Indian meal contains about ten per cent.—that is the reason it fattens the hogs so fast. Then I should prescribe food made from wheaten flour rather than from Indian meal. And next, and perhaps the most important element in it, is to administer the bicarbonate of soda, and to administer it to such a degree as it will be borne, and that fact to be judged of by a daily examination of the urine. In giving alkalies you are to bear in mind that some of them have the power of producing calculi in the kidneys or bladder, but there is no danger of their producing anything of this sort as long as the urine is in the slightest degree acid. Furnish your patient, then, with slips of litmus paper, to be kept in a convenient place, as in a box about two inches and a half long and an inch and a half wide, and let the patient take every morning, or every evening (better in the evening), one of these papers by one of its ends and dip the other in the water, and when it comes out, is it red, or is it purple? If it is purple the patient is taking too much soda; if it is in a very slight degree red, that is all right; if it is very red, he is not taking enough; give more. And in this way, from day to day, by applying the test, you may give what will be safely borne and what will produce most effect upon the fatty degeneration of any kind in the body of the patient. I do not know from experience that it will do any good in this kind of fatty degeneration; but it does so much good in other kinds of fatty degeneration that I deem it important that it be tried. Of course, the most nourishing food that the patient can take is to be preferred; beef and mutton, all lean, and not excluding chicken and fowls of various sorts. Any good wholesome meat food is better than vegetable food in this case; at the same time some vegetable food may be taken.

COMMUNICATIONS.

A NEW MEDICAL SPECIALTY.

BY F. E. STEWART, PH.G., M.D.,

Of New York.

In the olden time the physician was his own pharmacist—that is, he was obliged to prepare and dispense his own medicine But the duty becoming too laborious, on account of the growth of science, it was entrusted to an assistant. The assistant chosen was the apothecary. Now, the business of the apothecary has been, from time immemorial, to sell drugs; and it was not until a more recent date that he was also entrusted with the new and responsible duty of assisting the doctor. It is now claimed by the medical profession that the apothecary is violating his trust; and that the violation consists in that he is doing other business beside assisting the physician. He is accused of selling drugs without an order from the doctor, and in the irregular forms of patent medicines, trade-mark pharmaceuticals, etc.; he is blamed for prescribing over the counter, and for renewing prescriptions at the request of the public, to whom the law declares the prescription belongs. Is the apothecary at fault for this? Is he not a merchant in drugs, as in the olden time? If a merchant only, he owes no allegiance, and is not amenable, to the medical profession, or any other sect or profession. His relations are entirely with the general public. What the public demands he must do. If the public demand of him drugs, fancy goods, soda water, patent medicines, a few groceries, whisky and segars, should he be blamed for selling them? If the people also ask him to renew their prescriptions, they do not belong to the doctor, and has he any right in the matter? Surely the people do not recognize that right, if it exists. These are vital questions, and until they can be satisfactorily answered it is easy to see the position which the apothecary must hold in relation to the medical profession.

The next question is, what shall the doctor do, under the circumstances? Discharge his assistant and employ a new one, or retain the old? But this question is being answered for the physician by the evolution of events. Pharmacy has become too burdensome to the apothecary, as to the physician of old, and he has delegated it to the manufacturing pharmacist. The enormous growth of the business of the manufacturers during the past decade proves that this transition is now going on, and the correctness of this statement. It is important, then, that the profession should know more about the manufacturers, their polity, and their relations to the medical profession. Are they merchants, too, doing business with the general public? If so they owe no greater allegiance to the medical profession than the apothecary. If, on the contrary, manufacturing pharmacists claim to be a branch of scientific medicine, they should conform to the rules which govern a scientific profession.

I do not know what policy the manufacturers have adopted in this matter, but judging from their declaration of love for science, and affectionate regard for the physician, the profession are led to believe that they are what they certainly attempt to convey by their assertion, scientific pharmacists. Arguing, then, that this is the fact, manufacturers owe their allegiance to the medical profession, and have no right to interfere with the physician's prerogatives. The medical profession, however, will have to arraign certain of these manufacturing houses on the charge of not only interfering with the physician's prerogative, but also of attempting to usurp his province of treating the sick. But first, why have they not a right to treat the sick? The answer is simple. Because they are not physicians, either by education or training. If physicians, would they not have the right to practice medicine and pharmacy both? I answer, yes, under the same rules and regulations which govern the medical profession, but not otherwise. But they are charged with practicing medicine without a medical education; and also of using unfair means of competing with the doctor. Counsel for the profession will support this charge by the plea that certain manufacturing pharmacists are preparing for and advertising ready-made prescriptions to the public; that they send out medicines under ingenious names, protected by trade-marks and patents, and then solicit the doctor to prescribe the same; but that these trade-mark pharmaceuticals are accompanied with labels, and circulars, carefully worded to catch the public eye; that they are advertised in the secular and religious press; and as if to exasperate the profession still further, it is claimed that this whole system of abuse is cordially sanctioned by the medical profession. This attempt to obtain the public patronage belonging to the medical profession is too apparent for controversy. That it is the exclusive prerogative of the physician to treat the sick some may be disposed to deny. They may claim that prescribing druggists, quacks, old women, and patent medicine men share equal privilege with an educated profession; but no fair mind can excuse this contemptible hypocrisy, which, under the guise of friendship, seeks to undermine the medical profession.

What will become of the physician if this condition of affairs is allowed to go on? It is a rivalry of organized executive ability against an unorganized, impoverished profession. Upon one side is all the machinery of trade, facilities for marketing goods and creating a demand for them by advertising; on the other a profession who have neither the time nor opportunity for trade. Is not the answer apparent? When the medical profession, forced into adopting trade to gain a livelihood, are prevented from devoting their time to the investigation of disease and means of cure, the wheels of progress will be clogged, and the advance of science greatly hindered thereby.

What shall the physician do, then. for his own protection? Beset with powerful foes, behind and before, there seems to be but a poor showing for him. To answer this question it is necessary to look at this subject from a new and entirely different standpoint. It is the relation between trade and science, which, entering into this question, greatly complicates the matter.

A clear line of demarkation should be drawn between trade and science. They are exactly opposite in their tendencies, and it is the attempt that is being made to mix up trade with science that is causing all, or at least a great deal, of the trouble and feeling between the medical profession and the drug trade. For the sake of illustration, trade can be represented by protection, science by free-trade. Science professes to exhibit what is actually known or may be learned by exact observation, precise definition, fixed terminology, classified arrangement and rational explanation. It is impossible to satisfy the demands of science by any system of protection, as science demands the publication of the whole truth, and its classification into the forms of science, for the benefit of the world.

The whole tendency of trade, however, is a selfish one. Trade seeks to protect her own interest without regard to others. While science is laboriously delving in the mine of knowledge, to dig out the ore, trade coins it into money. But greedy trade, instead of coöperating with science, for mutual benefit, seeks not only to monopolize all the money, but all the knowledge as well, forgetting her debt to science.

Take this illustration and apply it to the scheme already referred to, and the tendency of trade will become apparent. As before shown, it kills the miner; but in addition to this it locks up the mine. Let me illustrate! What would have become of science if heat, light, electricity and all other forces had been patented when first discovered? Would not trade have locked up these forces and prevented their investigation? The patent law was designed for the protection of science in this matter, by offering the inventor seventeen years' control of his invention, in exchange for its publication. The patent law was not intended to lock up forces from investigation, but, on the contrary, to encourage the investigation of forces. While it does not patent electricity, it protects the inventor of a dynamo-electric machine. Medicine is a curative force, and should not be patented, any more than heat, light, or other forces. By patenting medicine scientific progress is hindered, trade is injured, and the interests of suffering humanity are sacrificed. To this may be answered, that the patent is granted upon certain compounds only, not upon the drug itself. I answer, yes, but the compound becomes, to all intents and purposes, the same as a new drug, and the control thus gained permits unprincipled manufacturers to create a demand far above real worth, by advertising cures only. Honorable trade is thus thrown into disrepute. Legitimate competition is the cure for this.

Now, I claim that pharmacy is a science, or rather, a branch of a science, and should be so regarded. It should be separated from trade, otherwise it will be eventually locked up by trade, and scientific progress rendered well nigh impossible. And this is very important to the medical profession, as pharmacy is a branch of the science of medicine. Pharmacy, according to Dunglison, "is the art which teaches the knowledge, choice, preservation, preparation and combination of medicines." The practice of this art might have been at one time the province of the apothecary, but at the present time it is not carried on exclusively by any one class of individuals. The several functions which together constitute the practice of pharmacy are divided up among the drug brokers, wholesale druggists, manufacturing pharmacists and apothecaries. The drug brokers and the wholesale druggists select the drug and carry it in stock, the manufacturers make it up into pharmaceutical preparations, and the apothecaries dispense it. Some of the manufacturers are combining in their business all of these functions, and they should be looked upon as the nearest approach to the ideal. These houses select their own drugs, often import them, and sometimes even send accredited agents to the source of supply, to gather them, under the most favorable conditions of climate, soil and season. Manufactured into the regular forms of the pharmacopœia, they are dispensed to the apothecary, and by him, in turn, to the patient, upon the prescription of the doctor.

Manufacturers, however, are not practicing pharmacy as a profession, but as a trade. By this I mean that these houses are running their business upon a trade basis, not a scientific basis. If they were on a scientific basis, they would publish all their different methods of manipulation for the benefit of science. They would have no trade secrets whatever. They would tell just how they sugar coated pills, the best way to gelatin coat pills, and every other little manipulation of the kind. They would not only furnish this information to those who might ask it, but they would take particular pains that it should become items of scientific information, and the public property of the profession which they are supposed to represent. Otherwise they cannot be regarded as scientific pharmacists.

This being necessary to constitute a scientist, have we any scientific pharmacists? I claim not, at least as a class. The business of the apothecary cannot stand this test, though there are apothecaries that take this stand. The business of the manufacturers cannot stand this test, though there may be an exception. One manufacturer with whom I talked said that though he was willing to publish all formulæ, and as a rule did so, yet he did most assuredly object to giving every lazy competitor the benefit of his enterprise and skill.

But pharmacy as a business being on a trade basis, and therefore subject to trade tendencies, what is to become of pharmacy as a science? As already stated, pharmacy is a branch of the science of medicine. It is necessary to be learned in all the branches of a science to be thoroughly versed in any one branch of that science. A pharmacist must be, therefore, a physician. To be scientific he must publish the results of his investigations for the benefit of his profession. But such a publication is not always compatible with trade. A scientific pharmacist should not, therefore, be a tradesman. There is a demand, then, for scientific physicians, educated in pharmacy, to take up pharmacy as a science. Is there not room here for a new medical specialty? The physician did not give up his right to make pharmacy a study, by employing an assistant. He cannot expect his assistant, uneducated in medicine, to be proficient in the investigation of drugs. He must possess an accurate knowledge of every property which they possess, physical, chemical, therapeutical, physiological and pharmaceutical, to justify him in any original investigation of his own.

The province of this specialty should be to investigate drugs, with the view of classifying them for the benefit of science. Every new drug brought to the notice of the physician by trade should be thoroughly tested, and the results of these tests furnished to the physician. Of course, patients should not be experimented upon with unknown drugs, without sufficient reason to justify their use; but valuable drugs have come to us from unscientific sources. Because a drug is used by a quack, an Indian medicine man, or an old woman is no proof that it is devoid of virtue; and when it is the universal belief of all old women that certain herbs possess certain virtues, we are just as much justified in trying them, to see if this belief is founded on fact, as were our grandfathers, who collected the best of them to make a pharmacopœia.

Hospital physicians, especially, should take up this line of work, for in the hospitals there is a better chance to observe cases. Not one hospital, only, but many hospitals, should investigate the same drug, for in that way comparative results can be ascertained, and the true worth of the drug made known.

Finally, let trade and science unite in this commendable work, for it is for mutual benefit. The knowledge of new drugs will be a benefit to science, for by it the physician is better armed and equipped to combat disease, and now and then a valuable gem is picked up, which otherwise would have been lost to the world. A publication of the truth regarding new drugs is beneficial to trade, as it increases the demand for good drugs, which trade only can supply.

—*Punch* is responsible for the following:—

Says Aaron to Moses:
"I've got trichinosis."
Says Moses to Aaron:
"'Tis because you pork fare on."

ON THE USE OF THE OBSTETRICAL FORCEPS.

BY T. C. WALLACE, M.D.,

Of Cambridge, N. Y.

A paper read before The Union Medical Association, at Eagle Bridge, N. Y.

Gentlemen—To any one who has been an observant reader of medical literature, it must be evident that, especially for the past few years, the aim of the profession, and particularly of its leading members and teachers, has been to develop something novel. Disdaining the beaten track of our fathers, the striving has been for new remedies, different instruments, and novel appliances, and the claim invariably made for every new thing thus developed is, that it is a great improvement. Is this claim always justified?

For the past twenty years the medical press has teemed with glowing accounts of new remedies, whose virtues have been extolled until it would seem that a certain antidote for every human ailment has been found, and that a physician who, with such certain remedies at his command, allows any one to be sick longer than a few days must be "behind the times," and that the physician who suffers a patient to die must necessarily be himself to blame. Now (without denying that progress has been made), I ask, of these much vaunted remedies, how many are today in use? How many have demonstrated a practical value? How many more reliable remedies have we at our command than had our immediate predecessors?

In no department of medicine has this tendency been more manifest than in Obstetrics and Gynæcology. No one can claim to have achieved anything in this department until he has invented a new speculum, or a new pessary, or given his name to a new obstetrical forceps. As proof of this last remark, I find enumerated in the catalogue of one surgical instrument maker 66 different specula vaginæ; 84 different pessaries, and 51 different obstetrical forceps; and this catalogue does not enumerate all. Of the great majority of these last-named instruments it would, indeed, require an expert to detect any practical difference whatever.

Now, I am sufficiently conservative to avow my belief that there is virtue yet remaining in old methods, in time-honored appliances; that every new remedy is not a specific, nor every new instrument necessarily an improvement; and that often we may best serve our own interests, and most promote the welfare of our patients, by becoming familiar with the administration of long-established remedies, and by perfecting ourselves in the use of the instruments of our fathers.

I know no more pertinent application of this belief, than the consideration of the use of the obstetrical forceps. The longer I practice medicine the more firmly established is my opinion of its inestimable value, and the oftener I resort to its use. Yet it is true (and to me it seems a lamentable truth), that very many of the profession regard its use, if not exactly with disfavor, or as something to be resorted to only in extreme cases, or when nature unaided is unable to accomplish her work. Many a practitioner skilled and ready in every other resource of our art is afraid to use the obstetrical forceps, and there is no operative procedure that has such terror to the beginner. To me, who consider its use easier than passing the catheter, and as devoid of danger as the use of the hypodermic syringe, this seems strange.

A member of this Society and an excellent practitioner recently remarked, "He thought it better for a woman to suffer, suffer severely, suffer long, and do well afterward, rather than be subjected to any operative procedure and incur perhaps lasting injury thereby." This proposition is eminently true, but is it not equally true that it is better to relieve the woman of this severe and protracted suffering by the use of the forceps, with the proviso that absolutely no injury shall be inflicted upon her or her child?

Firm believer as I am in its beneficent action, thinking, as I do, that we have at our command no instrument which is so eminently efficient in saving life and in abridging the duration of human suffering, an ardent advocate for its more frequent use, and my sole object in writing this paper being to induce my professional brethren to resort to it more freely, I am inclined to search for the cause of this general distrust.

First impressions are truly said to be lasting, and to the impressions we received while students, from our preceptors, our text books, and at our colleges, must much of this distrust be attributed. First we are met by that solid glittering *chunk* of obstetrical wisdom, "A meddlesome midwifery is bad." This is brought forward as a perfectly unanswerable argument. What is meddlesome midwifery? Webster defines the verb meddle, "to take part in a thing with which we should have nothing to do." Now labor is a physiological process which is apt to assume a pathological character. So long as it acts physiologically, we have no more business to interfere with the uterus in the discharge of its contents than we have to interfere with the rectum or bladder when they are acting normally. To do so would be to meddle, "to take part in a thing with which we should have nothing to do."

Many things commonly done in the lying-in room are "meddlesome." It is "meddlesome" to require the woman to assume a particular position, especially if that position is irksome to her. It is "meddlesome" to urge upon her quantities of warm drinks. It is "meddlesome" to introduce a finger into the anus and endeavor to pull down the head. It is "meddlesome" to tell her when to hold her breath, and when to bear down. Nature will teach her that effectually.

These and many other things often done are "meddlesome." But it is *not meddlesome* to assist nature when she is unable properly to complete her work; nor is it "meddlesome" to put her right when she is wrong. Neither is it "meddlesome" to put a speedy end to a case of tedious labor with the forceps; or, if this must be classed in your minds as "meddlesome midwifery," I respectfully submit it is *not* bad."

Similar to this is the saying so often heard, and which with many rises to the dignity of an aphorism, "Let nature take its course." The doctor is called at night to a case of labor; after examining the patient and pronouncing "everything all right," he requests to be shown a bedroom, and is soon wrapped in slumber. By and by he is aroused and informed his patient is very sick. He finds her in strong labor, perfectly agonized by the violence of the pains, and she earnestly entreats him for relief. "Can't you do something for me, Doctor?" His reply is, "let nature take its course."

How comforting, how eminently satisfactory such a reply must be to a patient so situated! What an exalted opinion she must form of the resources of the medical profession! Nature takes its course. The doctor returns to his couch and to his slumber, the woman passes hours of unspeakable agony. What are the teachings of many of our text books on this subject? Meigs says: "either the pains must have proved insufficient for their office or else the urgent demand for delivery, arising from hemorrhage, convulsions or other states, must establish the indication for their use. We should be inexcusable if we used them when the pains are still of vast force and fail of success on account of a preternatural resistance." Churchill: "that they are to be used in no case until we are perfectly satisfied that the obstacle cannot be overcome by the natural powers with safety to the mother and the child." Denman: "that the head must rest immovable upon the perineum four hours before the forceps be resorted to." Ramsbotham: "before the forceps can be applied, the os uteri must be entirely dilated, and the head must come down into the pelvis sufficiently low to enable us to feel one or both ears distinctly. It is necessary to touch one or both ears, because they become the guide for the proper application of the forceps. Again, if no progress has been made for a number of hours, and especially if impaction has existed for six hours, then, provided an ear can be felt, and the parts are not so rigid as to endanger laceration, we are justified in using the forceps." Merriman: "that the forceps should never be applied until the ear has been in reach of the operator's finger for at least six hours."

Some authors have gone so far as to demand that there should be a cessation of pains, and that the patient should become restless, hot, thirsty, with a rapid pulse and other indications of febrile excitement, before any instrumental assistance be rendered. According to many authors the use of this instrument is fraught with great danger to mother and child. Churchill says: "the vaginal parietes may be lacerated, the blades may be pushed through the vaginal or uterine walls, the soft parts may be torn in the extraction, the os uteri may be included between the extremity of the blade and the head, the child's scalp may be bruised, or torn, or an ear cut off." Cazeaux speaks of "lesion of the cervix and perforation of the vagina; of the sudden emptying of the womb giving rise to inertia and hemorrhage." Elliott, in addition to danger to the mother, mentions, "fracture of the child's skull, peeling off the scalp, and even gouging out the eyes." Blundell: "in violent hands the large forceps is a tremendous instrument; force kills the child, bruises the soft parts; occasions mortification, breaks open the neck of the bladder, etc." So deeply impressed is he with the danger attending its use, that he counsels us frequently to count the patient's pulse, to see that she is not dying. Bedford, however, caps the climax. Among other horrors he mentions "fractured pelvic bones, separation of the symphysis, with laceration of the ligaments, rupture of the uterus and vagina, thrombus of the vulva, and pelvic abscesses." He gives in detail a case of "complete occlusion of the meatus urinarius, with adhesion of the walls of the upper fourth of the vagina, together with a vesico-vaginal fistula," all caused by a forceps delivery.

We are also led to think the application and use of the instrument an exceedingly difficult matter, and sometimes requiring unusual skill. All authors yet named direct that the blades must invariably be applied to the head in its bi-parietal diameter. No matter what the position of the head may be, "it is the position of the head which must determine the position of the blades." Hence is placed upon the operator the imperative necessity of ascertaining the exact position of the head. This is not always easy, even to the experienced practitioner. Not seldom it is difficult and uncertain, and sometimes it is impossible.

To the beginner, of course, the difficulties are vastly greater; not certain that he is correct as to the position, he is not sure his blades are rightly placed. The rules of application, of course, vary according to the position, each change of position requiring a corresponding change for the instrument. Bedford has four different rules for its introduction at the upper strait, and four at the lower. Dewees makes seven primary positions of the vertex, and has a different rule for each of these, and still others for rarer positions. Cazeaux has different directions for each of eight vertex positions: and so on with other authors. No man can possibly remember so many different rules, and the practitioner becomes hopelessly befogged. Having been thus taught that grave emergencies alone justify a resort to the forceps, that its use is often productive of fearful injury, and that its application is a matter of great difficulty, is it strange the physician, and especially the young practitioner, has a distrust of this instrument; that he should delay its application so long as he possibly can? Now, I claim (and I hope to substantiate the validity of this claim), that these teachings are wrong, all wrong, in every respect. That it is not reasonable, it is not right, to wait for any such emergencies before using our forceps; that by such delay we do gross injustice, not only to ourselves, but (what is far more important), to our suffering patients; that the injuries mentioned are never caused by the *use*, seldom even by the *abuse*, of the forceps, but are almost always the result of the delay recommended; that the rules given for its use are erroneous, unreasonable, and themselves the frequent cause of evil consequences. It may seem arrogant in me thus to speak. I may be deemed lacking in the respect and reverence due to these "eminent authorities," to thus question their teachings; but I claim that respecting matters of fact, facts of practical demonstration, and that come under observation as often as these, an experience of thirty years entitles me to form an opinion for myself, and to conduct my practice conformably to that opinion.

It has been well said, "before a man writes a book he is just a common doctor, like the rest of us; but so soon as he deliberately writes his opinions in a book he becomes at once an *authority*, and his sayings are then, to many, as the voice of inspiration." Are our authorities always correct in their statements? Are they uniform in their teachings? Many pass their pupilage without seeing a case of midwifery. Let such a one be called to attend his first case of labor, what position will he naturally expect his patient to assume? He has read in his text-books, heard from his professors, "that it is the universal custom in this country and England for the woman to lie upon her left side, with her knees drawn up." Meigs, indeed, states "that the influence of this custom is so great, that a proposition to turn upon the back is frequently received with astonishment and aversion, as, at the least, indelicate!" Does this statement, uniformly made by all our authorities, accord with your experience? I ask you, gentlemen, do your patients usually assume this position? How many women have you ever delivered while lying upon their left side? Here is a statement in which all our authorities agree, and I leave you to answer as to its correctness.

To be Continued.

EDITORIAL DEPARTMENT.

PERISCOPE.

Copaiva in Sciatica.

Dr. H. C. Marsh writes to the London *Med. Times and Gazette*, of copaiva:—

I wish to speak of this drug as wonderfully efficacious in sciatica. The treatment of sciatica seems to be a little indefinite. I fancy we all meet with very troublesome instances in which we administer a variety of drugs with a perseverance that deserves, but does not always command, success. (After describing a most obstinate case he stated) at last I prescribed

℞.	Bals. copaib.,	ʒ iv
	Tr. lavand.,	ʒ iv
	Tr. hyos.,	ʒ iij
	Pot. bicarb.,	ʒ j
	Mucilag.,	℥ j
	Aquæ,	℥ vj. M.

A tablespoonful every four hours.

On the 26th the pain was almost gone, and she was radiant with smiles; but she rebuked me, with some show of reason, for not having given her this marvelous medicine at the outset.

I naturally looked upon this recovery as a mere coincidence—a happy chance; and the affair passed from my mind.

Nine months afterwards, on December 31, 1878, I was called in the night to see Mrs. J., who had been in bed for a week, with sciatica of left leg. The pain was so severe that I administered hypodermic morphia at once. She was a tall, thin, temperate—indeed, rather abstemious—woman, with perhaps a tendency to neuralgia. Her family are a little consumptive. I could not suspect her of the shadow of an intrigue. She had a grown-up family and a model husband; she was over fifty years of age. Her secretions were natural, and she seemed free from disease. I gave her the muriate of ammonia. On January 2 she was no better, and I prescribed full doses of bromide with colchicum, but refused her entreaty to repeat the morphia. No better on the 4th; so she then had belladonna and phosphorus. On the 7th, as the pain was growing more severe, she took syrup of the iodide of iron with phosphorus; and had a liniment of belladonna, aconite and veratria. On the 12th her sufferings were worse than ever. All the night through she had lifted up her voice and wept. The relatives gathered round me with upbraiding faces. One may manage a patient, even if she refuses to improve; but the patient's friends have one at a disadvantage. I was obliged to see her twice during the day, and each time considered it prudent to administer hypodermic morphia. On the 13th she was just the same, when—happy thought!—I suddenly remembered the former case, and prescribed the copaiva mixture. The next day the pain was nearly gone, and on the 20th she was quite well.

This time I did not forget; but have used the remedy lately in many cases, both male and female, with like success. I do not *begin* with the drug; thinking it better first to empty the bowels, and to relieve any gouty, rheumatic, or anæmic state that may happen to exist; but fall back upon it if the pain continues unabated.

In explanation of this therapeusis I have very little to say. Ricord remarked upon the action of copaiva on the nervous system, and noticed a case in which it produced temporary hemiplegia; and Maestri records an instance in which large doses of the balsam occasioned partial paralysis of the facial muscles.

For my own part, I am inclined to associate the remedial property just indicated with the drug's well-known power of producing diuresis in certain forms of hepatic dropsy. It seems to have an action on the liver; it certainly stimulates the kidneys; and it exercises some influence on the nervous system.

Slight Results from Serious Brain Injury.

In the *Canada Journal of Medical Science*, March, 1881, Dr. Daniel Clark, of Toronto, gives this curious case:—

About seventeen years ago I was called to visit a boy, aged thirteen, who had been kicked by a horse. A section of the skull was crushed in on the right side, near the median line, in the upper part of the frontal and parietal bones. One of the nine pieces fractured and detached from the surrounding bone had been driven into the substance of the brain, over an inch, in a perpendicular direction. The membranes were lacerated very much, and brain substance, within a few grains of an ounce in weight, protruded through the wound, much broken up, some of it hanging down upon his cheek. At the time I first saw him he was comatose. I extracted the bones, cut away the ragged edges of the membranes and the lacerated brain substance. Consciousness returned immediately. His temperature remained normal; his pulse did not rise at any time above ninety-six. He did not lose a night's sleep nor a meal after the evening of the accident. No febrile symptoms intervened. There was no paralysis, nor perversion of any of the organs of special sense. There was no difficulty in speaking. A large cavity remained. He afterward went to school to the same mistress as before, and she informed me that with the exception of a certain irritability of temper when thwarted (which he did not possess before), he was as intelligent as ever, and could learn his lessons with the usual aptitude. This was especially noticeable in mental arithmetical exercises. He was under my observation for several years after the accident. After he was aroused from his comatose condition, consequent on compression, his special senses were unimpaired, his locomotion and grasping power normal, and his bodily health good in every particular.

Salicin in Acute Rheumatism.

Prof. M. Charteris, M.D., of Glasgow University, writes to the *British Medical Journal*:—

Experimentally, I tried, four years ago, in two cases of equal gravity, salicylate of soda and salicin; and I found that the former produced decidedly alarming and toxic results, while the latter excited its harmless and beneficial influence. I was so much impressed at the time with what I witnessed, that I resolved never to give the artificial compound again in the disease, but to trust to the natural product, and in doing so I have been led to formulate the following conclusions:—

1. In uncomplicated cardiac cases, salicin in doses of twenty-five grains, dissolved in warm water or milk, will lower the temperature in forty-eight hours.

2. When this has been accomplished, diminish the frequency of the repetition of the dose mentioned to every six hours; and finally, after two days, stop it altogether, as its further continuance is useless and depressing, and retards convalescence.

3. If the temperature be not lowered in the time mentioned, in all probability the heart is affected; and if such should be the case, the medicine should be countermanded, for it will then in no way diminish the fever. The cardiac complication may not be detected by auscultation at the time; but it will invariably be found that a cardiac murmur exists at the natural termination of the disease. For this cardiac complication I apply a large blister over the region of the heart, and do not allow it to heal quickly.

4. Previously to employing salicin, I test the urine for albumen; and if this be detected, and if there be a suspicion of old-standing kidney disease, as revealed by the history of the patient, it is probable that the drug may not be properly eliminated from the system. That it is so, can be readily seen by testing the urine at intervals by tincture of perchloride of iron, when a purple color will be observed, owing to the action of the iron transformed in the system into salicylic acid. Should this reaction not be seen, it is well to discontinue the use of salicin.

5. Finally, I may state that I have never in any case found salicin to cause thirst or delirium. These phenomena may be attributed to impurities in the artificial compound—probably to carbolic acid. Salicin seems to me to have some special action in rheumatism, for it will be found not to lower the temperature in other affections where this is high. Thus, in a case of advanced phthisis, it is inert in large doses; while quinine, in similar circumstances, exerts its usual antipyretic virtues, when given at a different time to the same patient.

In a recent visit I made to some of the chief Continental hospitals, I found that the pure salicin was now alone employed, and, I may add, implicitly believed in, for acute rheumatism.

Spinal Irritation without Deformity Treated by Suspension, and the use of Plaster-of-Paris Bandage.

The following valuable paper, by A. A. Henderson, M.D., of Ottawa, appears in the *Canada Lancet*, March 11: I wish briefly to state to the profession the result of treatment of several severe cases of spinal irritation without deformity, cured by suspension and the application of plaster-of-Paris, after a thorough but unsuccessful trial had been made of the means usually adopted in the treatment of that severe complaint. I applied it for the first time, in this disease, on the 11th of March, 1878. After having for twenty-two months faithfully attended my patient, and during that period having repeatedly had consultation with professional friends, and used thoroughly every remedy which they or I could suggest, I applied a jacket, which gave immediate relief. Suspension was not only perfectly painless, but in addition, the pain caused by the disease ceased the instant the patient was raised by the suspender. As a result of this and subsequent cases, I feel satisfied that in suspension and plaster-of-Paris we have a means as certain to cure in spinal irritation without deformity, as in spinal curvature, and giving as perfect and immediate relief from pain. I have not used this treatment in mild cases, for they as a rule yield readily to more convenient means, but whenever the case shows obstinacy I now advise suspension and a plaster jacket, with perfect confidence as to the result. I give the history of three of the most interesting of the cases I have treated in this manner. (We give the second only.)

CASE 2.—On May 10th, 1878, I was requested to visit Mrs. F. She told me that her health had been poor for several years, and for nearly four months she had been confined to her house, with symptoms which I found indicated spinal irritation of the dorsal region. No muscular spasms existed, and no deformity. I suspended her and applied the jacket in the usual manner. She stood the operation well, and was pleased with the change in her feelings. I ordered her to take abundance of fresh air and no medicine. Her health improved rapidly. I applied in all four jackets. On October 15th, 1879, I removed her last jacket, she being perfectly well.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Wm. Dickinson, of St. Louis, sends a reprint (from the *Alienist and Neurologist*), describing the mechanism of hemiopia, on the theory of total decussation of the optic nerve fibres in the tract at the chiasm. He formulates what he attempts to prove in the following four propositions:—

1st. Diseases involving the optic *tract* of *one* side will produce total blindness of the eye on the opposite side; and not bilateral hemiopia.

2d. Diseases affecting either lateral angle of the chiasma, involving both the optic nerve fibres entering and also those leaving it, will produce bilateral hemiopia; and not *nasal* hemiopia in *one* eye.

3d. Diseases affecting the posterior angle, in the median line, involving the optic nerve fibres of *both* tracts that enter the chiasma, will affect the outer half of each retina and produce *nasal* hemiopia; a form utterly inexplicable on the theory of partial decussation, and

4th. Disease in front of the commissure will affect the inner halves of each retina, and produce temporal hemiopia; the phenomena of which are alike explicable on either theory.

——The Report of the Indiana State Health Commission for 1880, Dr. Thad. M. Stevens, Secretary, is a pamphlet of fifty-one pages. Indiana has not got so far as the creation of a Board of Health, like Pennsylvania and some other States; it is not yet sufficiently civilized for that; but it has this "Health Commission," a body without any authority and with very little money. The Commission does all that it can do, which is not much. It advocates strongly a State Board of Health and Local Boards. The Secretary appeals urgently for this, as he says (p. 5):—

The entire profession of the State, without regard to isms, pathies or divisions, should be bound together in the work connected with vital and sanitary science. This can only be done by a law of the State, and such law must have bodies organized to act in the several precincts of the State, and not depend upon one to collect statistics, or complete investigation.

The present pamphlet contains a number of papers of unequal merit; on such subjects as "The Prevention of Disease," "Healthful Homes, or, the Hygiene of the Household," "Malaria," "Scarlet Fever," "Diphtheria," "Human Longevity," etc. The prevalence and the injury of concealing and lying about the prevalence of contagious diseases, are forcibly commented on by Dr. G. W. Burton, in the paper on Scarlet Fever. He writes:—

In many towns they have denied the existence of the disease when deaths were occurring daily from it. I am thoroughly convinced of the fact that if local boards of health, school trustees, and those in authority in the towns and cities of the State had done their whole duty by isolating the first cases, more than 80 per cent. of the children of the State now sleeping in the church yards would be living.

Such concealment is at all times and everywhere fraught, in the long run, with bad results.

——We have received the "Publishers' Register, of books sent for notice to leading Medical Journals," ruled for titles of books sent, and printed address of the Papers and Periodicals sent to. It is also well adapted as an Exchange List and Subscription Book, as a free list of all Medical Journals published in the United States, printed on gummed and perforated paper, accompanies each copy. Prices: 12 cap pages $1.00; 24 cap pages $1.50; 48 cap pages $2.00. Gummed and Perforated address of Publishers and Medical Journals, 50 cents, per 100 names. Howard Challen, Publisher, Philadelphia. Also for sale at this office.

BOOK NOTICES.

Transactions of the American Ophthalmological Society, Sixteenth Annual Meeting, Newport, 1880. Published by the Society in New York, and can be procured of the Secretary at No. 12 West 35th Street.

This number of the Transactions contains 174 pages, with twenty-three wood cuts, one phototype, and an interesting photograph of the fovea centralis of the retina, taken from a microscopical section. It is almost normal, except the plica centralis is absent, and this was probably owing, as stated by Dr. O. F. Wadsworth, in part, to the vitreous being so albuminous as to be solidified by the preserving fluid used, namely, Müller's fluid, and later transferred to alcohol. Nine pages are consumed in the minutes, followed by thirty-four articles. Our space will not permit of an extended review of all the articles, but we shall notice those that are new or of importance to the active and well cultivated physician. The first important paper is Sympathetic Inflammation of the Eye following operations for Cataract, by Dr. David Webster. This is a rare affection, and it is reported by Dr. Derby, that in two hundred and eighty-seven cases of V. Graefe's operation he had seen no instance of sympathetic inflammation; yet every surgeon who operates on many or few cases of cataract will meet with such results. Three cases have come under Dr. Webster's own observation, in which the vision of both eyes was totally lost, and several others in which sympathetic inflammation of various kinds occurred, but were successfully combated by treatment. This treatment in Case V was as follows: "Leeches were applied to the temple, and iced cloths were assiduously applied to the eyes, and a four grain solution of sulphate of atropia was dropped into the eye six times in an hour, morning, noon and night. An ointment of belladonna and mercury was rubbed upon the brow and forehead. In most of the successful cases the pupil was drawn up and filled with a thick membrane, for which Iridotomy had to be performed. In the discussion which followed this paper, two important opinions were given, the first by Dr. E. Williams, of Cincinnati, Ohio, "That he had made it a rule for many years to refuse to operate upon one eye of a cataractous patient, so long as useful sight of the other remained. Particularly had he been careful to refuse to operate upon traumatic cataracts where the other eye was in good condition. He thought these cases were peculiarly liable to sympathetic trouble."

Dr. H. Knapp, of New York, did not think the advice just given should be an absolute rule of conduct. We know that in cataract of advanced years both eyes would always be affected, and it might be that when the second eye became useless the chance for a good result from the operation upon the first eye was much lessened. The longer the cataract existed beyond the period of maturity, the worse the prognosis. Cases of sympathetic ophthalmia after cataract operations were rare. He would, therefore, in a general way, formulate the indication for any extraction as follows: "Perform the operation when it offers the greatest chance of success." External circumstances may render it opportune to operate before or after that period; but, if we want to do the greatest good to the greatest number of our patients, this rule will stand criticism. By waiting, for instance, five years, until the cataract of the other eye has become blind, the cataract in the first may have become hypermature, degenerated, and complicated. Its removal then was dangerous for both eyes, whereas, at the period of maturity the operation would have been easier and a great deal safer."

The second article is a "Contribution to the Pathology and Treatment of Vascular Tumors of the Eyelids, by Dr. C. S. Bull, of New York. In the pathology or treatment, there is nothing new—he follows the ordinary plan of excision by the knife, preventing dangers from hemorrhage by the use of the lid-clamp forceps. A most important point is insisted upon by Dr. Knapp, that is, the removal of these tumors as soon as they are brought to the notice of the surgeon.

Article 3d, is a case of "Ectropion, treated sucessfully by Wolfe's method," namely, by the Transported pieces of Skin. The case which is reported by Dr. Arthur Mathewson, shows, by two well executed woodcuts, the great advantages of pieces of skin, of good size, transported for relief of the deformity of ectropion.

Article 4th, is another case of "Ectropion treated by Transplantation of Skin" from the arm of the patient, and the following are the Doctor's conclusions; comparing this single observation with the experience of the writers before mentioned, I should infer it were advisable—

"As to the surface of the wound:—

1. That it be clean, and free from adipose tissue.
2. That its base be even.
3. That there be little or no hemorrhage at the moment of transplantation.

Then, as to the flap:—

1. That it be at least one-third larger than the wound.
2. That its inner surface be clean and free from fat.
3. That it be subjected to no undue violence.
4. That it be secured in its new position without delay.

Finally, as to adapting the parts to each other:—

1. That the edges should fit evenly.
2. That they should be secured firmly.
3. That the parts should be kept warm and dry for at least twenty-four hours.

The advantages of this method are so evident as to require but few words of explanation:—

1. A second scar is not produced in the attempt to rectify the deformity, as by the Indian operation.
2. There is no pain caused by keeping the arm immovably fixed, as by the Italian operation.
3. The edges of the transplanted flap can be adjusted with the greatest nicety, which is not the case with either of these methods.

4. If the attempt should prove a complete failure, as a result of any accident, the deformity would remain virtually as at first.

In general, therefore, we have by it much to gain, and comparatively little to lose."

Article 5th, is an elaborate and carefully prepared paper on "Intraocular Lipæmia," by Dr. Albert G. Heyl, of Philadelphia; and 6th and 7th, "Tabular Report of Compound and Mixed Cases of Astigmatism," by Dr. W. S. Little. The Doctor also reports a case of "Traumatic Paralysis of the Superior Oblique Muscle," which is interesting, from the rarity of the muscle being affected. The improvement was chiefly due to the use of electricity. The Doctor also reported a case of Partial Paralysis of the Inferior Oblique treated by prisms. In two cases we have seen admirable results from a careful operation.

Cases seven and eight are reported by Dr. Henry D. Noyes, of New York. "Laceration of the Eyelids. Glioma of both Eyes, Removal, Recurrence, Death and Autopsy."

Report nine, is one of "Keratitis from Malarial Fever;" by Dr. Chas. J. Kipp, of Newark, N. J. As this is rather a rare affection to us, we give in full the details of symptoms and treatment.

"If the eye is examined shortly after the first symptoms of irritation are noticed by the patient, one or two or more slightly raised, irregular, opaque lines of varying length will be found on different parts of the surface of the cornea. At the same time some circumcorneal injection will be present. On the following day these opaque lines have increased somewhat in length, while at the same time the middle portion of the opacity has been transformed into a shallow ulcer. Under favorable circumstances no further increase in size takes place, the remaining opaque epithelium is thrown off, and reparation begins, to be completed only after several weeks. But not unfrequently the ulcer continues for days, and even weeks, to grow slowly in length, and at the same time sends out club-shaped, slightly raised, grayish offshoots from its sides. In some of my cases the ulcer crept across the entire cornea, and, in a few others, in which several ulcers appeared simultaneously on different parts of the cornea, nearly the whole epithelial layer was eventually destroyed. As a rule, the ulcer shows no tendency to increase much in depth, and its floor and edges, although always of a bluish gray tint, are rarely opaque. The middle and inner layers of the cornea generally remain transparent throughout, but in neglected or maltreated cases an extensive star-shaped opacity of a slightly yellowish-gray tint is sometimes developed in the inner layers of the central part of the cornea.

"Of the various local remedies which I have used in this affection, none have afforded greater relief than the pressure-bandage, warm fomentations, and the sulphate of atropia. In addition to the local treatment I have always prescribed quinia and iron in large doses, and during the last two years I have given arsenic, generally in the form of Fowler's solution, in medium doses, in many cases with very beneficial results. In cases where the pain was great I have never hesitated to give morphium in sufficient quantity to give relief."

Dr. Knapp reported a case of one-sided complete blindness, from Ischæmia Retinæ, ended in perfect recovery, by the use of iron and outdoor exercise in the country.

Dr. S. Buller, of Montreal, Canada, remarked to the Society, that he had used nitrite of amyl, and thought it was of advantage in ischæmia of the retina. Dr. Webster had obtained better results from the nitrite of potassium. Dr. Knapp then read his second paper, entitled, "Eight Cases of Sclerotomy for Glaucoma."

Dr. Williams, of Ohio, reports "Two Cases of Cyst of the Iris," and dwells on the importance of early removal by surgical operation; he gives a very good wood-cut of a microscopic section. These cysts frequently require a second operation, but if they are neglected they produce entire destruction of the eye. Dr. Agnew, of New York, has a valuable paper on "The Insufficiency of the Ophthalmoscope as the sole Test of Errors of Refraction.

"Hence, in many cases of asthenopia, the only safe way to study the refraction is to pursue the following method:—

1. To examine the eyes first with the ophthalmoscope, and at the moment record the result.
2. To make the glass-test next and record its result.
3. To bring both eyes fully under the influence of atropia.
4. To test the eyes with the ophthalmoscope again, the eyes being under the influence of atropia.
5. To make a second glass-test, the eyes being under the influence of atropia.
6. To test the eyes with the ophthalmoscope and glasses at the end of ten days or two weeks, or when they shall have recovered from the effects of the atropia."

Dr. Knapp remarked that the use of the ophthalmoscope was certainly not the only means of determining the refraction of the eye, but that it was probably the best. He wished to point out those conditions in which its use would lead to fallacious opinions:—

First.—He had committed errors when the relief of the fundus oculi was irregular. *Secondly*, in astigmatism. If we examined the minute blood vessels—those, for instance, which passed from the disk directly toward the yellow spot, we obtained the refractive condition of a particular meridian only (the vertical, in the above example), and we could appreciate the proper degree of ametropia only by the successive determination of the refraction of fine blood vessels that showed different directions. The third fallacy was the influence of the ocular muscles upon refraction, particularly in convergent squint, in which, without artificial paralysis of accommodation, we could determine only the far point of the relative accommodation.

Dr. John Green, of St. Louis, reports a case of "Detached Retina," treated by hypodermic injections of muriate of pilocarpin. He injected eleven millig. of muriate of pilocarpin, dissolved in half a cubic centimeter of distilled water, beneath the skin of the right temple. Salivation began within two minutes, and became profuse within four minutes. Sweating began at about the same time as the salivation; it was quite decided four minutes, and profuse seven minutes from the time of the injection. The pulse rose in the first two minutes, from seventy-six to one hundred and eleven, from which maximum it gradually fell to one hundred in the course of half an hour, at which time the salivation and sweating had both sensibly diminished. At the end of an hour the salivation and sweating were over, but the pulse remained at about ninety. The saliva was strongly alkaline, and the quantity ejected during the hour measured one hundred and twenty c.c. No trace of myosis or of accommodative spasm could be detected at any time.

The injection of pilocarpin was repeated, as nearly as possible as before, and was followed by the same train of symptoms. The patient was kept in bed two days and the dark bandage was kept on three days.

We pass a number of papers in the above Transactions which are chiefly occupied by descriptions of new instruments, modifications of old ones, which, before they are brought before the general profession must be subjected to trials by experts: such as combination set of trial glasses, by Dr. John Green: the Keratometer, a new instrument for measuring the curvature of the cornea, by Dr. E. G. Loring, of New York; an Instrument for the Detection of Color Blindness, by Dr. Wm. Thomson, by arranging the test skeins on a stick, the colors arranged alternately, to match the test; a modification of Loring's Ophthalmoscope, by Dr. Henry D. Noyes, of New York; Dr. Green, an Improvement in Concave spectacle Glasses of high power.

Cases of acute attacks of glaucoma have been in several instances reported as the result of the improper use of Atropia; and at page 148, Dr. John Green reports a similar result from the use of Duboisia, and Dr. Knapp, with many other good ophthalmic surgeons, believe, and we should practice, that mydriatics should always be avoided when there is a disposition to glaucoma.

So many cases of cataract operations require a new pupil, from the filling up with false membrane, that the majority require opening, and sometimes these secondary operations are as serious and of as much importance as the first. Dr. Edward G. Loring has devised the following improved operation—which consists, not in a simple opening in the centre of the iris, but in a large, free, and transverse section of the iris and all underlying membranes. The method of arriving at this result is as follows: "any narrow knife, such as the ordinary cataract-knife of Graefe, may be used, though the narrow blade suggested by Liebreich is preferable. Better than either, however, I think, is the knife which I have had constructed for this purpose. This is simply an extremely narrow knife, with a very delicate cutting edge. The reason why the knife is made so narrow is, that it may be turned on itself in the wound, at right angles, if necessary, with the position it occupied in making the puncture."

Dr. Henry W. Williams, of Boston, gave a brief account of his experience with the new operation for enervation of the eyeball—Optico-ciliary Neurotomy. He prefers "operating from the inner side, with division of the internal rectus, which may afterward be re attached to the globe by means of a point of suture. The use of Warlomont's scissors, which crush the retinal and ciliary vessels in dividing them, prevents or lessens the copious hemorrhage, which may cause marked temporary exophthalmos, and thus give rise to pain from distention of the lids and the intra-orbital contents. Should this happen, it soon disappears under the use of cold compresses, as does also the ecchymosis of the lids which generally follows the operation."

Dr. Green gives the details of a Modification of the Operation of Burow, for Entropion, with four woodcuts. For the details we would refer our readers to the Transactions. The especial value of Dr. Green's method depends upon points of detail in which it differs from the older operations, viz.: the preservation of the vascular connection of the loosened lid-margin through the muscular layer, the narrowness of the excised strip of skin, the manner of applying the sutures, and the use of collodion to glue the eyelashes against the front of the eyelid, thereby taking advantage of the leverage of the cilia as an additional and efficient means of maintaining the lid-margin in its corrected position.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium,	**7.00**
Physician's Daily Pocket Record,	**1.50**
Reporter and Pocket Record,	**6.25**
Reporter, Comp. and Pocket Record,	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $1.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS.—MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS.—SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

THE LIMITATION OF BIRTHS.

A question has been revived in a late number of the *Michigan Medical News* which has a great deal of importance in America, and about which there is a strange diversity of opinion among specialists in the branch with which it is particularly concerned.

It is well known that families of American parentage on both sides are generally small; it is stated on the best authority that the native-born American element of our population increases in number less than the foreign or mixed element; and it is quite certain that this relative diminution does not arise from a loss of virility in the male nor from a lessened fecundity in the female, but from a definite determination on the part of both to limit the number of their children, which is accomplished by preventing conception.

The results of this practice concern the political economist, the moralist, and the physician, in so far as these scientists have charge of the welfare of the community, and it is from the standpoint of the last mentioned that we would contemplate the question of the propriety of this course. In fact, the verdict of the physician must ultimately control the opinions of the two former, as nothing is in the long run harmful, physically, but that its tendency is immoral and injurious to the State.

Yet, strange to say, the editor of the *Michigan Medical News* states his opinion, that "this question does not properly pertain to medicine." He must have read but little in recent gynecological treatises, to pen such a sentence. There was a whole volume some years since published, on "Conjugal Frauds;" ten years ago Dr. STORER wrote a great deal on this subject, both for professional and general readers; a very startling chapter on "conjugal onanism" is given by Dr. GOODELL, in his "Lessons in Gynecology," to which we shall have occasion particularly to refer; and the alleged evils of this practice have been a favorite theme with a large number of writers of addresses, chairmen of committees on diseases of women, and such like gentlemen.

It is, therefore, a medical question, in the first instance, and it is also a living question, a question of the day, that ought to be discussed and settled, as to whether such practices are physically injurious or not, and if they are, to what extent and under what conditions are they so. There is a great cowardice in the American profession in discussing all such subjects, as we have frequently pointed out in referring to the matter of controlling venereal diseases.

There are men who will say that even if these practices are not injurious, or are but slightly so, still it is better to give the public the opposite impression, for moral reasons. As if a lie ever did or ever could benefit morality! As if deceiving a person who asks and pays for an honest opinion from a professional man is a virtuous act and in the interests of public ethics! Away with such shuffling sophistry.

The question is simply one of fact, and should be settled by observation and unprejudiced generalization, just as any other. So far as studying these facts are concerned, we should be perfectly indifferent as to any other consideration except the getting at the truth of them. Any man who thinks the morals of himself or his community cannot stand the truth, had better kick such morals out of doors, and go in for truth instead.

Dr. Goodell is one of the latest and strongest advocates of the opinion that such practices—all practices apparently which aim to prevent conception—are physically hurtful; in some degree to the man, in a far greater degree to the woman. (See Lesson xxxiii, "The Sexual Relations as Causes of Uterine Disorders; Conjugal Onanism and Kindred Sins," in *Lessons in Gynecology*, 2d edition). He gives a formidable list of diseased conditions which he has found in married women who acknowledged to have employed various means to avoid children. That in nearly every case it was, or might well have been, a *post hoc*, instead of a *propter hoc*, does not seem to occur to him; but the earlier part of the chapter is marked by such a strong prejudice on the subject, drawn from personal theological views, that one ceases to be surprised that even such a distinguished scientific observer, such a generally most admirable reasoner, gives way to his prejudices when they are so fervid. Even the conservative English critics could not approve of this part of his work. In a long and generally very favorable review of his volume in the London *Medical Times and Gazette*, the reviewer writes:—

> Perhaps the most novel feature of the book, and that in which it differs in the most striking manner from our English text-books, is the great importance which the author attaches to the abnormalities of the sexual act as causes of disease. Fibroids, polypi, ovarian cysts, fungous endometritis, prolapse of the ovaries, to say nothing of functional disturbances, are all put down to improper, or excessive, or deficient, venereal excitement. Not the slightest evidence is adduced here, nor, so far as we know, elsewhere, to demonstrate the connection. The fact that a number of Dr. Goodell's patients, who were suffering from the diseases in question, told him of irregularities of this kind, proves nothing, unless we could also find out how many people there were who exercised their sexual functions in the same unhealthy way and yet were not the subjects of any of these diseases. There is one class of women in whom the operation of these causes of ill-health may be reasonably supposed to be exceptionally frequent. If Dr. Goodell's doctrine be true, it is somewhat surprising that these diseases are not more common in prostitutes than they are. Either Parent Duchatelet was a most careless observer, or else his facts go far to negative the theories of our author.

The fact cannot be denied, and the author above referred to knows it better than most of us, that the main causes of the diseases of women—those diseases which are peculiar to their sex—are *pregnancy* and *parturition*. Probably ninety per cent., at least, of the cases which seek the aid of the gynecologist trace their maladies to these conditions, their complications or their sequelæ.*

Allowing, therefore, that certain means of preventing conception do have the results even which Dr. Goodell ascribes to them, would not pregnancy and parturition, if allowed to proceed in these same cases, have induced yet more numerous and troublesome maladies? Unquestionably so. Therefore, even on his own grounds, looking at the physician's duty to be, in the first instance, the physical well being of his patients, would it not be rather to state this fact than to convey the impression that the reverse is true?

---

* The following extract is from an article on "The Uterine Function as a Cause of Disease," by Dr. P. V. Schenck, Surgeon to the St. Louis Female Hospital, in the St. Louis *Courier of Medicine*, February, 1881:—

"So intimately are gynecology and obstetrics connected, that a large proportion of female diseases take their origin in the lying-in room. Mismanaged labor is the cause of much of the gynecological practice. Uterine diseases, says Mundé, are, in the large majority of instances, the direct result of parturition. Thomas, in confirmation of this, remarks that if we go back to the commencement of all cases of uterine disease, a very large proportion will be found to date from parturition."

Add to this "large proportion" the accidents and complications of pregnancy, abortion and miscarriage, and ninety per cent. is probably not too high a figure.

We are well aware that in certain individual cases pregnancy is a curative measure for uterine difficulties; but we speak of the average, and what is true of the majority.

But in the *Medical News*, Dr. O. E. Herrick, a gynecologist of repute, goes further. He says there are means of preventing conception which are absolutely harmless to the woman, and, to quote his vigorous colloquialism, "all this mawkish sentiment about its being wrong, or about its doing damage to the health, is simply bosh."

This, too, is the opinion of the French gynecologists, in whose country the limitation of families is carried to a system. No such results are mentioned in their treatises as the American author quoted has imagined he has found. There are means familiar to all physicians any hurtfulness in which would seem difficult to understand. There are others which no doubt are injurious, if repeated for a long time. It would seem, therefore, that if any advice is given on this subject—if any pay is accepted for a professional opinion upon it—the truth ought to be told to the inquirer, as near as we know it. At any rate, it is an assured conviction with us, that one might as well expect to gather figs from thistles as to operate for a moral effect by conveying impressions contrary to our own convictions of the truth.

As to the effect of a general adoption of means of limiting families in society at large, the best authorities differ *toto cœlo*. The one school of writers, those who believe, with Malthus, that unless there are preventive checks the population will soon outgrow the food supply, point to many instances where such is actually the case. The other side explains these examples by various suggestions of how easily they might have been prevented.

The French statisticians generally bewail the small size of families in their country; yet it is well known that France, in spite of her losses, is a richer country than Germany, and her lower classes are better off than the lower classes in England.

The *République Française* has lately published a series of elaborate statistics, which show, conclusively, that the population of France has been steadily on the decline for the last two hundred years—a state of things which it thinks deplorable. It considers that the rapid increase of population is not only an element of military strength, productive power, and intellectual superiority, but points out that one of the consequences of this waning population is dearth of labor. France has to import, at considerable expense, laborers from Belgium and Italy, for agricultural and industrial purposes. The cause of the evil, it asserts, is to be found in the fact that French marriages are unfruitful, and it is a serious danger for the political and military power of the country.

It is needless to add, that the British school are generally opposed to limited families, just as they are to any restrictions on the indulgences of the appetites:—

> "To urge," says Professor Bain, "that there is sufficient poverty and toil in the world without bringing in more to share it than can be provided for, implies either begging the question at issue—a direct imputation that the world is at present very badly managed—or that all persons should take it upon themselves to say how much poverty and toil will exist in any part of the world in the future, or limit the productiveness of any race, because inadequate means of feeding, clothing, or employing them may be adopted in that part of time sometimes called unborn eternity. As a rule, the result usually has been, limit the increase of population without adequate cause, and the reaction causes deterioration or annihilation."

To this, it is answered, that confessedly the world *is* very badly managed, and the most man can do is to make it barely tolerable for the greater number; secondly, that in declining to beget, to the utmost of his power, a man or woman does not and need not consider the whole world, but his own circumstances; and thirdly, that the deterioration and annihilation referred to is a mere rhetorical picture, no such thing appearing anywhere in history.

But this pure political side of the question may be left to other places for discussion. Enough to say, that it is an open question, not to be shut off by bold assertion.

NOTES AND COMMENTS.

On a Question of the Day.

Our readers should take an interest in the effort which is making in this and other cities to oppose trade-marks and copyrights in manufacturing pharmacy. The question arises in the main from a belief that the public are often defrauded and the emoluments of the profession diminished by these legal protections to specialties.

Whether this is the case to a marked extent, and whether, on the whole, the disadvantages to the profession and the public overbalance the advantages, are the points at issue; and they are not yet decided.

Two years ago (REPORTER, March 8, 1879, p. 216) we quoted, approvingly, the opinion of Dr. Mott, of New York, that trade-marks are "the best protection the public can have." We argued that, if properly guarded by statutes against abuse, copyrights and trade-marks in pharmaceuticals, and patents in surgical instruments, are just as advantageous to the public and the profession as to the manufacturer; and from this opinion we have as yet seen no sufficient reason to depart.

Turpentine in Psoriasis.

At a meeting of the Medical Society of London, Dr. Radcliffe Crocker showed a case of general psoriasis, illustrating the comparative result of treatment by turpentine and chrysophanic acid. The patient, a man aged forty-six, had never been entirely free from the disease for fourteen years; a soft cancer ten years before was not followed by constitutional disease, and the psoriasis presented the usual typical character of the now specific eruption. The disease was worse in winter; the last attack began in November last. With the exception of the lower part of the face and scalp, the middle of the back between the crest of the ilium and the line of the angles of the scapulæ, and the backs of the thighs, the eruption was so closely distributed that there was scarcely any interval of healthy skin; over the knees and elbows the patches were larger. The treatment adopted was, first swathing him in bandages soaked in oil for four days, to remove the scales; the left half of the body was then rubbed with half a drachm of chrysophanic acid to one ounce of lard, while the right half was rubbed with two drachms of oil of turpentine to one ounce of olive oil. The strength of each preparation was increased every few days, until pure turpentine was applied on the right side, and chrysophanic acid, one drachm to the ounce, was used to the left; and in twelve days from the time this strength was reached the whole eruption on both sides had disappeared, with the exception of a few spots on the shoulder. As far as rapidity of action was concerned there did not seem any advantage of one application over the other; there was a little tingling with the turpentine, while the chrysophanic acid produced staining of the clothes and skin.

The Cause of Nephritis after Diphtheria.

The nature and mode of production of diphtheritic nephritis is the subject of a recent communication by M. E. Gaucher to the Société de Biologie of Paris. It may be expected that the lesion would be due to the same mechanism as that which produces the similar changes which have been found in some other infectious diseases. In the nephritis which sometimes occurs in typhoid fever, for instance, there is a granular infiltration of the epithelial cells and an obstruction of the lumen of the tubules of diffused material or globular masses. These alterations have lately been ascribed by Bouchard to the infiltration of the kidney by bacteria. In a case of diphtheria which Dr. Gaucher had an opportunity to examine similar bacteria were found in the blood and kidneys. From these facts he concludes that diphtheritic nephritis is of parasitic origin, and that the albuminuria is the result of the passage of the bacteria of the blood through the kidneys. The albuminuria is thus to be regarded as an effort at the elimination of the poison.

Statistics and Treatment of Ophthalmia Neonatorum.

At a meeting of the Manchester (England) Medical Society, Dr. Emrys-Jones gave the details of 420 cases presented for treatment at the Royal Eye Hospital, a large proportion of which had been under previous treatment. In 72, or nearly 18 per cent., the cornea was affected; in 38, both corneæ were affected; in 34, one cornea was affected; in 16, both eyes were lost; in 21, one eye was lost; making a total of 53 eyes lost, or nearly 6¼ per cent. In 26 cases there were ulcers of the cornea; in 14 cases there was perforation, 6 with prolapse of the iris; in 16, there were large opacities; in 5, there were ulcers with lead deposits; in 4, there were ulcers with deposits of nitrate of silver. Dr. Emrys-Jones stated that he had never seen a single case of uncomplicated ophthalmia neonatorum lost where proper treatment was adopted early. He further pointed out that, after inquiry into the cause of blindness, in 72 cases examined for admission to Henshaw's Blind Asylum, 24 of them were found to be due to this disease in infancy, and that 75 per cent. of all the blindness in this large asylum were due to preventable causes. After referring to Dr. de Wecker's method of treatment with 2 per cent. solution of carbolic acid, he detailed the method he found most efficacious, viz: brushing the palpebral conjunctiva over with weak solutions of nitrate of silver, 10, 15, or 20 grains to the ounce of water, by means of a camel's-hair brush, and washing off the superabundant nitrate with a solution of salt and water.

SPECIAL REPORTS.

NO. VIII—SURGICAL MECHANICS.

The ingenuity of American inventors is justly famous, and American surgeons are by no means the last in this department. Owing to some disappointments with cuts the present is only a preliminary report in this important branch.

Artery Forceps and Needle Forceps.

Dr. J. S. Wight, of Brooklyn, has laid before the profession, in the Proceedings of the Kings County Medical Society, two ingenious forceps. He writes:—

I invented the *artery forceps* in 1872, for the purpose of taking hold of meningeal arteries when required during resection of the cranial bones. The curve in this instrument is adapted to this work, in which I have used it several times. The length of the instrument is four and three-fourths inches. The jaws are curved, and have a length of about an inch and a half. The jaws are perforated near the ends, so as to introduce a ligature for arteries or tumors. I use this instrument constantly, to arrest hemorrhage during operations, especially during operations on the head. When the operation is done the artery forceps is removed, and generally the hemorrhage does not recur. I have used it in ligating arteries in the continuity, and in ligating arteries during all kinds of amputations. The curve of the instrument will seize a considerable extent of bleeding surface and arrest the flow of blood. This pair of forceps I consider a valuable adjunct to the ordinary artery forceps. It has a spring catch and a pivotal pin, which has enabled me to use it as a handle to the chain-saw, so that I have dispensed with the usual handles.

I invented the *needle forceps* in 1873, as none of the needle forceps in use exactly suited me. This instrument is about five inches in length, having straight jaws about an inch and a half in length. On the inside of the handle rings it has a catch, that can be easily operated with one hand. The arms of the handles are somewhat elastic, but yet enable the jaws to grasp the needle firmly. I have pushed a pin through a half inch pine board with this instrument. I have used the needle forceps for the avulsion of ingrowing nails and removing pieces of necrosed bone. One of the most important uses of this instrument is the arrest of hemorrhage. In 1874 I suggested the use of the needle forceps for the arrest of bleeding from the axilla, in a case of my colleague, Dr. Skene. The Doctor was removing a large tumor from the breast and axilla, and had a gush of blood from the axilla, with extreme difficulty of ligation. My needle forceps were applied to the bleeding vessels, and left in place for thirty hours, and then removed, when bleeding did not recur. The Doctor tells me he has often repeated this experiment. Since that time I have used the needle forceps for hemostasis. I have also used the needle forceps for crushing the ends of arteries of the scalp, in case of failure of other means. I have used this instrument for crushing the veins in some cases of piles, and had a most desirable result follow.

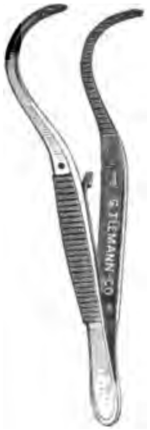


FIG. 1.

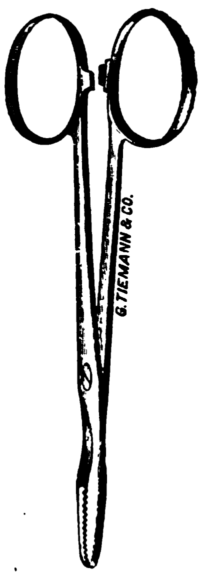


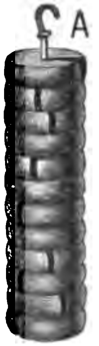
FIG. 2.

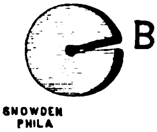
These instruments are made by Tiemann & Co., 67 Chatham St., New York. Fig. 1 represents the artery forceps. Fig. 2 represents the needle forceps and hemostat. I would long ago have published descriptions of these instruments, but have waited till experience has fully demonstrated their uses, some of which I have pointed out. They will shorten operations and prevent loss of blood, and thus be the means of saving life.

Extension Apparatus for Fractures, etc., of the Bones of the Leg.

In the treatment of fractures of the tibia and fibula, coxalgia, etc., there was not, till recent years, any form of apparatus employed by which an equable, and at the same time a *reasonable*, amount of extension could be exerted. In our hospitals and private practice, reliance was placed upon bricks, weights, or, in fact, anything that came most readily to hand, and that could be made to do duty as an extending force. The subject of the measurement of the amount of extension in cases of fracture is to the practitioner a very important one in these days, when every case of fracture treatment undertaken has standing back of it the threat of a suit for malpractice; for in the event of such a suit, the question may be presented, as to what amount of extension was placed upon the limb; that could not be very satisfactorily answered by the reply "two or three bricks," the weight of which bricks is a mere matter of guess and approximation. Some years since Dr. Levis, of this city, prepared a form of apparatus that has enjoyed a very high degree of favor in the treatment of leg fractures. This consists of two portions, a rope and pulley, by which weights are suspended, and a cage, or iron bar, to support the weights. As originally constructed, the apparatus may thus be described. An upright iron rod supports a pulley, over which plays an extension cord; the prongs of the fork-like portion of the bar in which the pulley plays should fit close to the wheel, and project an inch to an inch and a half above the top of the wheel, in order that the extension cord may not be readily thrown out of place by those passing in close proximity to the bed; in fact, we rather think if there was a top piece connecting the two upper ends of the fork in which the pulley plays, that it would improve the apparatus by preventing any possible dislodgment of the cord. To hold the upright bar in position an adjustable clamp is employed, by which the rod and pulley can be adjusted to any required height, while at the same time the clamp will grasp a bar of any width at the foot of the bedstead, or, in fact, it may be attached to any body that will afford sufficient security and steadiness; this clamp may be reversed, so as to grasp an under surface as readily and strongly as an upper. The amount of weight extension is effected by a series of one pound weights, through the centre of each of which is drilled a hole, these weights sliding on a rod bent into the form of a hook at the top, for catching in a loop in the extending cord, or they may rest in a cage, composed of four upright iron bars, from which they may readily be removed by tilting them on their edges.

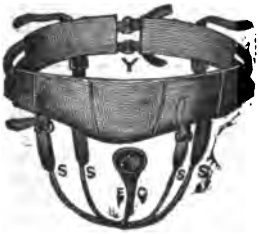
As originally constructed, this apparatus presented with all its advantages one disadvantage, namely, that to decrease or increase the amount of extension it was necessary to remove the weights from the extending cord and to slide them up or down over the bent extremity of the bar; further, if the weights were so slotted as to be placed on the bar without passing over the hook, then they were liable to be thrown off if accidentally struck; in the same way a blow on the cage form of the apparatus might result in the tipping up and rolling out of the weights, which, as can readily be seen, is not a desirable consummation. Taking these things into consideration, the apparatus has been somewhat modified recently, by Mr. Snowden, an instrument maker of this city. This modification consists in flattening and narrowing the diameter of the upper inch and a half or two inches of the bar upon which the weights are suspended, the remainder of the bar maintaining a uniform diameter. In the centre of the weights a hole is then drilled, into which the rounded portion of the bar fits very tightly, and from which centre hole a slot is cut (B) that, while it permits the passage of the bar in the upper constricted and flattened portion, is too narrow to allow of the weights slipping off the bar, no matter in what direction or with what force a blow may be struck or the apparatus displaced. The amount of extension, which, during the first few days, in the treatment of fractures in muscular adults, should be about twelve pounds, can thus be readily diminished to eight pounds or less; the body being employed as the counter-extending force, a perineal band being employed if necessary, the foot of the bed, of course, being somewhat elevated.





The cardinal principles of an extending apparatus are, we think, thus obtained, namely, convenience in form and inexpensiveness, portability, ready and convenient adjustability to various forms of bedsteads, and an accurate measurement of the amount of extension exerted and ease of readily varying the amount of extension. The measurements of the apparatus are as follows: greatest length of perpendicular bar from tip to tip, 23 inches; transverse measurement, ⅜ inch; size of wheel, 2¼ inches; length of clamp over top, 3½ inches; length of binding screw, 4½ inches; length and width of clamp tongue, 4×1¼ inches; weight, 14 pounds; extreme length of rod for weights, 11½ inches.

Combination of Stem Pessary and Abdominal Belt.



The improvements in gynecological surgery are as numerous as in any other branch, if not more so. The present cut illustrates one of Staufer's series of improvements. The hip straps are elastic, being of the material known as "satteen," which is a woven tissue of fine quality and durable. The stem cup is of hard rubber, and through its base the soft-gum attachments *s s s s* pass, fastening it to the belt. This allows adjustment so that the stem can be made to meet the axis of the vagina. The rigidity which has been objected to stem pessaries fastened on an inflexible metal rod, is happily overcome by this contrivance.

CORRESPONDENCE.

A Visit to the New State Insane Hospital, near Norristown, Pennsylvania.

ED. MED. AND SURG. REPORTER:—

Pennsylvania, the keystone of the federal arch, has been justly celebrated as one of the chief cultivators of the arts of peace and good will to all mankind; her coal, oil and iron, have built up the commercial prosperity, not only of the State, but of the whole Union. In all the benevolent and philanthropic efforts to improve, ameliorate and benefit mankind, she has been always in the front rank. This State has been also careful of the poor, the blind, halt, and the lame; as well as the deaf, dumb, and insane. This latter class makes the strongest and most urgent appeals to the sympathies and benevolence of her people, and she has not been lukewarm in providing for their wants.

The first State Lunatic Hospital was established at Harrisburg, in 1851; but in spite of all the care and attention given to its administration, it was not sufficient to accommodate the increasing number of patients that were constantly applying for aid, nor was there sufficient space to properly classify those that were received, to give the best opportunities for cure.

The Western Pennsylvania Hospital, at Dixmont, near Pittsburg, was opened in 1856. This is a general hospital, and like that at Philadelphia, has also a department for the insane.

The second State Hospital for the Insane was, therefore, built and opened November 1st, 1872, at Danville, with a total capacity of seven hundred. In the above Institution there is a board of trustees, who meet once a month, or oftener, but the physician is the chief executive officer, not only attending to his own special duties, but also all the others. Again it was found that the capacity of this hospital was not sufficient for all the demands, and the insane department of the Philadelphia hospital was so crowded that it became unfitted for the proper treatment, so that the present hospital for the Southeastern District of the State had to be built. It has been in operation one year in September, and the number of patients in the hospital is six hundred and ninety-four, its full capacity being seven hundred. Part of the patients now in the wards had to be removed from the hospital at Danville, owing to a recent fire that destroyed one half of that building. The hospitals at Harrisburg, Danville, and Philadelphia are all under the old system of a moderate amount of restraint, the chief physician being a male.

This new hospital, near Norristown, is under the system borrowed from those of Belgium—small, separate buildings, with no restraint but the watchful care of the nurse or attendant; all the patients are free, inasmuch as no sort of wristlets, strait jackets, muffs, etc., are used; and even the very noisiest and most excitable patients were, with one exception, allowed to walk about during our visit. On careful inquiry about this class—some of whom are very destructive, and some have a suicidal tendency—we were told that the day previous one of the men was about to attack Dr. Cass; he had his coat off, and the Doctor, looking him in the eye, inquired about the weather, and so the patient's attention was diverted. Another case, in which Miss Alice Bennett, the physician who has entire charge of the female patients, with an assistant, Miss Anna P. Kugler, were going through the ward, a violent woman sprang at the former, and would have hurt her, had not the attendant caught her and placing her arms round her passed her into her room and locked the door.

Sufficient time has not elapsed to be able to judge of the working of this free system and the division of labor of male and female departments, and we prefer to give a few extracts from the joint reports of the two chief physicians. When the report was made, Oct. 1st, 1880, the whole number of patients was 544—241 males and 303 females, native born and foreign. The chief alleged physical cause of insanity in the males was intemperance, and the chief moral cause, domestic trouble. The chief form of insanity was chronic mania, of which there were 111 cases; then followed dementia, 113. There were 14 who had a homicidal disposition. The mortality from July 12th, 1880, to September 30th, 1880, seven cases. Discharged from institution, two recovered and one improved. During the month of August there was admitted into the men's ward of this hospital the almost unprecedented number of 227 patients, ranging from the mildest to the most active and dangerous types of insanity. Not a single accident occurred. Of this number, 125 were from the Insane Department of the Philadelphia Hospital. Subsequently, 140 more were received, making the whole number of patients Philadelphia has supplied and is paying for, 265, which makes the hospital, although somewhat removed beyond the city limits, practically a Philadelphia institution.

The institution is constructed on the plan of detached wards and supply buildings, with connecting corridors—the first two male ward buildings are parallel to each other, on the linear plan, the second one receding in the usual manner, except that it is entirely detached from the first; the third building is situated at right angles to the others, and the fourth or refractory ward building is built upon lines running parallel to the first. The hospital faces the southeast side, which gives a plentiful amount of sunshine in the wards both morning and afternoon. The buildings for patients are two stories in height, and within are light and cheerful in every part. The number of wards are sufficient (sixteen for males) to admit of a very thorough classification of the different grades and types. The institution has most of the modern improvements in hospital appliances, both in and out of the wards, and many minor devices and conveniences which are peculiar to itself.

Dr. Cass writes: "One of the older Asylum Superintendents once remarked that the most important consideration in the care and treatment of insane patients in hospitals is the provision for the violent class. While this institution will rank favorably in most respects with any, it is in the wards intended for the untrustworthy that the most admirable adoption exists.

"The term moral treatment is used to designate all of the restorative means that are employed in the treatment of the insane aside from medical agents, and in this division occupation and amusement are the main resources.

"Employment prudently selected and conducted is especially regarded as an important curative means in insanity. As such, it will be turned to account. Already there are employed in various ways about the hospital nearly one-third of the whole number of male patients, and this force will be increased judiciously from time to time."

In the female department, the report of Dr. Alice Bennett states:—

"In this period of two months and nineteen days 201 patients were admitted. Four patients have been discharged recovered; all were inmates of the hospital for less than two months; the whole duration of the disease, in three cases, did not exceed three months; one had been an inmate of another hospital for eight months, and for her change of scene seemed to work a benefit as sudden as it was gratifying. Six deaths have occurred. Realizing the value of the 'moral treatment' of mental disease, realizing, also, that this consists more in the every day—and every hour—influences brought to bear upon each mind than in any special devices for their occasional diversion or entertainment, however important these may be as aids, it has been the aim of the Trustees and medical officers to secure a high order of service in the wards, and in this they believe they have been, in some measure, successful. It is aimed to make each ward a home, whose influences shall be elevating, and where justice and kindness to all are assured. Work is encouraged as a sovereign remedy. Various means of occupying and interesting patients, to be found in the older institutions, are lacking, but with sewing, plain and ornamental, reading, which has been supplied in limited quantity by a few friends, the general work of the ward, with occasional days at the laundry and kitchen, the time has not seemed to hang heavily, and a general spirit of contentment has pervaded the wards."

"In the treatment of the excited class, mechanical restraint has been used in a few cases only, and is now, practically, in disuse. Several 'violent' cases, brought from other institutions under some form of restraint that had become habitual from months of use, have been released at once upon their admission, with most satisfactory results.

"Nothing is more certain than that mechanical restraint is incompatible with 'moral treatment,' and that resort to it destroys at once any personal influence that might otherwise be brought to bear. Whether a confession of fear on the part of the attendant, or a substitute for the latter's vigilance, it can hardly fail to lessen the bond of respect between patient and attendant, which it is *essential* to preserve. The patient is humiliated by her chains, and often the most vicious propensities are aroused. For example: Among the cases referred to was a woman whose hands had been confined by 'the muff' for six months continuously. As a consequence she had learned to use her feet with a force and accuracy of aim that made them far more effective weapons of offence than her hands could be, and by the simple release of the latter she was at once a less dangerous companion for other patients. By judicious firmness on the part of attendants, who must know no fear, never get in a passion, but treat the patient with uniform kindness, and, above all, with uniform justice, patients like the one described may be brought under control as much more complete and efficacious than mere mechanical restraint, as it is higher and more desirable. Too much cannot be expected. Untrained, savage natures, which have never known self-control, will not at once respond to the higher stimulus. These require the utmost vigilance and the utmost patience, but surely each of the lowest and apparently most hopeless of these unfortunates may claim our best endeavor.

"I would not be understood as placing myself among the radical advocates of non-restraint. In some rare cases restraint may be justifiable as a protective measure; I have even heard it said that it is sometimes remedial; but is not the good it *may* do so surely modified by the evil it *must* do as to lead all thoughtful persons to pause and carefully balance the two before resorting to it?"

The Hospital building No. 1 of the original plan, intended for violent female patients, was not erected, by reason of a lack of funds. Consequently, another building, not adapted to the treatment of this class of patients, is now being used for that purpose. The natural increase of patients has filled the female wards, and it is therefore essential that the No. 1 building be erected during the coming season. There are many other improvements needed to complete the plan devised for this Institution, for all of which the following estimate is made:—

No. 1 building, corridor, etc	$95,000
Grading, drainage and roads	10,000
Fencing	7,500
Exercising yards	3,000
Ice house, dam and slaughter house	4,500
Coal bin and track	1,500
Barn and root house	5,000
Porter's lodge and entrance gate	5,000
Screens for windows	1,500
Covering for corridors	20,000
	$153,000

An appropriation of $20,000 will be needed for additional furniture and equipment, and $5000 for farming stock and utensils.

The Legislature has been asked to appropriate $150,000 for this purpose. Several members opposed the appropriation, on the ground that it was not absolutely necessary, and to convince them to the contrary, an invitation was extended to them and others, by the trustees, to visit the Institution, on Saturday, March 19th, and make a most careful and thorough examination of the whole building, which they did, and from the tone of their remarks we were entirely satisfied that they would make the appropriation. The Institution is under an admirable non-partisan set of trustees, many of them devoting much of their valuable time and talents to it, and we feel that it will ultimately prove a great boon to the class of society for which it was built. Several well known medical gentlemen are connected with it, and the following were in attendance, in spite of a pouring rain: Dr. John Atlee, of Lancaster, who made an admirable speech, Dr. Arnholt, of Pittsburg, and Drs. Diller Luther, Laurence Turnbull, N. L. Hatfield and Weist of Philadelphia, Dr. Kern, of Bath, and Dr. Martin, the able Secretary, of Allentown.

Much kindness and courtesy was received by your reporter, and he desires to express his thanks to the President, General Hartranft, and Treasurer, B. K. Jamison. Esq., also the Chairman of the Executive Committee, W. D. H. Serrill, Esq., of Darby, and other members of the Board of Trustees. L. T.

NEWS AND MISCELLANY.

Medical Society of the State of Pennsylvania.

The Thirty-second Annual Meeting will be held in the city of Lancaster, on Wednesday, Thursday, and Friday, May 11th, 12th, 13th, 1881, commencing on Wednesday, May 11th, at 9 A.M.

Appointments for 1881.—To make the address in Medicine, Dr. J. Solis Cohen, Philadelphia. Surgery, Dr. S. M. Ross, Altoona. Obstetrics, Dr. S. T. Davis, Lancaster. Hygiene, Dr. Benjamin Lee, Philadelphia. Mental Disorders, Dr. S. S. Schultz, Danville.

Committees.—On Epilepsy and Insanity, Dr. John Curwen, Harrisburg. On State Board of Health, Dr. Wm. B. Atkinson, Philadelphia. On Medical Legislation, Dr. R. L. Sibbett, Carlisle.

Amendments to be acted on.—By Dr. W. W. Dale—Constitution, Article V, Section 5. Add: "Which action shall be final; provided, however, that either party may appeal to the President of the State Society, who may direct the Censors of an adjoining district to hear and determine the case, and to report their action to the Society, which shall be final."

By Dr. C. A. Rahter—Article IV, Section 1. After the word Treasurer, add: "Judicial Council."

Also, By-Laws, Article 1, substitute for Section 10: "A Council, consisting of nine members, shall be elected, whose duty it shall be to take cognizance of and decide all questions of an ethical or judicial character that may arise in connection with the Society. Of the nine members of the Council first elected, the three first named on the list shall hold office one year, and the second three named shall hold office for two years. With these exceptions the term of office of members of the Councils shall be three years, three being elected annually.

"The said Council shall organize by choosing a President and Secretary, and shall keep a permanent record of its proceedings. The decisions of said Council, on all matters referred to it by the Society, shall be final, and shall be reported to the Society at the earliest practicable moment. All questions of a personal character, including complaints and protests, and all questions on credentials, shall be referred at once, after the report of the Committee of Arrangements, or other presentation, to the Judical Council, and without discussion."

By Dr. J. T. Carpenter—Article III, Section 2. "The delegates shall receive their appointments from the County Societies, and from the College of Physicians of Philadelphia."

Resolution adopted at Session of 1880.—That no delegates from a County Medical Society be allowed to take seats at the session of next year unless they bring evidence of having complied with the law requiring the appointment of Medical examiners. *Vide* Transactions, 1880, p. 21; Transactions, 1878, p. 23.

☞ Secretaries of County Medical Societies are earnestly requested to forward *at once* complete lists of their *Officers and Members*, giving the *post-office address of each.*

Every *delegate*, before admission, shall produce a certificate of delegation, signed by the President or Secretary of his County Society.

Every *permanent member* (*not a delegate*), before admission, shall produce a certificate of good standing in his County Society.—(*Extract from Constitution.*) WM. B. ATKINSON, M.D., *Permanent Secretary.*

—Cerebro-spinal meningitis of a grave type has prevailed in the Mississippi and Ohio Valleys the last few months. In Southern Indiana it has been almost epidemic.

International Medical Congress, London, 1881.

Preparations for the approaching International Medical Congress are being vigorously pushed forward by the Executive Committee, and the arrangements are now beginning to take a more definite form.

The inaugural address, by Sir James Paget, the President-elect of the Congress, will be given in St. James' Great Hall, which has been already engaged for the purpose, on Wednesday morning, August 3d.

The following mornings will be devoted to the business of the various sections, while the afternoons (with the exception of Saturday afternoon, which will be left free for garden parties, excursions, etc.) will be occupied by the general meetings of the Congress, at which four addresses will be given by distinguished men of four nationalities. Three gentlemen have already promised to give these addresses: Prof. Huxley, probably on "The Connection of General Science and Medicine;" Prof. Volkmann, of Halle, on "Modern Surgery;" and Dr. Billings, of Washington, on "Medical Literature." The fourth address, to be given by a distinguished Frenchman, has not as yet been finally arranged.

The meetings of the various sections will be held in rooms at Burlington House, courteously placed at the disposal of the Committee by the University of London, the various learned societies and the Royal Academy of Arts. This, however, not providing the required amount of accommodation, the Committee have engaged Willis' Rooms for the occasion, and four of the sections will hold their meetings there.

As stated in an earlier notice, no less than 40,000 individual medical men in various parts of the world received the original circular of invitation during August and September of last year, and since then the secretaries of the various sections have been actively engaged in circulating provisional lists of subjects, which seemed, in the opinion of the committees of the sections, those best suited for discussion and papers. Numerous replies have been received in answer to these communications, in some cases leading to alterations in the subjects selected. These amended programmes have again been distributed among those most likely to take interest in them, and are now combined into a pamphlet and are issued, together with the rules of the Congress, printed in the three official languages, to any medical man making application for them to the Secretary General.

Since the list of names published in November last, a large number of our foreign colleagues have definitely announced that they will come to the meeting, and there seems every prospect of the attendance from abroad being a full one. Meanwhile, depending on the number of names appearing as officially connected with the Congress, and on the subscription list, together with the number of gentlemen from abroad who have positively stated their intention to attend, a certain estimate of 1000 members may be made, and it seems not unreasonable to assume that at least double that number will attend.

The Reception Committee are busily engaged, and have decided upon giving an evening Reception at South Kensington, and perhaps a second in the Albert Hall.

The Lord Mayor purposes entertaining members of the Congress at dinner at the Mansion House, on August 4th.

The Sanitary State of New York City,

A remarkable statement concerning the actual and prospective healthfulness of New York City was made by Professor A. L. Loomis, at a meeting of the New York Academy of Medicine, March 18th. As the sanitary character of that metropolis is a subject of general interest, we reproduce a portion of it. Dr. Loomis said: It is hardly necessary for me to remind the members of this Academy that during the past few months all diseases, acute as well as chronic, assumed an unusually malignant type. By reference to our death-rate, we find that during those months it has been higher in New York City than ever before during the corresponding months of the year. The disease which is to be before us for discussion—pneumonia—has prevailed more and more fatally than ever before since I have been a member of the profession. There have been fevers which cannot be classified—new in many respects—prevailing among us. Phthisical patients have passed away in ways to which we were not accustomed, and when persons in the declining years of life have been seized with acute diseases, every physician must have trembled at the results. There has been a peculiarity, a fatality, in the types of disease which must have struck every practitioner as unusual. As guardians of the public health, it seems to me that we are very naturally led to inquire what are the circumstances and what the conditions which have brought this condition of things about. Has disease changed its character, or has there been a weight upon the city which it never felt before? As suggestions to answers, I would make the three following propositions, not with the idea that they will answer all the indications or account for all the conditions: First, we should remember that the city of New York is in a malarial district, and its inhabitants, on that account, are predisposed to disease; secondly, we all know that our sewerage system is notoriously bad and deficient, and we also know that there are emanations from the sewers which are deadly in their nature, and that when these shall be thrown into our homes and streets by defective sewerage, we have another element added to the malarial element which is a powerful producer of disease; and, thirdly, during the past three months there has been a mass of animal and vegetable matter undergoing decomposition in our streets in connection with the melting snow and ice. These conditions, sanitary science teaches us, are most prolific for the production of disease. Now, when we come to add these three factors together—to unite them—is it strange that there should have been great mortality in this city? And, sir, unless a change is effected—unless the causes for the production of disease are removed—I predict, as the coming months pass on, that an epidemic will sweep over the city which will arouse the citizens from their lethargy in regard to sanitary measures.

The Plague.

This scourge has been ravaging the banks of the lower Euphrates and the villages of Mesopotamia. Quarantine against it has been declared by the Egyptian authorities. In spite of this it is said already to have crossed the Mediterranean, and one or more deaths from it have been reported at Seville, Spain. The littoral cities of Southern Europe are by no means in such superior sanitary condition that all danger is averted of another experience such as Marseilles had in 1722.

Philadelphia Academy of Surgery.

At the next meeting, Monday evening, April 4th, Dr. J. C. Hutchison, of Brooklyn, will read a paper on "The Treatment of Hip-joint Disease."

Personal.

—Dr. Robert S. Ives practiced medicine in New Haven, Connecticut, more than a hundred years ago, and his son, grandson and great grandson, nephew and grand-nephew have all followed the same profession in the same city, bringing the record down to the present day without interruption.

—Dr. Daniel F. Kimball, made notorious by his connection with the Lynn, Massachusetts, trunk tragedy, died in the State Prison at Concord, on Tuesday, March 22d, of a complication of diseases. He was about forty-three years of age. His sentence was for seven years.

OBITUARY NOTICES.

—Dr. Charles Osgood, a prominent citizen of Norwich, Conn., formerly Mayor of the city, and President of the New London Northern Railroad Company, died, March 19th, after a long illness.

—Dr. Horatio Nelson Loomis died in Buffalo, on March 23d. He was born in Franklin, New London County, Conn., March 25th. 1807. His father came West and settled in Sangersfield, Oneida County, New York, when Horatio was five years old. He attended four full courses of medical lectures at Fairfield Medical College, in Herkimer County, New York, commencing in 1824. He was graduated in January, 1828, and in the following April settled at Palmyra, Wayne County, in company with Dr. Gain Robinson and his son Cassius. He continued with them three years, when the elder Robinson died and the younger removed to Michigan. Dr. Loomis was immediately joined by the late Prof. Delamater. The copartnership continued for five years. Dr. Delamater removed to Cleveland, Ohio, and Dr. Loomis went to Buffalo, in 1836.

—Colonel Thomas A. Scott, of this city, has presented $50,000 to the Jefferson Medical College, $30,000 to the Orthopædic Hospital, and $20,000 to the Children's Department of the Episcopal Hospital.

QUERIES AND REPLIES.

An Ethical Question.

Dr. A., being sick, calls Dr. B. to see him, and requests Dr. B. to assume the charge of his patients.

Patient No. 1 is sick at the house of one of Dr. B.'s families. Dr. B. has received from Dr. A. his diagnosis and course of treatment. Dr. B. calls on patient and diagnoses an entirely different disease. Dr. B. tells the patient and family that Dr. A.'s diagnosis is incorrect, and gives reasons for the correctness of his own diagnosis. Dr. B. changes treatment to suit his own diagnosis, and then informs Dr. A. of his diagnosis and change of treatment.

Dr. A. calls next day, receives his pay and the comforting assurance "if we want you any more we'll let you know."

Question 1st. Was it proper or ethical for Dr. B. to contradict Dr. A.'s diagnosis, and to detail his own diagnosis to the patient and family?

2d. If Dr. B. differed with Dr. A., would it not have been ethical to detail that difference to Dr. A. and to no one else?

Ans.—It was evidently very unethical for Dr. B. to take such action.

Dr. S. P. R., of Pa., writes:—Can you inform me whether, in the manufacture of pepsin preparations, beef extracts, peptones, dry blood, etc., sufficient heat is used to destroy the vitality of the cysticerci of the tænia, or ova of other parasites which may be present?"

Ans.—The heat is not sufficient to destroy parasitic ova; but few or no cases have been received of infection from this source.

MR. EDITOR.—Will you or some reader kindly state the name and address of one or more veterinary colleges, and the term of study required for graduation?

California. C. M.

Ans.—The leading veterinary college in the United States is the American Veterinary College, 141 West 54th St., New York city.

MARRIAGES.

BASSETT—HALLOWELL.—At Friends' Meeting House, Fifteenth and Race, on the 23d instant, Dr. Franklin L. Bassett, of Philadelphia, and Anna E. Hallowell, daughter of the late John Edgar Hallowell, of Sandy Spring, Maryland.

CARMAN—HORTON.—In White Plains, N. Y., March 9th, 1881, by the Rev. O. Haviland, assisted by Rev. J. M. King, D.D., Albro R. Carman, M.D., of New York, and Gertie, daughter of Mr Thomas Horton, of White Plains, N. Y.

LAVERTY—FREY.—On Feb. 3d, 1881, at St. Paul's Lutheran Church, York, Pa., by the Rev. L. A. Gotwald, D.D., DeWitt C. Laverty, M.D., of Middletown, Pa., and Bertha, eldest daughter of George S. Frey, of York, Pa.

SIMMONS—SHIBLEY.—At Rural Grove, Mass., at the residence of the bride's parents, March 2d, by the Rev. G. C. Simmons, assisted by the Rev. E. D. Hammond, Herbert M. Simmons, M.D., of Cœymans, and Miss Hattie Shibley, of Rural Grove.

DEATHS.

MONELL.—On the evening of March 7th, Dr. Joseph S. Monell, at Green Cove Springs, Florida.

SELTZER.—On the 23d instant, Dr. John H. Seltzer, in the thirty-sixth year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1258.] PHILADELPHIA, APRIL 9, 1881. [Vol. XLIV.—No. 15.

ORIGINAL DEPARTMENT.

LECTURE.

THE PATHOLOGY OF ALBUMINURIA.

Delivered at the Paris Faculty of Medicine,

BY M. CHARCOT,

Prof. of Pathological Anatomy.

Translated for the Medical and Surgical Reporter.

Gentlemen:—At our last lecture I briefly enumerated the conditions, normal or pathologic, under which albumen is found to be present in the urine; and in alluding to the temporary albuminuria sometimes observed in normal conditions of the system, a subject which has attracted particular attention on the part of physiologists during late years, I recalled to you the observations of M. Leube and Edlefsen regarding the transitory albuminuria observed in over-fatigued soldiers.

This variety of albuminuria present in the normal condition was also brought into notice by Prof. Semmola, of Naples, who observed it in stevedores, miners, etc.

The fact is sufficiently interesting not to be lost to view. I then endeavored to establish a parallel between the varieties of albumen found in the blood and those found in the urine in albuminuria. The conclusion arrived at from this comparison you have not forgotten; it is that all the varieties of albumen isolated by means of chemical analysis from the urine of patients in albuminuria are found with the same chemical and physical characters in the serum of normally constituted blood. This important fact renders the following proposition very probable, with a few very rare exceptions: *all the varieties of albumen found in the urine, and which necessarily originate from the blood, are in reality nothing more than the different forms of albumen found in this fluid in the normal state;* and the kidney which eliminates them induces no appreciable physico-chemical modification in their structure.

We shall see to what point this proposition, founded on physico-chemical condition, is justified by physiological and chemical facts. The first question which presents itself for solution is the following: In what part of the urinary apparatus takes place the secretion of the diverse varieties of albumen found in the urine? According to the most recent works this secretion is effected in the glomerules, to the exclusion of the tubuli contorti (canaux du labyrinthe).

I brought to your notice, the other day, the fact that, contrary to what happens for the albumen of the blood serum, that of white of egg, which is, for that matter, totally foreign to the constitution of the blood, passes in the urine, when ingested in sufficient quantity or when injected into the veins of an animal. This is not, properly speaking, a pathological fact, for these animals do not suffer, nor does the human subject, from this albuminuria provoked experimentally.

I recall to your memory that in such a case the albumen of white of egg may be recognized as such in the urine, because it retains in this fluid its proper physico-chemical characters, which distinguish it from the albumen of the serum. It is then necessary to determine if this albumen of the egg, eliminated from the blood, passes in effect, as we have declared, by the glomerules.

Here is an experiment, due to M. Nussbaum, which demonstrates such to be the case. If a certain quantity of white of egg is injected into the general circulation in the frog, it passes in the urine, just as in the mammifer. But if the renal artery be tied previous to the injection, under these new conditions albumen no longer passes.

But it may be proved that at this moment the epithelium of the tubuli enjoys all its vital properties, for if an intravenous injection of a solution of urea be made in this animal with the emulgent artery tied, this substance excreted by the tubuli carries off with it a certain proportion of water. So that, notwithstanding the suppression of the functional activity of the glomeruli, urea injected into the general circulation may be found in the bladder.

What has been said of white of egg may be said also of the peptones, which also, according to M. Nussbaum, pass in the urine in the normal condition in the frog and are s creted by the glomerule.

The same experiment of M. Nussbaum slightly modified may be applied to, the solution of another problem. That is, when it is no longer the white of egg but the albumen of the blood serum which passes in the urine, that is, when we have the conditions of common albuminuria in the human subject.

You have not forgotten the famous experiment of Overbeck, the temporary ligation of the renal artery. When the ligature has been left but a few minutes in place, the urinary secretion, at first suppressed, reappears after one-half or three quarters of an hour, when the ligature has been removed. The first urine which passes is scanty and albuminous. It is evident that this albumen originates from the blood, and it is necessary to seek in what part of the kidney this filtration takes place. This question also may be resolved by experimentation on the frog.

After ligating the renal artery, a certain quantity of urea is injected into the blood, which passes naturally by the bladder. But if the ligature be removed for the next four or five hours, the urine will contain albumen with the urea.

Contrary to what happens in mammifers, it is possible, in the frog, to determine with precision the point where the secretion of albumen takes place; and to demonstrate that this secretion is effected in the glomerule, without participation of the tubuli contorti, which, nevertheless perform their usual function in eliminating urea, notwithstanding the ligation of the artery.

We will, gentlemen, in human pathology, meet with more than one example serving to show this independence, which, in albuminuria, may exist between the performance of the functions of the glomeruli and those of the canaliculi contorti. As example of this independence of action, might be cited that form of albuminuria which might be styled cardiac albuminuria, and which supervenes when, through grave trouble in the action of the heart (asystole) pressure becomes lowered in the arterial system while it is, at least relatively, increased in the venous system. Under such conditions the urine is scanty, dark colored, having a specific gravity of 1.035 to 1.040 (consequently above the normal standard), and contains a certain proportion of albumen.

But the important fact is, that when the urine of twenty-four hours is collected, it is found that the proportion of urea and uric acid is at least at the normal standard. Thus, while the glomeruli perform their functions badly, and furnish the liquid constituents of the urine in but small proportion, although allowing the filtration of albumen, the tubuli perform their functions separately and eliminate urea and uric acid in the usual proportions.

Take notice that this last point is perfectly in conformity with the teachings of pathological anatomy in such a case. It is in effect perfectly established that in the primary phases of the development of albuminuria, when, however, the urine has long contained a certain proportion of albumen, the epithelial cells of the tubuli contorti do not present any apparent morphologic modification.

II. But for the present we will leave aside the consideration of cardiac albuminuria; we can return to it later. We will now take up the results of experiment.

The experiments of M. Nussbaum have one great disadvantage; they were made on the frog, and it may always be objected that they are not applicable to the human subject. I shall give you a summary of the results obtained by a method differing from that put in practice by M. Nussbaum. These results, less decisive than the preceding, offer, nevertheless, a special interest, for they concern the superior animals. I allude to the recent and almost simultaneous experiments of MM. Ribbert, Posner, and Litten, which are absolutely concordant.

When the experiment of Overbeck, the temporary ligation of the renal artery, is performed on the dog or rabbit, albuminuria is produced under the conditions with which you are acquainted.

If the kidney of an animal submitted to such an experiment be suddenly torn from the abdomen and thrown immediately into boiling water, it is evident that the albumen at that moment traversing the kidney undergoes sudden coagulation, and is fixed in the point where it is secreted; and, in fact, it is found that the capsule of the glomerule, which, under normal conditions, is applied closely over the Malpighian body or tuft, is in this case separated therefrom by an amorphous, transparent, granular mass, which distends the capsule. This substance presents all the characters of albumen in the coagulated state.

At the same time it is found, particularly when the ligature has been long maintained in place, that the epithelium of the glomerule has undergone all the modifications described by Langhaus, and which this author considers as characterizing acute inflammation (thickening in the vicinity of the nucleus of the protoplasm of the cell, which in this case becomes permanent and forms an elevation in the cavity of the glomerule). Without doubt, a certain quantity of this amorphous material is always met with in the tubuli, but as the epithelium here is intact, there is every reason to suppose that it is by the glomerule the albumen first filtrated, and that it subsequently passed into the tubuli.

The same observations have been made in cases of albuminuria, artificially produced in animals, by injection of white of egg. In such cases it is also found that the albumen is secreted by the glomerule and not by the tubuli. Of course, it must be understood that counter experiments have been made, proving that in the normal state in men and animals, when there is no albuminuria, this coagulum is never found in the capsule.

This is, it must be remarked, a fact of primary importance, because it overthrows definitively the theory proposed by M. Wittich and Küss. You know that, according to these authors, in the conditions of normal secretion the urine filtrated by the glomerule carries with it all the constituents of the blood-plasma, including albumen. But this albumen never appears in the urine, for it is taken up as it traverses the canaliculi by the epithelium which lines them.

I return to this theory, and insist on the criticisms made regarding it; for it has been applied by many authors to the interpretation of pathologic phenomena.

Albuminuria, according to certain theories we have mentioned, is almost always the result of a material alteration of the epithelial cells of the tubuli; and as can be readily understood, these altered cells become incapable of performing their functions, and permit the passage of the albumen secreted in the glomeruli, which consequently appears in the urine.

This theory is ingenious but is contradicted by many facts; and through this circumstance particularly, that in the normal state the anatomic method does not reveal the presence of albumen in the glomerule.

It results, gentlemen, from these same observations of MM. Ribbert, Posner and Litten, that in all pathological cases where albuminuria is present in man, whether transitory or durable, functional or accompanied by profound lesions of the kidneys, albumen has always been found in the cavity of a certain number of capsules.

The researches made recently by MM. Browicz and Cornil, on the alterations of the kidneys in animals poisoned by cantharides, may be considered in connection with the preceding observations.

In such a case there is acute inflammation, and the albumen which passes in the urine is accompanied by elements (leucocytes and hematies) which demonstrate the nature of the pathologic processes.

If the kidney is examined forty minutes only after the subcutaneous injection of cantharides, an albuminous exudation is already found in the cavity of the glomerule; and there is every reason to believe, after mature consideration of the facts, that it is at this point, that is in the glomerule, that this exudation takes place, appearing only secondarily in the tubuli.

Thus, gentlemen, as you see, in taking as basis the documents I have brought before you, we are led to establish in principle that it is always by way of the glomerule, and without participation on the part of the tubuli, that albumen is eliminated.

III. Fortified with the knowledge of the anatomical, physiological and pathological facts which we have collected in preceding studies, we can now take up, with some chance of arriving at a conclusion, a question which is difficult, complicated and obscure, viz.: the pathogenesis or pathological conditions which induce albuminuria. The pathological conditions invoked by different authors to explain the passage of albumen in the urine may be, although numerous, considered under three principal headings:—

1. First it is said there is a primary alteration in the blood itself, of which albuminuria would be the immediate sequence. 2. Sometimes there is trouble in the general circulation or in that of the kidney. 3. There may be some direct ana-

tomical alteration in the epithelial elements of the renal gland.

To each of these groups corresponds a theory; certain eclectic authors, admitting the validity of all three, apply now one, now the other, according to the case, to the interpretation of the facts. But others, more exclusive, admit but one of these systems, and apply it to all cases. We will consider, one after the other, these diverse theories, and seek to determine up to what point they conform to the physiological facts we have been considering.

The first theory which presents itself is that of *hematogenous albuminuria.*

It was thus designated by M. Stokvis, in an important memoir entitled "Experimental Researches on the Pathogenetic Conditions of Albuminuria." (*Journal de Méd. de Bruxelles*, 1867, vol. 44.) Unfortunately, I have but the time to mention the essential conclusion at which he arrives.

In this system of hematogenous albuminuria there is supposed to exist primarily an alteration of the blood, of which albuminuria is the immediate consequence. The existence of an alteration of the blood, consisting in the presence of an excessive quantity of water in this liquid (hydræmia, hypo-albuminose) was often invoked as a cause of albuminuria, particularly about twenty years since.

Certain very old experiments of Magendie, repeated by Mosler, were much relied on at this period. These experiments consisted in injecting into the blood of animals a certain quantity of water; almost always the urine of these animals became albuminous. The fact is so, but it received an erroneous interpretation.

The albuminous urine of these animals is tinged red; it contains blood globules generally, or at least the coloring principle of the blood, that is hæmoglobin. Two things may happen in these experiments, made in a very summary manner by the first observers: 1. A considerable quantity of water was injected and with rapidity. In such cases there was a sudden elevation in the arterial tension. Some of the vessels of the kidney suddenly distended, ruptured and allowed the blood to escape, thus provoking albuminuria.

2. Or the injection was made slowly, though in large quantity. In this case the globules become altered by the action of the water, and permit the escape of the hæmoglobin which was mixed with the serum. Or, this hæmoglobin is an albuminoid principle, which filtrates through the membranes with as much facility as the albumen of the egg. It is then nothing astonishing to have it pass in the urine subsequent to the dissolution of the red globules. When such is the case, it is not, properly speaking, albuminuria, but hæmatinuria, as Vogel called it; or, better, hæmoglobinuria, as it is styled at present. The urine in such a case is diversely colored; sometimes of a bright red tinge, it may be dark red or almost black. Coagulation is induced by heat and nitric acid, as when albumen of egg is present, but the precipitate is not dissolved by an excess of acid.

Hæmoglobin is, by this character, already distinguishable from ordinary albumen. Added to this, spectral analysis reveals in such urine the band peculiar to hæmoglobin.

In these experiments of injection of water, followed by hæmoglobinuria, the dilution of the blood is carried very far; and this liquid presents itself under conditions never observed in the human subject.

On the other hand, if in the animal water is injected in small quantity, in small proportions at a time, and with precaution, the urine never, according to the experiments of Stokvis and Westphal, contains either albumen or hæmoglobin.

It is very probable, then, that albuminuria, or better, hæmoglobinuria, through dilution of the blood, does not occur in the human subject; but I would say in passing, that it is frequently induced in man by other pathological conditions; thus in grave fevers, with a typhoid state of the system, with putridity, as the older physicians termed it; in dothienenteritis, scarlatina, pernicious jaundice, or again, in poisoning by sulphydric acid or arseniuretted hydrogen.

The study of hæmoglobinuria, long neglected, has been taken up again recently, particularly in Germany, and during the last ten years the medical journals frequently contain cases of this kind.

COMMUNICATIONS.

ON THE USE OF THE OBSTETRICAL FORCEPS.

BY T. C. WALLACE, M.D.,

Of Cambridge, N. Y.

A paper read before The Union Medical Association, at Eagle Bridge, N. Y.

(*Continued from page 376.*)

Let us look further. Every author I have named impresses upon us the importance, the imperative necessity, of supporting the perineum. Prof. Goodell strenuously urges us to leave the perineum unsupported, and quotes some of the most eminent authors in France and Germany in support of this advice. In England, he says, West, Swayne, Graily Hewitt, Taylor, and Thompson, have long since discarded support to the perineum, as not only useless, but *positively injurious*. Prof. Taylor, of Bellevue, declares "that support to the perineum is unnecessary, and that as many lacerations occur in the practice of those who render support as in those who do not." Not only are we enjoined by eminent authorities carefully to support the perineum, and by others of equal eminence to let it alone, but of those who order its support, each has a different method. One advises a folded napkin to be applied by the hand. Another teaches this is nonsense, and that we must use the bare hand; still another directs us to hook a finger in the anus and pull the perineum forward. One insists that, on the score of delicacy, we must always scrupulously keep our patient covered with a sheet, forbidding us even to go the traditional "one eye on it." Another directs that the perineum be freely and fully exposed to view that the eye may detect the first symptom of laceration.

It is often asked, "When doctors disagree, who shall decide?" When our authorities thus disagree, how shall the doctors decide? I answer, each for himself, guided by the dictates of common sense and his own best judgment. For the benefit of those who dare do nothing that is not explicitly sanctioned by some authority, I propose to support any statement I may make, or any advice I may offer, by equally as good authorities as any I have named and rejected. I assert that whenever, in a vertex presentation, with no deformity of the pelvis existing, with the os uteri dilated, or *easily dilatable*, the head does not advance in proportion to the force of the pain, or the longer continuance of the labor endangers either the mother or child, or involves a long continuance of suffering to the mother, the time has arrived to resort to the forceps. Further, that its use is often proper to do away with the nervous excitement of the patient, and to relieve the harrowing anxiety of her friends; and still further, that its application is many times justifiable to save the time of the practitioner; for I can see no good reason why we should spend hours by the bedside of the parturient, to the detriment of other patients who urgently need our services, when it requires but the touch of skin to complete the labor. This may seem a bold assertion, but it is my opinion, on which I have acted for years, and with no cause for regret. I cannot agree with Meigs, that violent pains and extreme resistance contra-indicate the use of the forceps. They are even an indication for its use. If extra force is needed the arm of the practitioner can furnish it more cheaply than the womb of the woman. I must differ from Churchill, for I cannot think it my duty to sit idly by the bedside and suffer a woman to travail for hours, even if I am "fully satisfied" that nature will ultimately triumph.

With equal reason might I decline to give exit to suppuration with my bistoury, and thus relieve excruciating pain, provided I was "fully satisfied" that in time the pus would safely find its way to the surface. As to the rules given by Ramsbotham, and others, that we must suffer the woman to become febrile, or allow impaction to exist for a certain number of hours before we interfere, I utterly and totally repudiate them. In my opinion any practitioner who would be governed by such absurd rules had better cease feeling for the child's ears and direct his *tactus eruditus* to examining his own.

Hodge, in his quarto on obstetrics, after advising early resort to the forceps, says, "In giving this advice we will doubtless fall under the censure of those who direct their anathemas upon what they call meddlesome midwifery, which expression, although it may answer as a cause to the ignorant and rash, the author has always regarded as evidence that those who use it are ignorant alike of the resources of nature and those of science, and hence, trusting to nature until the dangers to the child and parent are so cumulative that artificial assistance is not only unavailing, but often accessory to a fatal termination. He who understands accurately the natural modes of delivering, and the resources of his science, may often enjoy the unspeakable pleasure of diminishing corporeal and mental suffering in many cases which might possibly, after much delay, have terminated without assistance, and very often of preserving lives which would otherwise have been sacrificed."

Regarding the dangers attributed to the forceps, I not only deny their existence, but assert that its judicious and early use is the surest way of arresting danger. As to its use causing fracture of the pelvic bones, separation of the symphysis, etc, I confidently state it would be impossible to produce such results. Equally impossible would it be to thrust a blade through the uterus or vagina. In Bedford's case of complete occlusion of the meatus urinarius, with vesico-vaginal fistula, etc., the injury doubtless resulted from the length of time the woman was in labor (three days) before delivery was effected. She would have been all right had it not been for the delay. The trouble was not that the forceps was *used*, but because it was *not* used. The forceps is, indeed, a peculiarly innocent instrument; with its curved form and rounded edges it is almost incapable of mischief. It cannot cut, fracture, tear or scrape. Neither can it bruise the soft parts without the most stupid ignorance or criminal violence. Perineal lacerations are, in some cases of labor, unavoidable, but I do not consider them more apt, indeed not so apt, to occur in forceps delivery than in unaided labor. Most lacerations occur where with one supreme effort the head is suddenly ejected. With the forceps we have a more perfect control of the head, and by retarding its passage at such times, and especially by keeping it pressed closely against the pubes, we may often avert laceration. I am satisfied I have many times thus prevented threatened laceration. Hodge says, "A very large proportion of vesico-vaginal fistulæ met with result not from the *use* but from the *neglect* of the forceps." This observation is confirmed by the fact that few practitioners ever apply the forceps directly toward the bladder or rectum, but somewhere on the sides of the pelvis. Dr. Burns, of Glasgow, says, "it is erroneous to consider the forceps a painful or dangerous instrument, as it was for many years used clandestinely, and *without the knowledge of the patient.*" He says in cases of impacted head it is better to interfere too soon rather than to procrastinate, and he is supported in this advice by Hamilton, of Edinburgh, and Osiander, of Göttingen. Dr. Reeve, in a review in the *American Journal of the Medical Sciences*, says, in regard to the serious objection to operative interference with labor, that lesions may be produced by the unskillful use of instruments. We shall borrow Dr. Thorburn's reply, that we have no more right to debar the suffering woman from the advantages to be derived from the use of instruments, on the ground that they may be clumsily employed, than the surgeon has to counsel the utmost delay in hernia, because a bungler might wound the bowel.

But the truth is, authority is almost unanimous that it is the prolonged pressure of the child's head which produces sloughing of the maternal tissues and fistulæ, and *not* the use of instruments. This has been shown by Simpson, Beatty, Hodge, and numerous others. We may add to their testimony that of Baker Brown, who, before the British Medical Association, said, that of one hundred cases of lesion following labor, ninety per cent. were attributable to protracted labor. The idea that they were produced by the use of instruments is a farce and a bugbear. Joulin states that he availed himself of the ample experience of Jobert, for the solution of this question, and had access to an unedited manuscript containing the statistics of one hundred and fifty cases; the opinion of that eminent surgeon was, decidedly, that fistulæ are always the consequence of prolonged labor, and *never* result from the application of the forceps. In our country, out of two hundred and fifty cases given by Dr. Emmett, not more than three cases resulted from instrumental delivery, and these were cases of malpractice, and of no statistical value; all the rest were from prolonged labor. Now, if there be a question in medicine which may be considered settled, it surely is this. It was only reconsidered in this article because of the pertinacity with which the objection is advanced by those who are opposed to operative interference with labor, except as a dire necessity. Regarding danger to the child, Meigs says, "I think it almost out of the bounds of possibility to injure the fœtus with it, provided it be well adjusted and used with common discretion." Dr. Reeve, in the paper before quoted, says, "As the forceps has been neglected the use of the perforator has increased." This surely is a pregnant fact and should be admitted into the pleadings. Thus we have the well known table given by Simpson, which goes from Siebold, with one forceps delivery to every seven cases, and one craniotomy in 2093, to Collins, with one forceps delivery in 617 cases, and one craniotomy in 141. Collins carried reliance on nature to the extreme, and the results are patent. Yet this table does not give truly the other end of the scale. Fr. B. Osiander, during thirty years' administration of the Göttingen Lying in Asylum, used the forceps in every $2\frac{5}{10}$ cases; *yet he only used the perforator once in his life!*

Regarding the proper application of the instrument, the great majority of French, English, and American authors teach that the blades are invariably applied to the sides of the head. In my opinion, these teachings are wrong in theory, productive of evil consequences in practice, and often impossible of execution. The grand question in the use of the instrument is, whether its introduction shall be governed by the position of the head or by the shape of the obstetrical canal. Whether we shall consider the anatomy of the child, or the anatomy of the mother. Whether we shall regard the field in which our operation is to be performed, peculiar and determined in its shape, or pay attention solely to the position in which the object to be grasped happens to lie.

In my opinion, the blades should invariably be applied to the sides of the pelvis; their pelvic curve in accord with the curve of the pelvic canal; that the position of the head is not of the least importance, and cannot be advantageously, or in many cases, even innocently regarded. For what purpose is the pelvic curve given to the forceps? It is only a single direction this curve can fit, and it is impossible to accommodate it to any other direction. When an author directs us to place the forceps antero-posteriorly at the superior strait (as must be done if the blades are applied to the sides of the head), he directs us to execute an impossibility. In this advice to regard only the pelvis and disregard the position of the head, I am supported by many German authors, by Barnes, of London, and by Byford, of this country. Barnes says, "the position of the head may be disregarded. The pelvic curve of the blades indicates that these must be adapted to the curve of the sacrum, in order to reach the brim. They must, therefore, be passed in the transverse diameter of the pelvis; one blade will be in each ilium, and the head, *whatever its position to the pelvic* diameters, will be grasped between them." The universal force of this rule much simplifies and facilitates the use of the instrument.

Not only does it apply to the position of the head in relation to the pelvic diameters, but also to all stages of progress of the head, from that where it lies above the brim down to its passage at the outlet. Governed by the usual rules, I used the forceps but three times in the first ten years of my practice. A German physician then instructed me in this better way. Since then I have used it with increased frequency. I find that for the past five years of my practice I have used it in thirty per cent. of all the labors I have attended. During this twenty years, I have never done harm to any child nor inflicted injury upon any mother. I have never attended a woman in labor whom I have previously delivered with this instrument, but that she would not only ask, but earnestly entreat its use. Of the fifty-one and more different forceps which shall we select? I think there is little choice between them. Any one of them is good enough. It is about with them as it is with the many different mowing machines; every farmer thinks the one he has the best of all.

The only one I have ever owned is Davis's, and I am perfectly satisfied with it. I like it for the marked boldness of its pelvic curve, and because of its English lock.

I prefer that the patient lie on her back; the pelvis is then firmly fixed upon the bed, the operator has free access to and perfect control of his patient. If the head lays high in the pelvis, her hips should be brought completely to the edge of the bed, the thighs abducted and her feet supported by assistants. When the head is at the inferior strait this is unnecessary. Introduce first that blade which (when both are in position) will lie nearest the sacrum of the mother. It is the blade which the operator will take in his left hand and which will lie in the left side of the pelvis. With one or two fingers of the right hand, let the operator touch the head well back toward the maternal sacrum, taking this blade in his left hand, holding its handle obliquely over the right groin of the mother, he introduces its tips into the vulva and slides it along the vagina, guided by the fingers of his right, until it is engaged between the head and the maternal parts. As the point of the blade passes beyond the reach of his fingers, he must rely upon his anatomical knowledge for its further guidance. He must mentally see the head simply as an ovoid body lying in the obstetrical canal, and considering that it makes no difference in what diameters it is grasped, his whole aim must be to keep his blades against the sides of the pelvis. While gently sending his blade along he must bear in mind the curve of the utero-vaginal canal, and also the convexity of the fœtal head, and remember that his blade has both a pelvic and a cranial curve. While his blade follows the curve of the pelvis, it must follow it so exactly that the sides of the blade will be at the side of the pelvis, and its concave edge will lie behind the pubic bone. By rapidly (but not too rapidly) depressing the handle until it is brought into the mesial line, this double movement is readily accomplished. The other blade is now taken in the right hand, and similarly introduced. The application of the forceps in this way, so far from being a difficult matter, is exceedingly simple and easy. The blades glide into their proper places almost as if instinct with intelligence.

Introducing the instrument for the first time, one will perhaps be surprised at the depth to which it will penetrate, and may fear he has introduced it too far. This is impossible. The forceps should completely enclose the head; after passing the head its further progress will be arrested by the body of the child. Much difficulty is often experienced in working the forceps. Many and confusing directions are given by authors for effecting this purpose. Meigs says perhaps we can push a blade forward or backward. Some recommend us to withdraw the blades and try again. Some to remove one blade and endeavor to use the other as a vectis, and perhaps a pain may force the head down enough, so that next time the blades will lock. But what if it shouldn't? Bedford says we shall often succeed by "judicious manipulation," which is truly explicit. In fact, the whole thing, as laid down in most of our text-books, is a sort of trusting-to-luck affair. None of these authors recommend the puzzled operator to *swear*. But neither do they forbid him from so doing. If any one thus situated should swear, let him direct his anathemas, not against the innocent blades, they are all right, but rather let him vent his expletives against his venerated authorities, who have given him such a plentiful lack of instruction in this, his dilemma.

Now I will give a simple and certain rule for locking the forceps, which will always succeed. Send the blades well home; push them along as far as they will go, as already explained; there must be no fear of introducing them too far; then crowd the handles well back against the perineum. The instrument is now fairly grasping the child's head, the axis of its pelvic curve accords with the curve of the pelvic canal, the blades lie at the sides of the pelvis, parallel to and symmetrical with each other, the handles drop on the same plane, and by approximating them they will necessarily lock.

We are given extreme caution against letting our forceps slip. Meigs directs that one finger be kept in approximation to the head, to detect the first sign of slipping. This caution is unnecessary. My forceps never have slipped, nor is it possible for a good instrument properly applied to slip off. A little reflection will convince any one that this assertion is correct. With the blades enclosing the head, as they should do, nearly or quite to the cervical region, for their tips to override the convexity of the cranium involves their separation for at least two inches; this necessitates an equal separation of the bulge of the blades, but these are against the sides of the pelvis and they cannot separate.

That forceps do slip I admit; but it is because the tip of the blade is not pushed beyond the bulge of the cranium. The instrument slips off, because it was never fairly put on. Shall we use our forceps as compressors, as levers, or as tractors? All authors teach that in this operation we should imitate nature as closely as possible, and yet many of them tell us to use our instruments as levers, by moving the handles from side to side. Bedford, expressly directs that the force be one-third extractive and two-thirds lateral. Is this an imitation of nature? Does nature expel a child in that zig-zag, see-saw manner? The true use of the forceps is as *tractors*. Compression should be exerted only so far as is necessary to fix the instrument firmly upon the head, so as to prevent any motion of the blades upon the scalp. The blades and the head must be, in fact, as one body; their movements must be simultaneous. The compressing force necessarily used in grasping the handles when extracting is all that is allowable. Traction must be made in accordance with the axis of the pelvic canal. During extraction let there be neither excitement nor hurry on the part of the operator. In imitation of nature let him have periods of rest as well as of action. If the pains are frequent enough, let him act in conjunction with the pains. If not frequent enough, he has them at his command, for as soon as he makes traction the uterus will promptly respond with a pain.

Gentlemen: The advice I have offered as to when we should resort to our forceps; the statements I have made as to its safety, and the directions I have given for its application and use, although directly at variance with the teachings of many eminent authors, are not only supported by authors of equal eminence, but what is far more to me, are sanctioned by my own judgment and confirmed by years of practical experience, and I earnestly hope they may commend themselves to your thoughtful consideration. Let me ask, as a favor to yourselves, that you give this subject earnest thought and practical applications. By so doing you will save for yourselves many an hour of precious time, spare your waiting patients many an anxious thought, rescue many a child that would otherwise perish, relieve many a woman from hours of unspeakable agony, and be afterwards the recipient of her heartfelt gratitude. If, by the hearing of this paper, any one who has hitherto looked upon the forceps with disfavor shall be induced to alter that opinion; any one who has previously regarded it as dangerous, shall hereafter consider it a safe and beneficent instrument; any one who has formerly dreaded its introduction as difficult, will now think its application simple and easy; in fine, if it shall in any degree tend to promote the more frequent use of this most valuable instrument, my object in writing it shall have been accomplished.

—Cider has been declared an intoxicating beverage, by the Connecticut legislature.

MEDICATED GELATINE IN THE TREATMENT OF NASAL CATARRH.

Read before the Philadelphia Laryngological Society,

BY DR. ISAAC BARTON,

Chief of the Throat Department, Jefferson College Hospital.

By this I mean the use of the so-called nasal bougie, which consists of a piece of moulded gelatine, about two or three inches in length, having a piece of string running through its entire length, and having a free quantity for the purpose of security. For use, the bougie is to be slightly coated with sweet oil, and gradually inserted by rotation, into either side of the anterior nares. It may then be secured by tying the free quantity of string around the ear, or fastening the string to the cheek by a small piece of adhesive plaster. The head of the patient is then to be inclined backward, and as the gelatine dissolves and flows from the posterior nares into the throat the patient may expectorate at pleasure.

These bougies dissolve in from ten to fifteen minutes.

The following are the medications I have used, which were made for me by Mr. C. L. Mitchell:—

No. 1.	Liq. iod. comp.,	♏v
2.	" " "	♏x
3.	Morph. sulph.,	gr.¼
4.	Zinci sulph.,	gr.ij
5.	Zinci sulph.,	gr.ij
	Acid carbolic,	gr.ss
6.	Ext. krameria, fld.,	gr.viij
7.	Zinci sulph.,	gr.ij
	Acid carbolic,	gr.ss
	Ext. hydrastis, fld.,	gr.v
8.	Iodoform,	gr.ij
9.	Liq. iod. comp.,	♏x
	Acid carbolic,	gr.j
10.	Salicylic acid,	gr.j.

From all these medications I have received the best results from Nos. seven, nine and ten.

J. K., aged 28 years, applied to me, complaining for nearly eight months of a discharge from the back portion of the nostrils into the throat, which discharge was of a thin, mucilaginous character; his general health good; no specific history; sometimes suffered with slight headache. An examination revealed the nares to be moderately filled with mucus. I washed out the nares with Thudichum's nasal douche, after which I inserted two bougies (one into each side of the anterior nares) medicated with zinci sulph., gr.ij, carbolic acid, gr.ss, and ext. hydrastis, fld., ♏v. These dissolved in fifteen minutes. I made this man come to me three times a week, and inserted these bougies after his using the douche, on the same day. At the end of three weeks there was no discharge and had been no headache.

I have used these bougies with some good results in cases of ulceration of the nasal septum.

Clara G., aged 26 years, applied to me, complaining of great pain on left side of nose, which she had had for four or five days. On examination I found a somewhat superficial ulcer, about the size of a three-cent piece, on the left side of the septum. This I carefully cleaned with absorbent cotton, and inserted a bougie containing ¼ gr. morph. sulph., which dissolved in twenty minutes. I used one of the same kind on the next day, after which she had no pain. On the third day I used one medicated with two grains of iodoform (which takes half an hour to dissolve), and continued the use of the same daily, for a week, after which time the ulcer had healed very nicely, the patient having no pain or difficulty in breathing through the nostrils.

HOSPITAL REPORTS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

CLINIC OF WM. PEPPER, M.D.,

Professor of Clinical Medicine in the University of Pennsylvania.

Reported by WM. H. MORRISON, M.D.

A Case of Widespread Syphilitic Disease, with Cystic Degeneration of the Pancreas, Numerous Pancreatic Calculi, Atheroma of the Aortic Valves and Arteries, Obstruction of the Bile Ducts, Distention of the Gall Bladder, Jaundice and Diabetes. Death. Autopsy.

GENTLEMEN—The patient now before us presents an extremely interesting and important condition. I shall first study those conditions which are rapidly passing away.

He is 61 years of age, a resident of this city. He has been a wholesale liquor dealer. Lately he has been a clerk. He has never been very intemperate, and says that he has never had any venereal trouble. He has had, however, a rather hard life, on account of business anxieties. For the past two years he has been in ill health. At first he was subject to constipation, which was followed by diarrhœa. The stools were light in color. He began to lose strength and to be subject to dyspeptic symptoms. Next, he had pain over the liver, and pain extending to the shoulder. Nine months ago he gradually became jaundiced, The color grew deeper and deeper, until it was quite dark; much darker than it now is. Eight months ago he noticed a lump under the ribs on the right side. He has lost forty pounds of flesh lately.

The jaundice is very marked in the conjunctiva. He has also well-marked arcus senilis. The jaundice extends over the whole body. We usually find it best marked where the skin is thin and soft, as over the stomach.

Looking at the abdomen, we see a little swelling on the right side. I grasp it and find that it is rounded; that it extends upward until I come to a ridge, which I find passes under the ribs. This is the edge of the liver. This mass is continuous, then, with the liver, which is much enlarged, and extends two inches below the border of the ribs. Passing around the lump, I again come to the edge of the liver; I also find a round swelling at the left lobe. What is this lump at the right side of the liver? It is the distended gall bladder. I find that it yields a little on pressure. It is just in the position of the gall bladder. It has the shape of the gall bladder; it can be traced up into the liver on both sides. This is sufficient to prove that it is the gall bladder very much enlarged, and evidently distended with bile. We have here a very remarkable condition: enlargement of the liver, a suspicion of growth in the left lobe, and great enlargement of the gall bladder.

In jaundice we have a failure of the bile to follow its proper course, and the bile pigment accumulates in the blood. From the blood it escapes into all the secretions and every tissue of the body, the brain and its membranes, the solid viscera and the bones. The jaundice is most marked in the parts which are usually whitest. It also stains the tears, milk and sweat; but perhaps the fluid in which the color is most marked is the urine. The healthy color of the urine changes to a brandy color, so dark sometimes as to be entirely opaque. A week ago this man's urine was a dark brandy color, almost the color of porter; now we find that it is only tinged with bile. The tests for the coloring matter of the bile are very simple. In the first place, if you shake the bottle and have a yellow color froth, that is sufficient. If we take a test tube and place some of the urine in it, and then allow a little fuming nitric acid to pass down the side, there will be a beautiful play of colors. In this case there is a very faint trace of green. If we place some urine on a plate and add a drop of the acid, we shall have the same effect produced.

There is another question connected with this subject. The bile consists of something besides coloring matter. It contains a number of organic compounds, the most important of which are glycocholic and taurocholic acids, in combination with potash and soda. These naturally pass from the body through the bowels; but when the exit of the bile is prevented these salts must accumulate in the blood. We would naturally expect to find them in the urine under these circumstances. The way to obtain them is to take a certain quantity of urine, evaporate to dryness, treat the residue with a large excess of alcohol, because the salts are soluble in alcohol, filter, and add an excess of ether, which precipitates the salts; then filter and dissolve in water, and purify by filtering through animal charcoal. We then add sugar and sulphuric acid, and if the bile salts are present there will be produced a cherry red color. This man's urine has been tested a number of times for these salts, but they have not been found. This process is unreliable and not of much clinical value.

I have seen cases where no bile salts could be detected in the urine, yet post-mortem examination proved that no bile could have escaped by the bowels for weeks. The presence of the salts in the urine is of value, but their absence does not disprove obstruction.

There is no albumen in this urine Its specific gravity is 1.010. It is less than the normal, which is 1.016. I will now test it for sugar. You will find, when we come to study diabetes, that there is a very important connection between diseases of the liver and diabetes. I never treat a case of hepatic without examining the urine for sugar. I use Fehling's solution, and find that there is present a considerable amount of sugar. The stools in jaundice become very pale. sometimes of a putty color. It is very unusual to find so small a quantity of biliary coloring matter in the urine with stools as light in color as this man's are.

Sept. 23. We shall now study this case carefully. We have found in this case a man overworked and run down with enlargement of the liver; deeply jaundiced; with immense enlargement of the gall bladder; with urine that is bile stained and containing sugar, although, remarkably enough, its specific gravity is only 1.010—below normal. Now, let us study this case, and endeavor to understand it fully.

I did not call attention before to the œdema of his lower extremities. They pit upon pressure as high as the knee. There was no albumen in the urine. We have found no reason to suspect disease of the kidney. Although there has been no fever, the action of the pulse has not been normal. The arteries are found to be very hard and atheromatous. The pulse is rather small and frequent. Examination of the heart shows obstruction of the aortic orifice. There is a systolic aortic murmur, with its maximum intensity at mid-sternum, and transmitted into the arteries of the neck. We find, in this case, very widespread disease of many organs. We have here atheroma of the arteries. fatty degeneration of the cornea, lesion of the aortic valve, enlargement of the liver, obstruction of the biliary duct, diabetes, and dropsy. There must be some very deep cause to explain all this.

First, in regard to the condition of the liver, I told you that I found in the epigastrium an irregular enlargement in the position of the left lobe of the liver. As I press my fingers deeply in at this region, I feel a round, irregular mass. It feels like enlarged glands; as though the glands in the fissure of the liver were enlarged.

What condition of the liver is present? We would at once think of cancer. Here we have a disease, coming on without apparent cause, inducing jaundice, which deepens and becomes persistent, and which has lasted about nine months. Here, then, is jaundice depending upon obstruction preventing the flow of bile into the bowel; an obstruction of a chronic organic character. We have evidence of this in the enlargement of the gall bladder. In carcinoma of the liver we have a nodular condition appearing in the liver or in the gall bladder. It presses upon the biliary ducts, causing jaundice. If it press upon the larger ducts it will cause extreme jaundice. If upon the smaller ducts, the jaundice will not be so marked. In carcinoma of the liver the liver is enlarged, there are round projections from it, and it is lobulated, not uniformly enlarged. All these things suggest carcinoma.

There is one important point against cancer, and that is the absence of pain. He has had no pain at all, not even when the mass has been handled and percussed. This is very unlike carcinoma. Again, while it is true that there is enlargement of the liver, the enlargement seems to be principally due to the dilated gall bladder, and to the tumor in the left lobe. On the right side we have the normal shape of the liver.

What other conditions could comply with the symptoms? We find the liver enlarged where there is chronic congestion with fatty degeneration. There is a form of cirrhosis of the liver with enlargement; but in cirrhosis with enlargement, although there often is jaundice, there is no cause to explain the enlargement at the left lobe nor this great dilatation of the gall bladder.

Another cause of enlargement is albuminoid degeneration. It is apt to arise in phthisis and constitutional syphilis. Our patient had, long ago, syphilis. In albuminoid degeneration, the liver usually retains its shape, but rarely is there any jaundice. Frequently in albuminoid degeneration of the liver, the kidneys and spleen are involved. They are not enlarged in this case. In albuminoid enlargement then, we have the liver simply enlarged, without pressure on the bile ducts and without jaundice. Frequently the disease will run its entire course without a trace of jaundice.

Let us examine the other lesions and see to what diagnosis they point. We have here aortic disease and widespread atheroma of the arteries. With syphilis we would be apt to have these lesions occurring. Heart disease with carcinoma is rare; but here we have heart disease and widespread atheroma, as we often find in the later stages of syphilis.

Suppose, now, that this is a case of albuminoid enlargement of the liver, with the same change in the glands in the fissure of the liver, forming the mass which I feel, and pressing upon the duct of the gall bladder; that would be a sufficient explanation of the symptoms we have here. We would be more apt to have œdema in that condition. We would be more apt to have nutrition well retained, and absence of pain, as we have here.

This is either carcinoma or syphilitic disease of the liver. I cannot now say which it is. It would be odd to have carcinoma with such good health; and, on the other hand, it would be odd to have such immense albuminoid enlargement without lesion of other organs. I tend to the opinion that it is syphilitic disease.

If it were carcinoma, there would be absolutely no indications for treatment, for the man has no pain and his nutrition is good. If it is syphilitic, we have more hope of doing good. If this be the result of a long standing constitutional taint, there is more hope of promoting the absorption of this man. I have been treating on this view. I first gave him a pill containing—

℞. Hydrarg. iodidi viridis, gr. ⅙
Ext. nucis vomicæ, gr. ¼
Ext. gentianæ, gr. j. M.

But later, finding that the œdema was becoming more marked, and that the jaundice still continued, I substituted a solution of iodide of potassium and bichloride of mercury. We are also giving digitalis. We will watch this case with great interest. If the disease be syphilitic, we shall expect some benefit from our treatment. We leave the diabetes out of the case altogether, as the amount of sugar and the quantity of urine passed are not very great. I will bring these patients before you again, in order that you may see the result.

Autopsy.

October 11th. Gentlemen: You will remember that when I showed you the patient with aortic disease, atheroma of the arteries, distended gall bladder and a tumor in the epigastrium, I also pointed out to you the dropsical condition of his legs. This continued, and his urine lessened in quantity, until he passed only four or five ounces during the twenty-four hours. It became intensely marked with bile; until the last, it contained sugar, but no albumen; the quantity became so reduced that it amounted to complete suppression. The dropsy and ascites increased, and he sank into a state of painless coma, and passed away quietly. This case has been before you so often that I shall not go over the symptoms.

There was one point of grave interest connected with this case, and that was, whether this was a malignant, cancerous affection, or one due to syphilis. I told you, in the lengthy remarks which I made on this subject, that the case presented peculiarities that made either of these views difficult to adopt.

Examining the specimens before me, I find the pulmonary artery healthy; but there is intense disease of the aorta—hard, bony masses project from its surface. The aortic valve is thickened, rigid and useless. The mitral valve does not appear to be affected, and there was no murmur connected with this valve. There was a loud systolic murmur caused by the resistance to the passage of blood through the aortic valve. This atheroma is not limited to the arch, but extends to the whole aorta. The abdominal aorta feels like a tube of stone. There is entire calcification of the arterial system; it extends out through the divisions of the aorta. Now this arterial lesion was, as I stated to you, rather in favor of the affection being syphilitic. We do meet with cancer in heart affections, but it is very rare.

We found the liver enlarged, extending two inches below the ribs. Projecting two inches below this there was a hard, round tumor, and as I felt it it seemed to convey to my hand a sense of fluctuation. From its ovoid shape, indistinct fluctuation, position and continuity with the liver, I diagnosed it to be the distended gall bladder. You see that this view was correct. It probably measures seven inches in length and three or four inches in breadth, and contained more than half a pint of bile. We shall have to study carefully the cause to which this is due. You will remember that I attributed it to the pressure upon the cystic duct by the mass occupying the fissure of the liver. On pressing down deep into the epigastrium, I came across a mass, irregular and nodular, which occupied either the glands in the fissure of the liver or some of the contiguous tissues.

Here is the stomach, which I shall remove. There was no evidence of implication of the stomach, there was no vomiting, and he enjoyed a remarkably good appetite until toward the close of life. I find that the stomach is easily separated from this mass, showing that it is not implicated. I will open it, and we find it filled with a horridly grumous fluid, but the mucous membrane is normal, and there is no organic lesion.

Placing these parts in their normal position, I find the left kidney, which is free, and I remove it. There was no albumen found in the urine. The kidneys are deeply stained with bile, as are all the tissues. They are enlarged, and I think the microscope will reveal some lesion of their structure.

We now see a mass lying in the region of the fissure of the liver, but it does not arise from the glands. What organ could give rise to this tumor? It might be the stomach, but that has been excluded. It was too deeply situated to be in the omentum. It might arise from the glands in the fissure of the liver, from the glands against the spine, or from the pancreas. It is connected with the pancreas. What I said to you the other day in regard to the implication of the pancreas in diabetes, makes this case very interesting. This mass evidently contains liquid. On cutting into this, I find plates and tubes of calcareous matter. The branches of the mesenteric arteries constitute regular tubes of calcareous matter. I feel these plates in every direction. We also find the pancreas filled with calculi. This is rather remarkable, coming in connection with those renal calculi in a previous case. This is a very rare condition. There are, perhaps, twenty calculi exposed by this section. I now open a cavity from which comes a considerable quantity of fluid. Within this cyst I find a number of smaller ones. This liquid must be carefully analyzed. While a syringe, with which to evacuate this, is being procured, I shall call attention to the capsule of the spleen. This organ is not much enlarged, but it is covered by a layer which feels like sole leather, and when it is cut through I find that it is a very extensive thickening of the capsule of the spleen, due to a chronic local peritonitis. This condition is very frequently found in old syphilitic subjects. Taking this in connection with the extensive changes in the vessels, I should be inclined to regard these lesions as syphilitic in their nature.

I have now evacuated this cyst and preserved its contents. I now come to a larger one, which contains the same kind of fluid. There is still a larger one to open, but this will be sufficient to show the nature of the change. I shall open the other one afterwards.

We have here, then, pancreatic calculi, with, evidently, chronic degeneration of the pancreas, tumor formed in its substance, and obstruction to its duct, whether by calculi or inflammation remains to be seen. We also have this mass pressing upon the cystic duct, causing enormous distention of the gall bladder; pressing, also, upon the vessels of the liver, causing enlargement of this organ; with this there is calcification of the aortic valves and of the aorta, not limited to the arch, but extending through the whole aorta and out into the small vessels; there is also this old local peritonitis. Therefore, taking all these changes together, I should, as I said before, be inclined to refer them to syphilitic disease. There has evidently been a great tendency to calcareous deposits, as is shown by these pancreatic calculi; we may also find them in the liver. This condition of the pancreas is very rare. I will have these fluids analyzed and the parts carefully dissected.

As far as the examination goes, it confirms the view that I expressed to you, except that I had no idea as to the nature of the tumor. I thought that it was due to enlargement of the glands at the fissure of the liver or of the head of the pancreas. It was situated so deeply, that I could not palpate it with sufficient care to detect fluctuation. A cyst of that size in the pancreas is so rare, that it would not have occurred to me to refer it to that cause.

Disease of the pancreas is exceedingly difficult to recognize with certainty. The reasons for this are obvious. In the first place, disease of this organ is rare, and in the second place, the organ is so deeply situated that we cannot easily reach it by palpation, and in so many cases there is tenderness over it, that prevents palpation, and again, in so many cases, it is connected with disease of the stomach or liver, which also prevents us from reaching it. Lastly, we know so little of the function of the pancreas in health, that it makes it very difficult to recognize any disorder of its function.

Take this last question, as to the function of the pancreas. The pancreas is concerned in the intestinal digestion of fats and the conversion of amylaceous matter into sugar, so that in a case of pancreatic disease we should look for fat in the stools and sugar in the urine. In this case there was no excess of fat in the fæces, at least, so far as could be determined by inspection. The stools were not subjected to distillation with ether. We did find sugar in the urine in this case, and when I pointed out to you the remarkable complication in this case, I called your attention to the fact that in some cases of diabetes the pancreas had been found diseased; but in this case the liver was so much diseased, and, as we often find diabetes, connected with derangements of the liver, I naturally attributed the diabetes to the hepatic trouble.

Examining the specimens, we find that the liver is greatly enlarged and the gall bladder distended. We find that the tumor in the notch of the liver is formed by the pancreas. As we pass from the gall bladder to the cystic duct we find that they are separated by a septum. The common duct is patulous. The pancreatic duct cannot be found; there is no trace of it in the intestine. The tissue of the pancreas is in a state of cirrhosis, the gland structure being to a great extent removed, and the organ has undergone cystic degeneration, the intestinal tissue being thickened and fibrous. The walls of the pancreas are studded with calculi. As I advance to the head I find a cyst with a large number of calculi—I could pick them out by the dozen. Many of them are branched and resemble coral. So that here we find a degeneration of the substance of the pancreas and the presence of a series of smooth, walled sacs, containing a large number of calculi. The largest cyst of all is separated by this central partition. It held several ounces of fluid, and from it was taken this very large calculus which I show you. This is one of the largest calculi in existence. It was the pressure of this cyst upon the hepatic ducts that gave rise to the jaundice, and it was probably the irritation caused by its pressure that gave rise to the obstruction of the cystic duct. The great distention of the gall bladder was not due to bile, but to the retention of the secretion from its own lining membrane. So then we have here one of the rarest forms of disease: impacted pancreatic calculi, complete obstruction of the duct of the pancreas followed by cystic degeneration, with fibrous thickening of its walls, complete obliteration of the cystic duct. immense distention of the gall bladder, and enlargement of the liver.

This patient also had double aortic disease, an intense grade of calcareous degeneration of the arteries throughout the body, jaundice and diabetes. I would remind you that we here had an anomalous state of things, for in urine with a specific gravity of only 1.009 we found a large proportion of sugar. We see now that in all probability the diabetes was dependent upon the disease of the pancreas, although it may have in part been due to the diseased liver.

When you have a case of suspected pancreatic disease, you will expect to find the following symptoms: Persistent, marked, progressive emaciation—our patient did not have marked emaciation; pain in the epigastrium and pain referred to a corresponding point in the back, because the pancreas presses upon the nerves as they issue from the spinal column—this man complained of no pain whatever; vomiting, because the pyloric extremity of the stomach is pressed upon—this man did not vomit, but ate heartily; jaundice from pressure upon the hepatic duct—this man had jaundice, and on pressure a mass might be detected deep in the epigastrium. In such a case we would study the urine for sugar and the stools for fat. Disease of the pancreas is usually cancerous or cystic. In this case, so few were the symptoms pointing to the pancreas, and so marked were the symptoms pointing to hepatic disease. that I should make the same diagnosis that I made in this case if I again had a case presenting the same symptoms. The diabetes was the only symptom pointing to pancreatic disease.

EDITORIAL DEPARTMENT.

PERISCOPE.

Nervous Exhaustion from Weak Vaso-motor System.

Dr. F. P. Atkinson writes, in the *Practitioner*, February, 1881: Some persons are the subjects of a naturally weak vaso-motor system, and Dr. Hume, in the *Practitioner* of July, 1879, has very accurately described the distinguishing characteristics of those who are so afflicted. "They have," he says, "a soft, moist eye, a dilated pupil in a blue iris, and a thick, drooping upper eyelid. The nervous system, not well balanced, is easily disturbed by excitement. The blood vascular system is weak, atonic, as shown by the irregular heart, subject to palpitations and tumultuous action on slight exertion or sudden emotions, the small irregular pulse, the tendency to dilatations, and eventually varicosities of the veins, and the ready congestion of the capillaries on exercise or alcohol being taken." From my own personal observation, I should say that those who are thus constituted require longer rest than other people, and are easily upset by the use of alcohol, smoking, residence in a damp-warm climate, and sexual intercourse. Sexual intercourse especially seems to produce such an excessive amount of nervous exhaustion that it is necessary we should be able to recognize at once both the symptoms and the cause, and also to apply the appropriate treatment. The chief symptom complained of is a sinking, or vacancy at the pit of the stomach, which nothing seems to relieve, not even food; with this there is a feeling of drowsiness, some pain and swimmy feeling in the head, and great irritability of temper. The patient's sleep is heavy, as shown by loud snoring, but it is unrefreshing, and broken by frequent and severe startings, or muscular twitchings. On rising in the morning the patient complains of feeling giddy and light-headed; the tongue is dry and coated, and there is a nasty taste in the mouth; the breath is exceedingly offensive (the result of nervous exhaustion); the forehead and the body generally is hot and dry; the eyes look congested. In bad cases the patient will tell you he does not seem to be able to pronounce his words correctly when reading aloud, or direct the movements of his hands as he wishes while writing, or his legs on walking. In very severe cases I have known complete loss of speech, varying from an hour, or so, to two or three days, and also of control over the movements, both of the legs and arms.

The treatment in these cases should, of course, be directed towards controlling the cerebral circulation, and with this view four minims of the dilute hydrocyanic acid should be given every four hours (this has a sedative effect on the brain, spinal cord, and heart). Bathing the head with *cold* water, two or three times in the day, should also be strongly recommended, inasmuch as it acts as a direct sedative to the cerebral circulation. More than one patient has told me that chocolate relieves the sinking feeling at the pit of the stomach, and produces a more lasting effect than anything else; but what is really its action I cannot say. Plenty of milk should be taken, but no alcohol. In severe and prolonged cases, when the immediate symptoms have passed off, syrup of the lactophosphate of lime and iron, with small doses of tincture of digitalis and nux vomica, or Kirby's compound phosphorus pills, are to be recommended, together with change to a bracing atmosphere.

On Quebrachine.

In the *Berliner Klinische Wochenschrift*, No. 40 (1880), quoted in the *Chemist and Druggist*, it was pointed out that the bark of aspidosperma quebracho acts in many cases as an anti asthmatic, but the author of this paper, O. Hesse, not being able to attribute this action to the alkaloïd found by Fraud in the bark, and called by him "aspidospermine," set to work to examine the bark more closely, and has found in it, besides 0.17 per cent. aspidospermine, as much as 0.28 per cent. of a new alkaloid, which he terms quebrachine.

Quebrachine is but slightly soluble in cold alcohol, but hot alcohol dissolves it more readily, and it crystallizes from a solution in small white anhydrous prisms. It is indifferently soluble in ether. Quebrachine melts at 214° to 216° C. under partial decomposition. Its chemical composition may be represented by the formula $C_{21}H_{22}N_2O_3$.

Quebrachine dissolves in pure concentrated sulphuric acid with a bluish tinge, which becomes darker upon standing. When lead peroxide of molybdic acid is present the coloration is quite instantaneous and very intense. A crystal of potassium bichromate dropped into a solution of quebrachine in sulphuric acid produces the same effect.

Boiled with a solution of perchloric acid quebrachine yields, like strychnine and curarine, a yellow decoction, but, although very poisonous, 0.04 g. being sufficient to kill a small rabbit, Penzoldt finds that its physiological action is not identical with strychnine.

Quebrachine is a strong vegetable base. Its alcoholic solution turns red litmus paper blue, and it completely neutralizes even strong acids.

The author has formed several salts of the base, some of which differ from the corresponding salts of aspidospermine by being less easily soluble in water.

The author reserves further details of his investigations for a future paper.

The Treatment of Cancer of the Tongue.

In the December number of the *Bull. et Mem. de la Soc. de Chir.* (quoted in London *Medical Record*), is a report of a communication by M. Verneuil on the inutility and danger of any save operative treatment of epithelioma of the tongue. This disease, it is pointed out, has never been cured, either by internal treatment or by topical applications. M. Verneuil states that he seldom meets with a case of lingual cancer which has not previously been treated by iodide of potassium. Such treatment, it is argued, cannot be justified. It is a gross error to think that iodide of potassium has any efficacy in instances of true neoplasm, for, as is well known, this agent effects no amelioration in cancers of the lip, cervix uteri, and other organs. The diagnosis of epithelioma of the tongue, in the majority of cases, should not be difficult; and through the recent teaching of M. Fournier this affection may be readily distinguished from tertiary glossitis. There are, it is true, hybrid cases in which the cancer occurs in a subject of old syphilis, and in which the objective characters of the epithelioma are modified by the constitutional affection. This condition does not indicate any alteration of treatment, for the hybrid affection, in its course, termination and prognosis, resembles pure epithelioma, and should be dealt with in a like manner. M. Verneuil asserts that medicinal treatment of cancer of the tongue is not only fruitless, but also hurtful. Surgical removal of the disease is postponed, and so much precious time is lost. Iodide of potassium often excites troublesome and obstinate glossitis, and mercury stimulates the growth both of the primary epithelioma, and of any affected cervical glands. Chlorate of potash is as useless in cases of cancer of the tongue, as it would be if given for the relief of cancer of the cervix uteri. Epithelioma of the tongue, M. Verneuil holds, if taken in time, may be cured by operation. Mention is made of four cases of complete cure. In three of these cases the growth was small and superficial; in the fourth case a relapsing growth, together with a degenerated gland, was removed. When more than a third of the tongue has become involved, when the floor of the mouth is also affected, and when the disease has been progressing for longer than a year, the case is deplorably grave, and cannot then be treated by operation with any chance of success. Removal of lingual cancer, it is asserted, is not a serious operation when it can be performed by the mouth, and when the disease is recent and not extensive. Of two hundred such operations performed under these conditions by M. Verneuil, one only was fatal; and, in this instance, the death was due to pneumonia, and not directly to surgical action. Operation at an early stage of the disease is strongly recommended; and it is stated that between the early and favorable stage and the advanced and hopeless stage there is a long interval, at any period of which the surgeon may operate without risk, and with some prospect of permanent success.

Bleeding in Tetanus.

The following heroic treatment is given by a correspondent of the *Druggists' Circular*, February, 1881:—

Peter Forbes, a colored man employed by a farmer, cut one of his fingers very severely. Little notice was taken of the cut at first, but the man was struck with the fact that the long gash in his finger was scarcely bleeding. He said nothing about it until next morning, when he awoke and found the muscles of his mouth all contracted, and felt unable to open it sufficiently to speak. A physician was called in, who, upon arriving, examined him, and told him he could do nothing for him, as his case was a fatal one. Having left the house, he was shortly after sent for a second time, and went through the same course as before, saying he could do nothing for the patient, that there was no cure for his case that he knew of, and then retired. Peter, thinking that he was going to die, thought he would resort to some means himself, hoping to effect a cure. He went to a closet and found an old shoemaker's awl and sharpened it, then he sat down and commenced to draw it across his *tongue*, cutting long gashes in it. As soon as he cut the first gash he felt greatly relieved; shortly afterwards breathing became more easy and the muscles somewhat relaxed. He, finding this to answer so well, repeated the operation several times and effected a *speedy cure*. To-day he is well and hearty and at his work. This was pronounced by several doctors as a case of lockjaw.

On Pleural Effusions.

At a late meeting of the Medical Society of London, Dr. Broadbent read a paper upon "Some Points in the Clinical History of Effusion into the Pleural Cavity." He first enumerated and explained the relative importance of the physical signs of pleural effusion, and pointed out that the curved line of dullness was due to the manner in which the lung shrinks around its root, and as the fluid rises the vocal resonance and vibration becomes exaggerated over that part of the chest-wall where the lung is still in contact. When the cavity is full of fluid the respiratory murmur may be conducted for a short distance across the back from the unaffected lung. Sometimes, however, the lung was prevented from collapsing by adhesions. by consolidation, or congestion; and he believed the persistence of bronchial breathing in such cases was due to imperfect collapse of lung. although the fluid was in large amount. The chief point he wished to urge was that while the ordinary signs of effusion into the pleural cavity—dullness. extinction of vocal fremitus, diminution of vocal resonance, and limitation of bronchial breathing to the region of the root of the lung—show that the lung retreats and shrinks before the fluid, loud tubular breath sounds at the base of the lung posteriorly and over the lateral and anterior aspect of the chest show that the lung has not entirely retreated, but that it retains a certain volume, and is more or less deeply immersed in the fluid. The patency of the bronchi and the partial condensation of the lung favor the transmission of sonorous vibrations. It is in these circumstances that œgophony is heard most distinctly and widely—from the thin layer of fluid intercepting some vibrations and transmitting others—conditions which ordinarily exist only in the earlier stages of effusion. In some of these cases there may occur some degree of vocal vibration at a period when the amount of fluid is sufficient to give dullness on percussion over the entire lung Paracentesis would be of comparatively little value in such conditions. for the quantity of fluid is small, and the consolidation of the lung would persist after its removal; and most cases of this sort get well without resort to paracentesis. In one such case only thirty ounces of fluid could be withdrawn. The conditions are met with in the pleural effusion of renal disease, often accompanied by congestion and partial consolidation of the lung. preventing its collapse: also, in effusions which rapidly became purulent, as in empyema in children. Apart from these cases, the signs indicative of a large congested lung deeply immersed in the fluid are prognostic of rapid absorption, and Dr. Broadbent had seen this now in a sufficient number of instances to enable him to predict with considerable confidence the recovery of the patient without paracentesis and in a comparatively short time. One of the first steps towards recovery is a rather sudden disappearance of the tubular breathing and the substitution of the more ordinary signs of simple effusion; and it is probable that the congested lung has relieved itself by diffusion of serum into the pleural cavity, and that the amount of fluid there is actually increased. In conclusion, Dr. Broadbent stated the rules which guide him in recommending paracentesis. It should be resorted to at once when there is serious continued or paroxysmal dyspnœa; but in the absence of urgent symptoms a week or ten days may be given after one side of the chest is full, on the chance that absorption may set in, and a longer period still when the lung has not greatly shrunk. Old age, phthisis, or a phthisical tendency, are reasons for early tapping, as also is the existence of disease of the kidneys. The spot for puncture is the eighth space, in a line with the angle of the scapula. and he had come to prefer the common trocar and cannula, with antiseptic precautions, to the aspirator. The whole of the fluid should never be removed, or attempted to be. Where the effusion has lasted some time frequent partial emptyings are to be preferred.

Unilateral Hypertrophy of the Head.

A curious example of this was lately shown to the Pathological Society of London, by Mr. Barwell. He had first come across the boy, who was then seven years old, in the country, about six years ago. He had kept the case under observation, and some time afterward tied the carotid artery on the right, which was the affected side; the object of the operation being, not any great hope that it would alone lead to benefit, but to facilitate future operations. Six days afterward he died, of a not very copious secondary hemorrhage. The deformity had been present at birth, but had grown more marked with his growth. The right side of the face was twice as broad and one and a half times as long as the left. Near the ear was a patch of ichthyosis, which was increasing rapidly at the time of the operation. The enlargement was not due to cystic disease; for the enlarged parts were of a natural consistency; and the bones, as evidenced by a cast of the alveolar processes, had participated in the increase; and the sutures had been pushed over to the left. The right half of the tongue also was greatly enlarged. Mr. Barwell observed that the deformity might have been due to some functional derangement of the sympathetic, or, perhaps, as was suggested by the occurrence of secondary hemorrhage, to some imperfect development of the middle coat of the arteries. Unilateral overgrowth, to a slighter extent, was not very unusual. and Mr. Barwell had met with several cases. The slighter degrees of overgrowth of one side of the trunk were in some cases the often-overlooked cause of lateral curvature. It was nearly always the right side which was thus hypertrophied, the left being affected only once in fifteen cases.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

The Hygiene and Treatment of Catarrh. Part I. Hygienic and Sanative Measures. Part II. Therapeutic Measures. With 40 Illustrations. By Thos. F. Rumbold, M.D., St. Louis Geo. O. Rumbold & Co. 1881. Cloth, 8vo. pp. 473.

The wide prevalence of chronic catarrh, especially in the Mississippi Valley, has been prominently brought to the notice of the readers of this journal during the last few months. One writer has said that it may be called almost universally present in Iowa. It is remarkably obstinate, and is notoriously disagreeable to the patient, and his or her friends, and generally the despair and annoyance of the physician.

Dr. Rumbold, therefore, has done a real service to the profession by devoting to this complaint the full monograph before us. It is not a compilation, but the result of twenty years' study of the disease, and the careful analysis of very many cases. He does not promise any magic remedy, but describes in detail the particular sanitary measures, the operative procedures, and the local and general medication which must be persistently, patiently, and discriminately applied, in order to conquer the various forms of this rebellious malady. He uses a large variety of instruments, nearly all of which he has devised himself, and which he figures and describes. His objections to the use of the Eustachian catheter merit special consideration.

There are many original suggestions and observations on the anatomy and functions of the naso pharyngeal organs, and on the methods of their therapeusis, scattered through his pages, which cannot fail to attract attention. We can speak of it as the most exhaustive essay on the subject in any tongue, and one highly creditable to American medical literature.

Manual of the Physical Diagnosis of Diseases of the Heart, including the use of the Sphygmograph and Cardiograph. By Arthur Ernest Sansom, M.D. Third Edition. Philadelphia, P. Blakiston, 1881. Cloth, 12mo, pp. 300. Price $2.00.

Aids to Diagnosis. Part I. Semeiology. By J. Milner Fothergill, M.D. Part II. Physical. By John C. Thorowgood, M.D. pp. 61, 75. 16mo. Each, cloth, 50 cents. G. P. Putnam's Sons, New York City.

The third edition of Dr. Sansom's work is quite three times as large as the first, and the additions have been made with good judgment. Most of the increase is taken up with the descriptions of the sphygmograph and cardiograph, instruments which the author thinks should now be in frequent use by every educated physician. The value of their evidence, he maintains, is now attested by daily experience. The directions for their use are clear and full, and any one who wishes to familiarize himself with them will find no better guide. We do not observe much change in the other portions of the work, except some more detail on the cardiac action.

The two small works whose titles are given belong to the "Student's Aid Series," published in London. They are what may be called primers of medicine, and are largely used by the London students for "cramming" for an examination. Probably they are well suited for that purpose, but an examination of them leads us to doubt the utility of introducing them to American students; there are other works, better for this purpose, from American writers, and the second one named strikes us as quite superficial.

A Text-book of Human Physiology. By Austin Flint, Jr., M.D., etc. Third Edition, Revised and Corrected. New York, D. Appleton & Co., 1881. 1 vol., cloth, pp. 977. Price $6.

The author of this work takes rank among the very foremost physiologists of the day, and the care which he has bestowed in bringing this third edition of his text-book up to the present position of his science is exhibited in every chapter. A good portion of it has been re-written, and such new views as the probable generation of heat in the body by the union of oxygen and hydrogen, and the formation of water; the discovery of the retinal red; the recent theories of the functions of the Malpighian bodies; the mechanism of micturition, as now understood, etc., have received such explanation as will render them familiar to students and readers.

The pages are freely illustrated, there being in all three hundred and fifteen wood-cuts and three lithographic plates, the latter showing embryological development.

The criticism that may fairly be made on the volume is that it is too large for a text-book. There are nearly one thousand pages, in such small type that each page has on an average eight hundred words! It appears to us this is entirely too massive a treatise to put into the hands of medical students. The author has not or does not care to exercise the faculty of judicious condensation. It could profitably be called upon in many portions of his work.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1 60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS.—MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS.—SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3 20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

INFANT MORTALITY, ITS CAUSES AND PREVENTION.

If the preservation of life is the main object of medicine, as many assert, there then is no department of it that demands more vigilant attention than the condition of the individual during the period of infancy and childhood, for it is then that by far the heaviest mortality occurs; it is then that existence runs its greatest risks.

This is strongly illustrated by the examination of vital statistics. Thus, in England, according to MR. BROWNING, among the poorer population of the large cities the child death-rate usually amounts to half (fifty per cent.) of the total deaths at all ages, and occasionally exceeds sixty per cent. of those total deaths, while in all England the child death-rate is only twenty-five per cent. of the total deaths, and is, as a rule, less than this in the healthy districts and among families comfortably off. In proportion to the higher social position of the parents, the child death-rate is everywhere diminished, so that among one hundred children of the upper and middle classes it does not average more than four casualties yearly, while it ranges from ten to twenty-six, seventy, and even ninety, in some of the poor quarters of the cities. Of 1,000,000 children of all ranks born in England, some 260,000 do not reach their fifth year. In the unhealthy districts at least 500,000, and in some places 920,000, working-class children, out of each 1,000,000 born, fail to reach the age of five years. These last figures are simply appalling.

Yet even these figures are rather more favorable than others in the Old World. Take Spain, for example: As in most of the southern countries of Europe. the rate of infant mortality in Spain is terribly high. During last November, the mortality of infants under one year of age was equal to two hundred and forty-two per thousand of the recorded births, not far short of twice the rate prevailing in England and Wales.

We have at sundry times given statistics of the mortality of infancy and childhood in the United States, which show that we have little to boast of in comparison. With us, as in the Old World, no decade of life approaches in peril the first one.

When we come to analyze the causes of this excess of deaths over other periods of life, there are several which at once suggest themselves. Many cases of so-called still-born children, and many which die within a day or so of birth, are attributable to the ignorance or carelessness of midwives, who do not use the proper means to resuscitate the asphyxiated neonatus, or neglect it, either through carelessness or design. The parents often have more children already than is agreeable to them, and they are not urgent that every possible means be resorted to to preserve the unwelcome addition to their crowded board.

Improper food is another widely destructive agent; perhaps none more so. Disorders of nutrition and intestinal diseases carry off tens of thousands in the first and second years of life. When a child has to be reared "on the bottle," or one of the numberless "infant foods" which are in the market, its chance for life is at once materially diminished. Add to this the ignorance of most mothers on the whole subject of the proper feeding of babies, and the risk. even under favorable circumstances, is great indeed.

Hereditary diseases form another special danger at this epoch. Some of them expend their principal force on the extremely young. Take one which is very widely disseminated, more so than even most physicians choose to believe, syphilis; its transmitted forms explode with most destructiveness upon the tender infant, predisposing it to succumb to slight maladies, and poisoning its nervous and nutritive activities, so that the child dies through those mysterious and vague maladies called marasmus, fits, congestion of the brain, etc., which figure so largely in the older mortality reports. Scrofula, too, impresses its deteriorating power chiefly on the tissues of the very young, leading to degeneration of tissue and disturbance of physiological function.

Childhood, again, is the season of epidemic diseases. There is a formidable group of these which are distinguished as "diseases of children;" not that they are confined to childhood, but that they are so much more prevalent and dangerous in patients at that age. In accordance with one theory, of doubtful authenticity, they belong to the class of "zymotic" diseases, their exciting cause being, perhaps, the presence and development in the economy of certain low organic forms. Their greater virulence in children may be explained either by the supposition that their active poisons find a more congenial soil for growth in the tender tissues and rapid vital changes of the young; or that the law of "the extinction of the unfit" (which is the correct expression for the survival of the fittest) is in more active operation in early life—as it naturally would be.

These four causes: neglect at birth, improper feeding, hereditary disease, and epidemics, explain a great deal of the excess of the mortality of infant over adult life. There are also to be taken into account the greater liability of children to accidents; their diminished resistance to extremes of temperature, heightened by improper clothing; their ignorance about the commonest sanitary precautions; and their want of self-control over their appetites and passions.

The practical question arises, how far are the causes above enumerated capable of being modified or removed. That with proper surroundings they can be greatly reduced is evident from the English statistics above quoted, where the annual mortality is reduced from ninety per cent. in one class of society down to four per cent. in another! A truly wonderful contrast!

As, however, it is simply impossible to make all classes rich, sober, wise and dwellers in healthy country districts, the next best resource is, in the opinion of many, to establish large sanitaria for children, where they can be received and cared for under the best surroundings.

Beginning with early life, the first of these institutions must be foundling hospitals. Foundlings in America are generally sent to the almshouse, no special provision being made for their reception or care. They are generally picked up in the street by a policeman, after they have been exposed to cold and want. Their consequent death-rate is needlessly high. In Paris there is now an institution known as that of the "Enfants Assistés." This institution replaces to a certain extent the old "Tour des Enfants Trouvés," where the children of indigents, or those abandoned by their parents, are, up to the age of sixteen or eighteen, admitted and maintained at the expense of the municipality. The number of children thus taken care of amounts, in the department of the Seine alone, to 27,000, involving an expenditure of 4,000,000 francs, or $800,000. During the last year, no fewer than 3200 new-born infants, abandoned by their parents, were admitted into this institution.

We believe that such institutions are considered immoral by a certain number of virtuous women and unco guid men in the United States, so, perhaps, we had better not advocate this humane care for these wretched infants, but leave them to be thrown down cesspools and left to die in side streets. Public morality, it is said, is greatly enhanced by thus disposing of the fruit of illicit love.

Less objections can be urged to orphan asylums, and their benefit is undeniable. Mr. **Browning**, whom we have already quoted, and who is an English Health Officer of merit, makes the really extraordinary statement that, in nine large orphan asylums near London, whose inmates are, as a class, naturally of the feeblest constitutional type, mostly inheriting scrofulous, syphilitic, and alcoholismic diatheses, the average annual mortality is but 3 per 1000, or 0.3 per cent.

Such results have stimulated philanthropists to increase such institutions. We observe it lately noted that the Russian Society of Public Health is actively engaged in endeavoring to promote the foundation of sanitary colonies for the treatment of children suffering from chronic diseases.

The establishment of summer sanitaria, and of children's colonies, during the hot months, has been a genuine blessing to the poor infants of our crowded eastern cities. Their few days among the flowers, in the woods and through the valleys of the country, in June and July, are like a glimpse of heaven to these dwellers of reeking slums and foul alleys. As the season is approaching when this estimable charity will again begin its labors, let each speak for it, and work for it, as opportunity offers.

NOTES AND COMMENTS.

An Instance of Movable Liver.

In the *Wiener Med. Blätt*, is recorded an observation accidentally made on a physician by Dr. Chvostek. There were no symptoms whatever of anything wrong in the abdomen, and there was no history of violence, or of any occurrence that threw light upon the condition. When the man stood up, the upper and posterior border of the liver was felt to come forward from under the margin of the thorax, and to be six centimeters and a half below the tip of the xiphoid cartilage in the right parasternal line, and one centimeter below that point in the left parasternal line. The left end of the liver was plainly felt through the abdominal wall, and from it the anterior, or rather the lower edge of the liver could be traced arching down to the right, being in the middle line fifteen centimeters below the xiphoid process, and in the right nipple and axillary lines respectively seven and one-and-a-half to two centimeters below the edge of the thorax. The liver did not markedly descend on taking a deep inspiration. In the horizontal posture it could be replaced under the ribs to a considerable extent. In lying on one side the organ fell to some extent toward the dependent side. The lower edge of the suspensory ligament could be felt tightly stretched, but this produced no pain, and so completely absent were all symptoms that the condition was only discovered accidentally.

Intravenous Injection of Ammonia.

Mr. Thomas E. Clark, of Bristol, states (*Brit. Med. Journ.*, March 12th), that he has tried this in surgical collapse, with promising results, and adds:—

"I feel sure that in many cases of supposed collapse from hemorrhage the collapse is due, not so much to the loss of blood, as to nervous shock; and, therefore, ammonia is more likely to be beneficial than transfusion of blood. There are many cases of collapse from nervous shock in midwifery practice which would be benefited, if not saved, were the cause more thoroughly understood; there is not time for remedies to reach the system other than by being placed directly in the venous channels."

On Congestive Dysmenorrhœa.

At the conclusion of an article in the *Lancet*, Mr. Herman states his conclusions on this subject as follows:—

1. The term *congestive dysmenorrhœa* is one which has no definite and generally accepted meaning. but is applied by different authors to different conditions.

2. That there is a form of dysmenorrhœa characterized by deficiency in the quantity of the flow, with increase in the pain, these changes occurring in a patient whose general condition is not such as would cause menstruation to become scanty, and who is otherwise in good health.

8. In such cases local depletion always relieves. and if the changes be recent, cures, the patient.

4 That in these cases the absence of appreciable morbid conditions other than congestion, and the prompt relief by local depletion, give good reason for thinking that the pain is due to congestion.

5. That it would be well either to restrict the term "congestive dysmenorrhœa" to these cases alone, or at least to separate such cases from all the other forms of disease to which the term congestive dysmenorrhœa has been applied, the adjective *primary* being suggested as the best distinguishing prefix.

The Causation of the Uniformly Small Pelvis.

Dr. P. Müller writes upon the frequency and etiology of the uniformly narrow pel-is (*Archiv für Gynäkologie*). He thinks that narrow pelves are more common than is supposed; that they are thought rare because obstetricians do not systematically measure the pelvis. Out of 1177 cases in his clinique in which the pelvis was measured, he found the following number of cases of the different pelvic deformities: 1. The flat pelvis, 95 (simply flat, 86, rachitic, 9). 2. Generally contracted pelvis, 88 (generally contracted simply, 71, generally contracted and flat, 4, generally contracted and rachitic, 12 3. Osteomalacic, 2. 4. Obliquely contracted pelvis, 2. 5. Funnel-shaped pelvis, 4. The following are the conclusions as to its etiology to which he has arrived: (1.) He believes he has brought forward proof that in his part of the world (Berne) the generally contracted pelvis, which elsewhere is seldom met with, occurs with exceptional frequency. (2.) That rickets contributes much more to its production than is generally admitted. (3.) He is inclined to assert that among the large number of pelves belonging to this category which are not rachitic, cretinism is a causal condition in not a few, and that it is highly probable that in the Berne district this condition plays a part in the etiology of this kind of pelvic deformity. His last conclusion is a practical one. (4.) That in a large majority of these cases the development of the fœtus is such that its small size diminishes considerably the risks of labor.

The Treatment of Burns.

The London *Medical Record* gives the treatment pursued by a writer, who, as physician in chief to a large iron mining and smelting company in Styria, has cases of burns very frequently presented for treatment, and has found the following method most successful. The wound is first cleaned (without opening the blisters), then disinfected with a two per cent. solution of carbolic acid, and covered with a thick furniture varnish, prepared from linseed oil and litharge, in which five per cent. of salicylic acid has been dissolved by warming. The varnish is allowed to dry and another coat applied; over this a layer of Bruns' cotton is placed, about two thirds centimeter in thickness. The wound seldom suppurates, generally healing under the varnish, which is finally removed as a dry pellicle, no change of the dressing having been necessary. Should, however, suppuration be indicated by the setting in of fever, or by the occurrence of painfulness, the dressing is removed from this locality; if the spot be not over five centimeters in diameter, nothing further is done than to strew the moist surface with dry powdered salicylic acid; if larger, an opening is cut in the dressing, the salicylic acid is applied as before, and then covered with a fresh layer of cotton. The scars become, by this method, entirely smooth, white, and are not hypertrophied.

Rational Sundays.

The *Lancet* and other leading medical and lay journals have expressed themselves decidedly in favor of having the British Museum open on Sundays. A petition "in favor of a rational Sabbath," from the medical students of London, has been proposed. The opposition to such measures is gradually weakening in both England and this country, and the intelligent public are yearly becoming convinced that it is better for the health and morals of that large class who have to work six days out of seven, that some better entertainment should be provided for them on Sunday than walking the streets or befogging themselves in drinking saloons.

SPECIAL REPORTS.

NO. IX.—OPHTHALMOLOGY.

BY C. S. TURNBULL, M.D.

As the annual literature of ophthalmology is more than any one man in active practice, even in that department alone, can manage to read, though he religiously devote every spare moment to his journals (special or general), it has been our aim, according to a wish expressed by the editor of the MEDICAL AND SURGICAL REPORTER, to furnish ophthalmological notes of interest and practical value to the general practitioner.

In attempting to review this special department of medicine, we are, of necessity, deeply indebted to the *Archives of Ophthalmology*, edited by Dr. H. Knapp, of New York, in conjunction with other eminent ophthalmologists from all parts of the world.

We have endeavored, in every instance, to mention the source from whence information has been derived, and have presumed, when points of peculiar interest have arisen, by adding notes based upon personal experience and the early training under Dr. H. Knapp, who was the first to inspire us with an appreciative admiration for this branch of medicine.

Apart from what is contained in special journals it is almost impossible to pick up a modern medical periodical without being able, before closing the same, to learn some fact of ocular importance, and it is for those who are actively engaged in general practice, and who must read as they go, that we have endeavored to collect and condense items of practical interest in ophthalmology, and have not deemed it advisable to refer to other than recent articles. We have commenced with a reference to vol. xliv, No. 14, of this journal, which contains a review of the Transactions of the American Ophthalmological Society, Newport, 1880.

Under the title of Ophthalmic Miscellanies, (*A. f. O.*, Vol. IX, No. 3, p. 279), F. C. HOTZ, M.D., of Chicago, reports a case of

Tonic Blepharospasm of Five Months' Duration Relieved by one Application of Tincture of Iodine.

Miss Martha I., aged 17 years, American, was admitted to the Illinois Charitable Eye and Ear Infirmary on the 9th of March, because for five months she had not been able to open her right eye. Nine years ago she received a severe blow upon the right eyebrow with a piece of wood, and four months later a piece of dry bread was thrown at her eye. These accidents, however, did not seem to be of any consequence, for the eye continued to be as good and strong as the other, until one year ago last fall, when both eyes became very red and painful. The inflammation (which probably was phlyctenular keratitis) was particularly in the right eye, and lasted three months. Then her eyes were well again until five months ago, when she had "erysipelas of the eyelids;" the lids of the right eye were swollen and red, and when the swelling had disappeared she could not raise the upper lid; and, in spite of various remedies her physicians had tried, the right eye remained closed.

The examination revealed a very remarkable tetanic contraction of the supra-orbital portion of the right orbicularis muscle. The eyebrow was drawn down, being considerably lower than that of the left eye; it covered the whole upper lid, so that the ciliæ only were visible. The integument of the region of the eyebrow was neither red nor swollen, nor tender on pressure, but it was firm, like a contracted muscle, and the patient felt an unpleasant soreness in it. Nowhere about the head or neck could I find any "pressure point;" but when the eyebrow was lifted up and held in its natural position by a gentle pressure of the finger against the supra-orbital margin, the patient could at once open her right eye without the least difficulty; the tarsal skin appeared perfectly smooth, there being evidently no spasm of the lid portion of the orbicularis muscle. As soon as the finger was withdrawn from the eyebrow, it was drawn down and the eye closed again. Electricity had no effect upon this spasm. The eye was very hypermetropic; showed considerable hyperæmia of the ocular conjunctiva and several superficial opacities in the cornea.

Thinking the blepharospasm might, perhaps, have been caused by spasm of accommodation, or by irritation of the corneal nerves, I instilled atropine. But the repeated use of the ($\frac{1}{5}$ per cent.) solution did not affect the spasm. Before and after atropinization V. = $\frac{20}{30}$; H. = $\frac{1}{12}$; L. E. V. = $\frac{20}{20}$; H. = $\frac{1}{12}$; cornea normal. At a loss what further to suggest, I remembered a case of persistent blepharospasm, which Prof. Zehender relieved by the use of tincture of iodine. And, *ut aliquid fiat*, I penciled tincture of iodine into the region of the right brow. The effect was like a miracle; after two minutes the muscle was relaxed, the eyebrow had recovered its natural position, and the patient could open and shut the eye at will. But, strange to say, on the following day the right lower lid, which had been perfectly normal, was inverted. It was a spastic entropion, which was easily relieved by a slight traction upon the lid. During the day the lid retained its normal position, but became inverted again during the night. On March 16th, therefore, I applied tincture of iodine upon the integument of the lower lid, with the same happy effect as in the case of the upper lid. The spasm was relieved and did not recur, although soon afterward (from March 18th to 24th) the patient had an attack of erysipelas of the right side of the face. On April 3d she left the infirmary.

Dr. H. KNAPP mentions

Some New Ophthalmoscopic Changes from Concussion of the Retina.

K. was struck with the peculiar ophthalmoscopic appearance of an eye which the patient had hurt against a hard object.

"He came to the clinic day after day. His sight was somewhat dimmed, and in the outer part, where the eye had been hurt, the conjunctiva was slightly œdematous and suffused with blood. The refracting media were clear, the pupil was regular in shape and mobility, the lens was in position and uninjured; but at the periphery of the outer upper quadrant of the fundus the *retina was milky-white, interspersed with some punctate hemorrhages* in an area about four times the extent of the optic disc. The milky patch was whitest in the centre, and at the edges faded away gradually into the healthy background. There was no other abnormity in that eye. When I saw the patient again, in a few days after, the patch was much less opaque, having a whitish-red color; and after some days more, when I saw him again, it had disappeared, just as had the œdema and suffusion of the conjunctiva. His sight was normal. * * * * * * For this peculiar white opacity of the retina, I know no other cause than concussion. It resembled the opacity we notice after embolism of the central retinal artery, but the picture was still more similar to that which we see after resection of the optic nerve, when, as is frequently the case, the blood vessels remain filled. It disappears in the same way, only more rapidly. I do not remember having seen it in other cases, though I have no doubt that it is of frequent occurrence, only overlooked on account of its evanescent character and the absence of marked and lasting functional disturbances. I wanted to put it on record as an objective symptom of concussion of the retina, which probably has been noticed also by other observers."—*A. f. O*, Vol. IX, No. 3.

Dr. SWAN M. BURNETT, of Washington, reports (*A. f. O.*, Vol. IX, No. 3), an abstract of ophthalmological papers read at the last meeting (31st) of the American Medical Association, among which was one by Dr. E. Gruening, of New York, who exhibited a

Magnet for the Removal of Particles of Steel and Iron from the Interior of the Eye.

Dr. G. has been experimenting for some time with various forms of magnetic apparatus, with the view to making an instrument possessing the greatest amount of magnetic polarity within the least possible dimensions. He first tries a well magnetized steel cylinder, filed to a long, slender point. This, however, was not satisfactory, since its polarity was feeble and the point was easily broken. He then fitted a needle of iron into the steel magnet, and found it to act stronger, and the needle did not become brittle. He then joined a number of cylinders together, and united them with a cap at each end; and at one end he inserted a needle 52 mm. long, 1 mm. wide, and 0.3 mm. thick. His present instrument will support a key weighing 28 grams. In order that the instrument may not lose any of its power, it is provided with a keeper which joins the two ends, and thus keeps the current of magnetism within the magazine.

The Detection of the Presence and Location of Pieces of Steel and Iron in the Eye by the Indications of a Magnetic Needle,

was the subject of a paper by Dr. T. R. POOLEY, of New York.

The idea was first suggested to the author by some experiments of his brother, Prof. J. H. Pooley, of Columbus, on the detection of such bodies in other portions of the body. Dr. Pooley detailed at length the experiments he had made on the eyes of animals, and the conclusions he feels justified in arriving at are as follows:—

"That a steel or iron body may be detected by a suspended magnet when the body lies near its surface. The presence and position of such a foreign body may most surely be found by making it magnetic by induction, and then testing for it by a minute suspended magnet. The intensity of deflection of the needle is proportionate to the depth of the body. Changes of deflection of the needle indicate changes of position of the foreign body."

Where a foreign body, especially a piece of metal, has entered the *interior* of the eye, our advice, in the majority of cases, would be to enucleate the eye. If the body can be seen an attempt at removal would be justifiable. The incision must be made behind the ora serrata, and the foreign-body hook of Knapp be used under illumination. If attempts at removal should prove unsuccessful, enucleation can be resorted to.

From the "Quarterly Abstract of American Ophthalmic Literature," by Dr. S. M. BURNETT (*A. f. O.*, Vol. IX, No. 3), we select the following:—

Traumatic Astigmatism.

Dr. J. B. ROBERTS, *Medical Gazette*, February 21st, refers to astigmatism after cataract operation, which he has found to vary from $\frac{1}{15}$ to $\frac{1}{30}$, and the astigmatism resulting from corneal ulcers. The last is mostly irregular, but still, benefit is often found from the employment of cylindrical glasses."

On the Relative Value of Atropia and Duboisia in Ophthalmic Practice.

By S. D. RISLEY. *American Journal of Medical Science*, April:—

R. has used duboisia in 140 cases for paralyzing accommodation in testing refraction. From a study of its use in these cases and in inflammatory affections, he arrives at the following conclusions:—

1. That in solutions not stronger than two grains to the ounce, duboisia sulphate is free from danger. 2. That the duboisia sulphate more rapidly paralyzes the ciliary muscle than a four-grain solution of atropia sulphate. 3. That the duration of its effect is less than half that of atropia sulphate. 4. That the preparations now in the market are more liable to irritate the conjunctiva than neutral solutions of the sulphate of atropia. 5. That in the treatment of inflammations of the eye, duboisia is quite as useful as atropia, and may, therefore, be used as a substitute.

The same author contributes an interesting paper on "Homatropin Hydrobromate as a Mydriatic." *American Journal Medical Science*, January, 1881

A New Operation for Symblepharon, and Permanent Cure.

By E. McFarlan. New York *Medical Record*, April 10th:—

The attachment was below. The lid was dissected upon a pin passed horizontally through the integument; another pin was passed through the cheek, parallel to this one, and the two were united by a figure of-eight ligature, thus producing a temporary ectropion. As soon as the conjunctiva had healed, the ligature and pins were removed and the difficulty was found to be permanently relieved.

The Parasitic Theory in Ophthalmology.

By W. W. Seely. Cincinnati *Lancet and Clinic*, April 17th:—

Dr. S. puts himself on record in regard to this theory as follows: "The danger in all conjunctival inflammations is corneal complication; and that that complication comes from infection, I believe, will hardly be denied; and, furthermore, that the infection arises from losses of corneal epithelium allowing entrance to the germs; and, furthermore still, that in a vast number of cases the erosions are brought about by the officiousness of the surgeon and his injurious remedies, I firmly believe."

Concerning lesions of the cornea I fully concur with Dr. S. Sins against poor inflamed eyes are oftenest those of commission; would they were of omission; nature would have a better chance.

The Value of Salicylic Acid in Treatment of Rheumatic Diseases of the Eye.

By F. C. Hotz. Chicago *Med. and Surg. Exam.*, May:—

Four cases of acute iritis, of probable rheumatic origin, are given, in which salicylicate of soda was administered, in addition to the usual treatment, with good results; and two cases of paralysis of the motor oculi nerve were much benefited by salicylic acid, and in doses of 0.15 to 0.25 every three or four hours.

We have had equally good results in the use of salicylate of quinia in cases of rheumatic iritis.

On Gonorrhœic Irido-choroiditis.

By C. J. Kipp. New York *Med. Record*, June 26th:—

K. gives the detailed history of three cases in which there seemed to be no doubt of the connection between the uveal inflammation and urethral discharge.

A Case of Mixed Astigmatism, Supposed to have been Caused by the Sucking of the Eye by an Infant.

By D. Webster. New York *Medical Record*, July 10th:—

One eye was emmetropic, the other had V. = $\frac{8}{100}$, but it was raised to $\frac{20}{20}$ by — $\frac{1}{16}$ c, axis 70°, combined with + $\frac{1}{42}$ c, axis 160°. Vision in the lost eye was said to have been normal until after a period, when, to quiet her infant, she allowed it to suck her eye.

The Anæsthetic Effect of Cold upon the Cornea as a Therapeutic Measure.

By H. S. Oppenheimer. New York *Med. Jour.*, July:—

For the relief of all those symptoms due to hyperæsthesia of the cornea, photophobia, pain, blepharospasm, etc., Oppenheimer was induced to try melted ice dropped into the eye. He has found it useful in all forms of corneal inflammation, except, perhaps, the suppurative. He directs the water to be dropped in the eye every few minutes, from half an hour to an hour, lengthening the interval as the symptoms improve. He has used it in twenty five cases.

We have for the same symptoms used muriate of morphia (pure) with marked beneficial effects, especially when combined with equal parts of atropine or eserine in solutions.

On the Nature of Cataract and its Treatment by Electricity, with the Report of a Case.

By E. Evetzky. New York *Med. Jour.*, July:—

Dr. Neftel is the originator of a recent discussion of the influence of electricity in the progress of cataract, by his article in *Virchow's Archives*, Bd. 79, p 465. The extravagant claims there set forth, and further promulgated in this country through the columns of the *Churchman* newspaper, have been successfully met by Drs. Knapp, Agnew and Webster, in letters published in the New York *Medical Record*, under the dates of May 15th, 22d, 29th, and June 12th, to which letters the reader is referred who is desirous of following the matter in detail.

Dr. Evetzky's article is an attempt to show in what manner electricity might exert a favorable influence in the progress of cataract, but the case he cites in illustration fails to support his belief, because at the end of the treatment V. was much worse than at the beginning. It is true V. was at one time found to be better than at first, but the circumstances under which the test was applied are not given. This is an unfortunate omission, since, as Dr. Knapp remarks in one of his communications, persons affected with central cataracts (as in this case) have very variable vision, according as their pupils are larger or smaller under the influence of light.

Optico-ciliary Neurotomy, the proposed substitute for extirpation of a lost and painful eyeball. By J. J. Chisholm. Transactions Medical and Chirurgical Faculty, Maryland, 1880.

Up to the date of publication of the paper Chisholm had done ten operations, in two of which he had to subsequently enucleate, after a lapse of three weeks in one, and of five months in the other.

From the German report on the progress of Ophthalmology for the second half of the year 1879,* we select the following:—

---

* Translated by Dr. R. O. Born, *A. f. O.*, vol. ix, No. 3.

Dr. H. Magnus, of Breslau, says, in reviewing the book of Dr. Alt, on the "*Normal and Pathological Anatomy of the Eye,*" with ninety-five wood-cuts, drawn from his own preparations (Weisbaden. F. Bergmann, 1880, the English edition, by G. P. Putnam's Sons, New York):—

"A compendium of the normal and pathological anatomy, important and indispensable to the teacher as well as to the practitioner. Alt has laid more stress upon the pathological conditions, and less extensively described the normal structures. A great number of most instructive engravings, drawn from nature, by the author, materially increase the value of the book, and facilitate the understanding of the pathological processes. The book really fills a long felt want in our literature, and will greatly contribute to the study of the pathology of the eye."

This book will be found most reliable to those studying the microscopic anatomy of the eye, because from Stricker, etc., the histology can be thoroughly worked up; but we must turn to Alt when we want advice concerning the microscopical examination of a pathological eye. This latter is the information wanted by the surgeon, who is always supposed to be familiar enough with his histology.

Mauthner. *Hemiopia.* (*Vortrag in der wissench. Vers. d. Wiener med. Doct. Coll.*, 24 Mærz., 1879; *C. f. A.*, p. 316.)

"He states, as to the origin and course of the optic nerve fibres: The centres are in the posterior lobes of the cerebrum; from there the fibres pass through the intercalated ganglia: thalami optici, corpora quadrigemina and geniculata; they emerge as optic tracts; until then, without a partial crossing of the lateral bundles, they are partially crossed in such a manner that in each optic nerve the main portion of the fibres comes from the opposite side of the cerebrum."

D'Œnch. *Contributions to the Knowledge of Congenital Ectopia Lentis* (*C. f. A.*, Vol. ix, p. 31), will appear in the English edition of these archives. Careful bibliography. The results are as follows:—

"1. Ectopia lentis is a formative defect, the causes of which are not yet explained.
2. It always affects both eyes, in most cases symmetrically.
3. The dislocation is almost always upward, up-and inward, or up-and outward.
4. Most frequently (about 80 per cent.) the lenses remain clear; they are often smaller than normal.
5. The zonula Zinnii can either be present or wanting.
6. It is connected with myopia in about one-fourth of the cases.
7. It may remain stationary during the whole life, or develop into spontaneous luxation.
8. Heredity plays a part in its etiology."

Dr. John B. Roberts, of this city, contributes an interesting case of "Ectopia Lentis," in the Philadelphia *Medical Times*, January 29, 1881.

We have been recently consulted for a similar case, in which both lenses were symmetrically displaced, and the patient, a lad aged fifteen years, a pupil in the Philadelphia Central High School, was in the condition of a person recently successfully operated on for cataract: *i. e.* without lenses. He used but one eye at a time and saw perfectly with either at 2½″, rubbing his nose on the page as he read, and steadying his hand on his forehead as he wrote. Beyond that distance everything was obscure and imperfect in outline. The adjustment of proper glasses secured for him full distant and near vision, and opened to him a new world.

(*To be continued.*)

CORRESPONDENCE.

Quinquinia.

Ed. Med. and Surg. Reporter:—

In your issue of February 19th, in the course of an interesting editorial article on the cultivation of cinchona trees, you advert to the fact that in consequence of the abrogation of the duty on quinine, manufacturers in this country are unable to compete with those abroad, and the production of quinine in the United States has fallen off about forty per cent., from an annual average of 900,000 ounces to an average of about 500,000 ounces. "In place of it," you go on to say, "the manufacturers are pushing with vigor substitutes, such as cinchonidia, which is protected by a duty of forty per cent., and the various mixtures of the commoner alkaloids which are rendered at a larger profit than the sulphate of quinine would allow."

I desire, in this connection, to call the attention of your readers to a preparation which, while it contains the other, or as you denominate them the "commoner," alkaloids, cannot properly be called a "*mixture*" of them. This designation is entirely proper and truthful. I believe, as applied to many, perhaps all, of the combinations offered as substitutes for the sulphate, with this one exception. The article to which I refer is offered to the profession under the name of Quinquinia. It consists of all the extractives and alkaloids of cinchona in their natural combination, except quinine, which constitutes about fifteen per cent. of the entire mass.

None of them have been extracted and then re-introduced or re-combined, but they have simply been left in their natural conditions, proportions and combination, and purified in mass from excrementitious, inert and irritating substances.

As you will see by the article which I enclose, and which I had the honor of reading before the Medical Society of the State of Pennsylvania, at its last meeting, the composition of this residual extract is found, upon analysis, to be very nearly the following :—

Quinia	alkaloid,	15 per cent.
Quinidia	"	15 "
Cinchonidia	"	15 "
Cinchonia	"	25 "
Chinoidine	"	30 "

It is in the form of a dull brown powder, not crystalline, readily soluble with the addition of small quantities of the acid, and makes up very easily into the pilular mass. It can be furnished at little more than one-third the price of quinine. As an antiperiodic in pure uncomplicated cases of malarial disease it acts quite as efficiently as quinine in the same doses, and has indeed proved successful in many instances in which the latter has failed. My own experience in its use has been rather in diseases of exhaustion, in which I have obtained most satisfactory results from it. The testimony of Dr. L. S. Oppenheimer, of Seymour, Indiana, as detailed in a paper read before the Mitchell District Medical Society of Indiana, and published in the last number of the Cincinnati *Lancet and Clinic*, is worthy of repetition, as the district in which he practiced is one in which malarious diseases are prevalent, and the powers of quinine have been most thoroughly tested. After mentioning the fact that he had, for many years, obtained good results by adding cinchonidia to quinia, he continues: "I have found that from fifteen to twenty grains of quinquinia, administered in five-grain doses every half-hour, the last dose to be given about half an hour before the expected paroxysm, will ward off nearly every simple paroxysm; only in extremely rare cases, when the patient has acquired great tolerance of the cinchona salts, is it necessary to increase the daily quantity to be taken to twenty-four or twenty eight grains."

"In the treatment of night-sweats due to general debility, I have found a solution of quinquinia in an excess of dilute aromatic sulphuric acid quite successful; the tonic properties of the former with the specific action of the latter forming a very desirable union. It is best to give the medicine, whenever convenient, in solution, or in pill form. If the stomach be very irritable, the following elixir will be found to be exceedingly serviceable; most children will take it without any trouble, and it does not produce nausea :—

Quinquinia,	140 grains
Citric acid,	90 grains
Oil of orange,	8 minims
Acetic acid,	30 minims
Spirit of cinnamon,	12 minims
Whisky (or alcohol),	4 ounces
Syrup,	6 ounces
Water,	6 ounces.

"Make a solution of the citric acid in two ounces of the water, with which mix the quinquinia, then add the acetic acid and dissolve; mix the oil of orange and the spirit of cinnamon with the whisky, and add to the other; then add the syrup and water, and filter. Each teaspoonful of this elixir contains about one grain of quinquinia."

"In conclusion, I would repeat that I quite agree with the general expression of physicians who have used this remedy, that it is sometimes apt to nauseate, when taken in large doses, but it does not give rise to other unpleasant phenomena of cinchonism; it *is more reliable as an antiperiodic and tonic than any of the cinchona salts.* (The italics are my own.) It has some antipyretic power, and it is not quite so bitter as the salts. In short, it answers the demand made by the profession of this country for an intelligent arrangement of the useful alkaloids of the calisaya bark, so that the tonic properties should not be sacrificed for the antipyretic, nor the antiperiodic powers sacrificed for the tonic. It approaches nearer to therapeutic perfection than the other preparations of the cinchona tree."

In five hospitals and dispensaries in the city of Chicago, careful notes have been kept of cases of intermittent fever and other malarial affections treated by this remedy, of which the following is a brief synopsis: Intermittent fever, 4; remittent fever, 5; rheumatic fever, 3; neuralgia, 3; gastric fever, 1. In all of these cases the remedy was entirely successful. It was given in doses of from four to eight grains. In twenty of the cases of intermittent there was no return of the paroxysm after the exhibition of the drug. In five, one single chill followed, and in none did they persist longer than a week.

These observations, made with such accuracy as to entitle them to respectful consideration, certainly indicate that we have in this article a valuable addition to our available materia medica. I would especially urge a trial of its virtues upon such of your readers as live in malarious localities. BENJ. LEE, M.D.

1106 Walnut St., Philadelphia.

German Measles.

ED. MED. AND SURG. REPORTER :—

The presence of numerous cases of epidemic roseola or German measles in this city, or some sections of it, I should say, probably is affording many physicians an opportunity to realize that there is really such a disease. It would seem to be to not a few a total stranger. A somewhat popular practitioner, who received his diploma from our leading medical school a little less than a decade ago, on visiting a person affected with it, declared that he was suffering from some casual disorder of the blood, and on being told that it might be German measles, as a neighboring family had it, pronounced that notion absurd, because there was no disease of that kind, there being only one sort of measles.

There may be something said about this disease in the colleges of late, but I know there was nothing a very few years back; and it is only in the recent text books on practice that accounts of it are to be found. Assuredly it is a distinct affection, and one, too, which it is by no means hard to identify. It resembles both measles and scarlet fever to some extent, but altogether is very different from either. I did not sit down to write a description of it, however, so I will stop here. T. S. S.

Philadelphia, March 19th, 1881.

Parotitis.

ED. MED. AND SURG. REPORTER:—

This, as its name signifies, is an inflammation of the parotid gland, and commonly known as mumps. In Vol. xxxv, No. 18, of the MEDICAL AND SURGICAL REPOTRER, I gave the case of Issacher McLane, who lost both parotid glands from suppuration of the surrounding areolar tissue. April 28th, 1880, nearly four years afterwards, I called at McLane's, and found Issacher suffering from mumps. The submaxillary glands were swollen and tender, and the other usual symptoms of mumps were present. The other members of the family were affected by the disease shortly afterwards—those of them who had not previously had it.

I give this to your readers to show that the loss of the parotid glands does not exempt the sufferer from mumps, and that the inflammation is only transferred or attacks other glands when these structures have been lost. We may, therefore, ask the question, Is parotitis a proper name for this disease? J. S. WRIGHT, M.D.

Gatchelville, York Co., Pa.

NEWS AND MISCELLANY.

Report on Trichinæ.

The report on trichinæ, compiled by the late Passed Assistant Surgeon Glazier, of the Marine Hospital Service, forwarded to the Senate by ex-Secretary Sherman, in answer to a Senate resolution of December 13, 1880, is now passing through the press at the Government printing office, and will soon be ready for distribution. The work was commenced in July, 1879, and nearly a year was consumed in the collection of materials. The report contains a history of the discovery of the trichinæ, their natural history, theories of their source, the history of the disease trichinosis, statistics of epidemics, etiology, pathological anatomy, symptoms and treatment, symptoms of trichinosis in animals, a discussion of the means for the prevention of the disease, synopsis of the regulations governing the pork trade in Europe, results of the examination of European and American pork, discussion of some mistakes occasionally made in making microscopical examinations, a statement of the disease as it has occasionally appeared in the United States, and a report of the letters transmitted to the Treasury by the State Department, from United States Consuls abroad, upon the subject. The importance to the United States of having the matter thoroughly understood is shown by the letter of the Secretary of the Treasury, wherein it is stated that "the value of bacon and hams exported from the United States (during the fiscal year ended June 30, 1880) was $50.987,603, and of pork, $5,930,532, and of lard, $27,920.367—in all $84,838,502."

The sections of the report relating to the history of the discovery of the parasite, its natural history and the theories of its origin, are largely compiled from German authorities, original translations of the principal German text-books having been made by Dr. Glazier, as the American literature on this part of the subject was not extensive, the Germans having had more experience with trichinæ and with the disease trichinosis than any other nation. It is shown in the report that nearly all animals may be infected with trichinæ, but the heretofore commonly received opinion that these parasites were originally found in rats is shown to be untenable, although they may be reproduced in any animal feeding upon the flesh of other trichinosed animals, of whatsoever species, and the circle of infection is thus believed to be kept up. The practical "Question of Trichinazation has relation to the infection of man through the hog, and there is not much ground for the supposition that hogs are infected from kitchen slops, as there is nothing essentially different in them from the food eaten by the family." It is further shown that hogs kept in stalls in which trichinosed hogs have been kept will become infected, and that the only means of prevention of this disease among swine is: First, that the stalls or pens in which the animals are kept be kept scrupulously clean; second, the swine must have good, clean food, and not allowed access to diseased meat of any kind—the not uncommon practice of throwing dead poultry, rats or cats to swine shown to be a source of danger, and should be prohibited by statute; and third, as soon as any animal is suspected of disease it should be separated from the herd.

Much space is devoted in the report to the history of epidemics of trichinosis, and it is shown that trichinæ have been found in all countries where search has been made for them, but, owing to the German habit of eating raw meat, there have been more cases of trichinosis in that country than elsewhere. The results of correspondence with the professors of anatomy and demonstrators of anatomy in nearly every medical college and public institution in the United States where dissections are made, are given, and the infrequency of the disease in this country may be fairly presumed from them. These statistics cover the institutions above named, from the New England, Middle, Southern and Western States, including California. A short chapter is added as to the general utility of public abattoirs, and it is reiterated throughout the report that ordinary cooking will destroy trichinæ and render them harmless.

A New Medical College.

The public announcement of the formation of a new medical college in this city was made last week. Its creation has been matter of private conversation for some time. The title is "The Medico-Chirurgical College of Philadelphia." The prospectus says: "Feeling that there is now a demand for another medical school in our city, the founders of the Medico-Chirurgical College join the sister colleges of the regular school in the laudable work of maintaining for Philadelphia her reputation as the chief medical centre of the United States."

A novel feature is a collateral course on English Science and Literature and the elements o Latin, without additional expense to the studen

A three years' course is to be obligatory, in spite of the failure of Bellevue to sustain one.

The college building is at the corner of Broad and Market streets. The following are the officers and faculty:—

Officers—President, Geo. P. Oliver, M.D.; Secretary, Charles L. Mitchell, M.D.; Treasurer, Geo. E. Stubbs, A.M., M.D.

Faculty—Geo. P. Oliver, M.D., 936 North Fifth street, Professor of Principles and Practice of Medicine and Clinical Medicine. H. Earnest Goodman, M.D., 1427 Chestnut street, Professor of Principles of Surgery and Clinical Surgery. Geo. B. H. Swavze, M.D., 1828 Columbia avenue, Professor of Obstetrics and Gynæcology and Clinical Gynæcology. Geo. E. Stubbs, A.M., M.D., 1501 North Seventeenth street, Professor of Anatomy and Clinical Surgery. William F. Waugh, A.M., M.D., 878 North Sixth street, Professor of Materia Medica, Therapeutics and Clinical Medicine. A. S. Gerhard, A.M., M.D., 781 North Sixteenth street, Professor of Physiology and Medical Jurisprudence. Charles L. Mitchell, M.D., 839 Bace street, Professor of Medical Chemistry, Toxicology and Sanitary Science. Frank O. Nagle, M.D., Demonstrator of Anatomy and Curator. Geo. B. H. Swayze, M.D., Dean.

Pigs as Drunkards.

The *Journal of Science* says, in a recent issue, that two French physicians have experimented with alcohol in pigs. Pigs were chosen for the experiment because of the close resemblance of their digestive apparatus to that of man. The pig who takes absinthe is first gay, then excitable, irritable, combative, and finally drowsy; the pig who has brandy mixed with his food is cheerful all through till he falls asleep; the rum swilling pig becomes sad and somnolent almost at once; while the pig who takes gin conducts himself in eccentric ways; grunting, squealing, tilting his head against the sty door, and rising on his hind legs as if to sniff the wind. Dr. Decaisne, describing these experiments with intoxicated swine, remarks, in the *France*, that they are none the worse for their year's tippling.

Trichinosis Cases.

Several severe cases of trichinosis have occurred in Hoboken, under the charge of Dr. Kudlich. One woman died and her husband was seriously ill. The usual cause, trichinous pork, led to the disease. Another alleged case, in New York city, was said to have been traced to foreign-made sausage. One of our western exchanges records that Mr. Charles L. Ibach, of Indianapolis, died on the 20th, after suffering for eleven weeks from trichiniasis. No doubt for every case recognized, fifty are not.

A Cremation Society.

A cremation society has been organized in New York city. The members are evidently men who are resolved to go ahead, and we are much mistaken if they will not fill a much larger place in the public eye than now seems likely. On the evening of March 24th a large meeting of the members and others was held in the Cooper Institute. A large number of army and navy officers were elected to membership, and an able lecture was delivered on the disposal of the dead, it being a strong plea for cremation.

Sale of Poisons.

Three cases of serious poisoning, by mistakes of druggists, have occurred in New Haven in two weeks' time. One resulted fatally. Similar cases are reported from different parts of the country quite frequently. It is an illustration of the carelessness with which medicines are often dispensed.

Personal.

—"Dr." Francis Tumblety, known throughout the United States and Canada as "the great Indian doctor," has come to grief in New Orleans, for picking the pocket of a Government clerk.

—An alleged "confession" by the notorious diploma vendor, Dr. Buchanan, has been published; its chief aim is clearly to drag others into the mire with himself.

—Dr. Joseph F. Edwards, of this city, has taken the editorial charge of the *American Specialist*, published by Presley Blakiston. He is already known as a medical author, and no doubt the *Specialist* will have a prosperous career under his management.

Items.

—We omitted to mention that the "Easiest Way of Housekeeping and Cooking," reviewed on page 296, is published by Fords, Howard & Hulbert, New York city.

—From recent statistics collected by M. Lunier, there are 33,225 epileptics in France. Of these only 3550 are in hospitals. He urges that were a larger number under hospital treatment, cures would be more frequent.

—Senator Bayard, of Delaware, says: "So far as my experience goes, a well-regulated system of license, whereby revenue is largely brought into the public treasury, coupled with severe penalties for illicit sale, has proved the most efficient check upon the abuse of the liquor traffic"

—Last month a banquet was given by many of the leading citizens of Bristol to the Hon. Theodore Canisius, M.D., who, after six years' residence there as United States Consul, was about to leave the city. At the conclusion of the banquet an address was presented to Dr. Canisius, signed by the Mayor of Bristol and several of its more influential inhabitants.

—Labouchere, the editor of London *Truth*, says that English physicians and English mothers are behind those of America and the south of Ireland in not vaccinating children above the ankle instead of on the arm, which is so frequently disfigured. What Labouchere does not know about medicine and surgery is (in his opinion) not worth the knowing.

—"Pig butter," or "suine," is extensively manufactured in the West, and packed and sold to the unwary purchaser as a genuine cow product. It is composed of 75 per cent. of lard, and is said to contain fatty acids injurious to the health. Trichinæ may also be present. The attention of the Philadelphia Board of Health has been called to the matter.

—The prescription below was actually sent to a Louisiana drug store to be filled, and that by a man who pretended to be a physician :—

FOR BOB SMITH'S CHILD.

℞. Iodine. j℥
Castoroil, j℈
Watter, ij ʒ.

Put into quart bottle and give a tablespoonfull four times adayy.

The druggist declined to fill it.

—The following resolution has been unanimously adopted by the Hale County, Alabama, Medical Society:—

Resolved, That the members of this Society establish a list of names, to be known as the "Black List," and that no physician in good standing go to see or prescribe for any one placed on said list unless he pay cash or give ample security, and that each name remain on "Black List" until removed by the physician who placed it there.

OBITUARY NOTICES.

DR. ISAAC RAY,

Well and widely known as a writer on the treatment of insane patients, died March 31st, at his residence in this city, in the 74th year of his age. He was born in Beverly, Maine, and graduated at Bowdoin College in 1827, and studied medicine with Dr. Shattuck, in Boston. He practiced for some time in Portland and Eastport, and then took charge of the insane asylum at Augusta. Subsequently he was in charge of the Butler Hospital at Providence, and came to Philadelphia in 1867, since which time he has been engaged as a consulting physician. In July, 1880, he was elected an honorary member of the Medico-Psychological Association of London, and received the diploma a few weeks since. He had been in ill health for twenty five years previous to his death. He was elected a Fellow of the College of Physicians of Philadelphia in 1868.

Dr. Ray was a voluminous writer on medical subjects, and included in his works will be found: "Conversations on Animal Economy," 1829; a treatise on the "Medical Jurisprudence of Insanity," 1838, a work termed by Mr. Cockburn, Attorney-General of England, as "perhaps the most scientific treatise that the age had produced on the subject of insanity in relation to jurisprudence;" "Homicide—Epilepsy," 1867, a review of the case of G. W. Winnemore, executed for murder at Philadelphia, August 29th, 1867. He also contributed papers to the *North American Review*, *American Quarterly Review*, *Christian Examiner*, *American Jurist*, *Law Reporter*, *Boston Medical Magazine*, *American Journal of Insanity*, and the *Atlantic Monthly*. The eleventh edition of his "Medical Jurisprudence" was published in this city in 1860.

RICHARD HENRY LEE, M.D.,

Died, March 22d, after a long illness, in the 54th year of his age, at his residence in this city. Dr. Lee was a successful physician. He was descended from one of the collateral branches of the family of Richard Henry Lee, one of the signers of the Declaration of Independence, and his father, Dr. Ralph Lee, was a well known practitioner of Bucks county.

Dr. Lee studied medicine at the University of Pennsylvania, and located in this city, where he soon became most favorably known. He was devoted to his profession, and, though he never aspired to play a prominent part before the public as a professor or writer on medical subjects, he was recognized among the faculty as a man of solid attainments. His complaint was Bright's disease, and for some time prior to his death he had retired from active practice.

QUERIES AND REPLIES.

Dr. J. W. C., of Ala.—1. Green German Soap (Hebra), costs fifty cents per pound. 2. We will accept postage stamps for our publications, but don't prefer them.

Subscriber, Kansas.—Lemon grass is the *andropogon citratum* We cannot find any oil from it mentioned, nor has its medical properties been defined, although it is included in some catalogues of medicinal plants.

Mr. Editor.—I wish some of the many readers of your valuable journal would give me the best formula or recipe for disguising the intense bitter taste of sulphate of quinia in solution.

Also the best treatment for preventing the return of intermittent fever, known along the Schuylkill valley as *ague*, which in some cases returns in seven, fourteen or twenty-one days, and some still shorter periods, every few days. S. S. F.

Pennsylvania.

Ed. Reporter.—I find in your issue of March 19th an article or lecture by Prof. Pepper, on the subject of Œdema, in which he makes the following statement, "but in Bright's disease we have the upper parts of the body affected before the lower."

I would like to ask the lecturer if he lays that down as an absolute rule? D. H. Wood, M. D.

Quincy, Mich., March 2 th, 1881.

Drs. J. C. W. and G. E. S.—The formulæ are—

LIQUOR HYDRARGYRI BICHLORIDI—VAN SWIETEN'S LIQUOR.

℞. Hydrarg. bichlor., gr. x
Ammon. mur., gr. x
Aquæ destil., Oj. M.

Dose.—ʒss-ʒij.

The American Medical Formulary (J. J. Reese, M.D.).

MIST. RHEI CUM GENTIANÆ.

℞. Rhubarb,
Gentian,
Orange peel, aa gr. xxxvj
Boiling water, O ss

Macerate one hour, press, strain and add—

Bicarb soda,
Sesquicarb. ammonia, aa gr. xcvj
Spts. caraway, (L Ph.) ♏ xlviij

Dose.—1-2 tablespoonfuls.

"Neapolitan ointment" is merely an old name for mercurial ointment.

Cooley's Handbook of Compounded Medicines.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1259.] PHILADELPHIA, APRIL 16, 1881. [Vol. XLIV.—No. 16.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PNEUMONIA—NO. IV.

BY HIRAM CORSON, M.D.,
Of Conshohocken, Pa.

(*Continued from page 263.*)

Since my articles have appeared in the Reporter, I have received from some of your readers letters thanking me for what I have written, and presenting some cases of their own, which are well worth publishing, as evidence of the wide-spread fear to deplete a patient in a recent acute attack of inflammation of the lung; as evidence too of the good results produced by depletion by drawing blood, in such cases, and as evidence of the mortality following the treatment recommended by *some* teachers in our medical colleges, who rely on the aconite, veratria, digitalis, carb. ammonia, and stimulant and stuffing treatment.

Dr. W. B. T., of Paris, Texas, writes: "I have just read with great pleasure your several articles on pneumonia, and I am glad to find you laboring to restore 'the lost art,' in the treatment of that disease. At the last meeting of the 'North Texas Medical Association' I read an essay (by appointment) on the above disease. I said that blood-letting was the remedy par excellence in sthenic pneumonia, and in all cases where I felt certain of the proper time, and in many cases where I felt uncertain, I am now satisfied that the patient might have been better off in other hands. Had I remembered one sentence in Watson's Practice, I might always have known the proper time, viz: " never bleed for the extravasated products of inflammation." The period of engorgement is of variable duration, and that exact time is any time between the reaction from the chill to the beginning of the second stage. Sometimes the congestion involves so great an amount of lung tissue that great weakness and prostration are manifested from the beginning; in which condition nothing is so effectual as a free bleeding.

"The association fought me hard on the blood-letting, in which fight the fact was developed that several old practitioners, and of some notoriety, had never bled or blistered a patient laboring under any disease, or condition, in all their professional career.

"To my mind, aconite and veratrum were questionable rivals of the lancet from the beginning; the former always a dangerous dose and of very little account in anything, and the latter greatly overrated in everything. I am glad that you have taken up your pen again, as one page from an experienced observer is worth more to a young practitioner, if he will heed it, than volumes of the labored, far-fetched fume and froth of the latter-day saints, whose practice might be termed a sort of sickly sentimentality, that amounts to less than nothing."

It will be found, by those who will take pains to observe, that many of those who oppose blood-letting are like the old doctors spoken of above, who had never bled a patient in any disease.

Dr. J. H. B., of Cook county, Illinois, writes: "I hope that I may read more of your remarks on pneumonia, as I consider them of much value to myself, being founded on long experience. I can well remember two particular cases of pneumonia that occurred in my ward while acting as interne in the City Hospital, Boston. One, a robust young man, on expectant treatment, with diet, etc. etc., which was followed persistently. The result was unsatisfactory—extremely so. The other case—in brief—a slender boy of twelve or thirteen years of age, with whom the ordinary routine treatment was given. At midnight I was called, with the information that he had suddenly grown worse. I found him with respiration very much increased, pulse very rapid and somewhat strong, face suffused, and somewhat delirious. Not being a bleeder, I did not bleed, yet I suppose a kind of instinct prompted me to do the next best thing, and so I cupped him well on the back and side of the chest. On my visit next morning, as I was passing down the ward, he cocked his head up and grinned all over at me, and when I went to his bedside, he asked me, with a smile on his face, 'Doctor, can't I go to work to-morrow.' He felt well, and soon fully recovered. That boy twelve hours before was in a dying condition, and without depletion he would have died. I have waited to hear somebody speak intelligently in regard to bleeding, which, so far as I knew, seemed to have fallen into obscurity. I believe in the faith of our fathers, and would consider it a favor if you would continue to give us your experience. Our fathers knew something (although this micro physiological generation of physicians is very wise), and I shall be glad to have your experience on other subjects, as well as on that of pneumonia."

W. C. W., M.D., writes, from Sandy Hook, Conn.: "I cannot refrain from thanking you personally for your firm stand in reference to the treatment of pneumonia by blood-letting. Since your first letter was published, I have treated three bad cases after your plan, with *perfect* success in every case. One was an old man of seventy-eight years. I had to work hard to get them to consent, but I finally bled him freely and saved his life, I am assured. Pneumonia in this section is very fatal, with the cold weather, and it really made me sick at heart to be called to a case; but now I feel that I have a weapon equal to the foe. I am under many, many obligations to you, and only hope you will have a reprint sent all over the land."

Dr. J. C. S., writing from Three Springs, Pa., says: "I have been very much interested and instructed by your papers on pneumonia in the MEDICAL AND SURGICAL REPORTER. Pneumonia is considered very fatal here, especially among the aged. We never bled our patients. I heard Dr. Gross, four years ago—while attending lectures at the 'Jeff'—recommend blood-letting in pneumonia, and heard Dr. Da Costa condemn it. As the latter was supposed to be authority 'on practice,' I chose to follow him. My preceptor used blisters and tartar emetic, and I have seen good results and some failures from their use. I saw, with a neighbor physician, just before your first article appeared, a stout, hearty man go down in five days, in spite of aconite, blisters, carb. ammonia, poultices, and all the stimulants that could be got into him. I then thought I would try the lancet—although I never had any instruction in its use—and thus far have bled six patients in pneumonia. In two of them there was complete cessation of all untoward symptoms following venesection. The other four passed on to the second stage, but are convalescent; two of the four were old ladies, one 65 years, and of slight frame. I think your suggestion of bleeding late saved one of those old ladies. It was the third or fourth day of her illness when I found her insensible, gasping for breath, absence of any respiratory sound over entire right lung, left lung partly engorged, bronchial râles, and all signs of complete engorgement. It was a case of which I would ordinarily have said, 'it will die in six hours.' But I had her supported in bed, and then bled her freely. She became relieved immediately (all the cases have experienced decided relief), and slept soundly that night, and the next day I found her much better; has done finely since. I am not writing to give you an account of my limited practice, but to thank you for your service to me and to my patients; also, if you have not made up your mind what part to consider next, I would suggest to you to take up *the treatment of pneumonia in children.* I hope my suggestion is not out of place, as I think you will have great trouble to convince the profession of the propriety of bleeding children, although willing to try it on adults."

Dr. D. W. K., of Allegheny City, writes: "Your article on pneumonia and its treatment meets with my hearty endorsement, and I congratulate you upon having written so clearly and intelligently upon so grave a disease."

Dr. J. G. C., of Kittaning, writes: "I have just finished your last article on 'Blood-letting in Pneumonia,' in the MEDICAL AND SURGICAL REPORTER. I am a practitioner of fifteen years' standing, and do not bleed except in a few cases. I am satisfied I do not bleed often enough. I have seen the great benefit derived from it. I write you this short letter to thank you, in the name of the Armstrong County Medical Society, for the firm stand you have taken on this subject, and also as to the natural delivery of the placenta and on natural delivery."

Dr. R. L. M., of Spring Valley, Minnesota, says, on a postal card: "Your articles on Pneumonia, in the REPORTER, were read by me with great interest. I believe in your words. I am sure that I have lost patients because I did not treat them as you direct, but followed the rule we were taught. * * * Give us other articles."

A very prominent physician of this State writes to me: "I have read with great pleasure your articles on Pneumonia, in the REPORTER. The only point that I would hesitate about would be the ice-bag. I am attending now a young man with pneumonia of lower half of left lung. On Sabbath I bled him till he roused out of his stupor and sleep, and put a blister on his side—a slow one—and gave him purgatives and expectorants. Yesterday he was doing well: pulse 116; temp. 105°; delirium subsiding; sputa free and bloody. I have not had a large experience of this disease, but have never lost a case. My neighbor loses cases frequently, of very stout people; he neither bleeds nor blisters. *I* say, bleed, blister, and give purgatives and expectorants immediately."

Dr. Amos Seip, of Easton, Pa., says: "Though past the midnight hour, I cannot retire without expressing to you my hearty thanks for your timely article in the REPORTER, on the treatment of pneumonia. I think it is high time that the much-abused instrument, the lancet, shall be again carried in the pocket and used in the treatment of acute inflammatory diseases. The idea that diseases of the present day will not bear depletion as well as they did thirty or forty years ago, is preposterous. It is a mere whim; a blind following of the miserable, French, expectant plan, that so many of our modern teachers have adopted in the treatment of pneumonia, etc. I have been in practice more than thirty-two years, yet have never given up the use of blood-letting in acute diseases, especially those of the chest, brain, etc. It is absurd, if not criminal, for a physician to allow an attack of pneumonia to go through its three stages, if called early. No, I agree heartily with you; not only is blood-letting well borne in acute diseases, but also that, with the adjuvants, it is the only rational treatment. It is sad to take up the public prints and read of this and that noted man, "died of pneumonia." But is it any wonder, when such pernicious doctrines are promulgated by those whose office it is to teach young men—hundreds of whom leave our colleges not only untaught in the use of the lancet, but prejudiced against it by their teachers? No! a thousand times No! The day must come, is coming, when they will see the unfortunate results of this modern heresy. Now, a word on my own experience; for, after all, one severe attack of disease in a physician's own person is worth all the theory in the world, so far as practice is concerned. Some nine or ten years ago I suffered from a severe attack of pneumonia. I had been exposed, in rough, November weather; the symptoms gradually increased in intensity; there was high fever; respiration above 30; pulse 120; sputa tough and rust colored, with severe pain; in short, all the symptoms of an exaggerated attack. I could compare the pain felt at each respiratory effort to nothing else than that which would be produced by a jagged knife thrust into the side. I stood it for about eight hours, then sent for my friend, Dr. Traill Green, who, unfortunately, was not at home. Before daylight I said to my wife, 'this is simply death itself, if relief be not soon had; get my lancet, the bandage, etc.; when I cut the vein let the blood run till I show signs of faintness.' As the vein in the left arm did not develop well, I was compelled to use the left hand and bleed from the right arm. Never shall I forget that night. With the instrument in my left hand, I let fly; the blood flew; took sixteen ounces before the desired effect was produced; then fell over on the bed. I breathed freer immediately; a grateful perspiration bedewed the surface; all the symptoms were moderated, and next morning, when Dr. Green arrived, finding me much better, he advised to continue the medicine I was using, and left, promising to call again. I indulged too much, that afternoon, in conversation with medical friends; at any rate, by night all my pain, and fever, and difficult respiration returned. Dr. Green came in and bled me another pint, and again I felt easier; and that bleeding, with the ordinary treatment of thirty years ago, 'broke up,' as Dr. Green said, one of the most formidable attacks of pneumonia that either of us had ever seen. The peculiar *weakness* that you speak of I well remember. Never shall I forget it. One such an experience is worth all the weak, timid, do-nothing theories and practice in the world. What, let me ask you, would have been the result if we had let it alone and turned our attention to the liver and kidneys? It would require no prophet to tell the result. The modern notion that aconite, veratria, digitalis, etc.—and yes, the poultice—will supersede the lancet is sheer nonsense. I would be ashamed to look a family in the face, if I were to lose a father or son, ill with pneumonia, and had failed to use it."

There are a number more postals and letters lying before me, which have been sent to me to express approbation, by the writers, of the views I have expressed; but they must be passed by for the present.

These extracts confirm the truthfulness of the statements made by me in reference to the value of the lancet, and testify, like voices from the grave, of those dead prematurely from erroneous treatment. As I write, my eye falls on a postal received but yesterday, from which allow me to quote—so appropriately does its confession come in here: "Your articles on pneumonia are just excellent in theory, and in practice, doubtless, would be found as you claim. Many cases of the disease die in the ——— hospital; some of sthenic forms, which, I doubt not, might have been saved (?) I am going to possess a lancet before many days, and use it when opportunity presents." He had served in a Philadelphia hospital; a young man of fine abilities, a profound student, sent from a medical college ignorant of even the *art* of bleeding, then serving for a year or more in a hospital, and there seeing men die of pneumonia, while his "Chief" was denouncing the only remedy which could have saved them. How sad! And yet, how much more sad is the reflection that this very year there have been hundreds sent from the colleges ignorant as he was of the value of venesection and the mode of using the lancet, and ready to take on themselves the treatment of this disease by means recommended by theoretical teachers, who are searching for something new which may hereafter be associated with their names. With your permission I shall continue this subject.

In closing this paper, I feel that I ought to apologize to the authors of the above letters, for having—through fear of being charged with a desire to magnify myself—shorn them of the enthusiasm, the thankful and grateful feelings under which they were written, and which testify so strongly of the sense of duty which impelled them to write on this subject. Here, too, I may properly refer to an error which slipped into my first paper, namely: Speaking of Bayard Taylor dying of pneumonia, when I knew very well that he died in Germany, of another disease. I intended to name Thomas Buchanan Read; the substitution of the one for the other was an accident. For many years I had admired the writings of these two highly gifted men, so dear to the people of eastern Pennsylvania, and in my mind always intimately associated. Was it strange, then, that, in my hurried way of writing, I should have put the name of him—

"Whose latest verse
Was a garland on his hearse,"

in the place of his whose genius gave to us, as part of its creations, the "Autumn Scene" and the "Spirits of the Waterfall?"

THE HYGIENE OF OLD AGE, WITH SPECIAL REFERENCE TO PROSTATIC HYPERTROPHY AND SECONDARY DISEASE OF THE BLADDER.

BY REUBEN A. VANCE, M.D.,
Of Cincinnati, Ohio.

Read before the Cincinnati Academy of Medicine.

The subject chosen as a text for my remarks this evening is one that can be treated in part only on such an occasion as this. I have, therefore, determined to limit my remarks to the indications and effects of prostatic hypertrophy, and the steps to be taken for its relief. Curtailed as is the subject by these restrictions, it is, nevertheless, too voluminous for thorough treatment in the time at my disposal. Therefore, if I but outline to you a few of the more important facts bearing upon senile enlargement of the prostate body, and review such of the morbid anatomical conditions of the urinary apparatus as I deem of interest in this connection, and then allude to the method of relief I consider of vital importance, I shall accomplish all I think it advisable to attempt.

The normal prostate, let me premise, is shaped like a chestnut, and, longitudinally, is an inch and a half from base to apex, one and three-quarters transversely near the base, and seven-eighths of an inch in thickness at the latter point, while in weight it is from four and a half to five drachms. Now, while marked excess in either measurement or weight denotes hypertrophy, alteration in form is a far more certain criterion by which to judge. Nevertheless, there are many cases in which bladder-disease developes as a consequence of senile enlargement of the prostate, in which physical exploration fails to yield any evidence of increased bulk or modified form on the part of the prostate body.

Sir Henry Thompson, who, conjointly with Dr. Messer, dissected the prostates in about 200 subjects over 55, found that about one in three exhibited some enlargement of that organ, but only one of these out of seven had had symptoms of the complaint. According to Thompson, the period of life between 55 and 65 is that during which the affection most commonly begins to be developed. He has never met with an instance of hypertrophy of the prostate at so early a period as 50 years of age, while on the other hand he says it appears rarely to commence after 70, and is exceptional af[illegible] 80 or 85. He thinks that the man who has escaped enlargement of the prostate at 65 will never be troubled with it. In senile hypertrophy there is an augmentation of the muscular and connective tissues of the prostate, with little, if any, increase of the glandular element. There is increase of volume, weight, and density, with modification of form. The enlargement may be general or partial.

Common as is prostatic hypertrophy, and well defined as are the symptoms accompanying its advanced stages, there are few affections more obscure in their early manifestations. A few months ago a well-known gentleman of this city stopped me on the street with the remark that he had been intending to call and see me for some time; that his kidneys were troubling him, and he wanted something that would relieve the distress from which he was suffering. A question or two speedily revealed the nature of the case. For months he had been compelled to get up two or three times of a night to relieve his bladder, and he was now conscious that each act of micturition, although prolonged and difficult, was of little avail so far as a free evacuation of the urine was concerned. The urine was clear; it never had contained blood; but there was, at the time of my first interview with this patient, an almost constant call to urinate, and each act freed but a small quantity of urine. No amount of explanation sufficed to make him appreciate the true nature of his case. He had an all-sufficient explanation for the phenomena troubling him so greatly; this was, "irritability of the bladder," alternating with "congestion of the kidneys." If the nature of senile enlargement of the prostate was spoken of, and the fact that his age—he was in his 49th year—predisposed him to it. and, furthermore, if his attention was called to the fact that the frequency of micturition from which he suffered was due to retention and repletion—a morbid degree of retention of urine, owing to his inability to evacuate more than a small quantity, thus leaving a certain amount of residual urine in the bladder, which increased week by week—he was sure that the contrary was the case, for he knew that he was passing more water than usual. According to his view of the matter—one supported by the authority of his family physician—his kidneys were congested enough to cause hyper-secretion of urine, and his bladder was so irritable that it would retain but a few tablespoonsful at a time. To try to make this patient believe that his bladder was water-logged, so to speak, that he was carrying about with him from a pint to two quarts of water, each act of micturition but discharging a gill or so of urine, the organ never emptying itself completely, but on the contrary gradually falling into a diseased state from the continuance of the unnatural conditions under which it was placed, was mere waste of time. The last act in the preliminary stage of this case occurred within ten days of the interview referred to. He called and announced that something must be done for his relief, for he was in a deplorable plight; that his bladder, "which had been so irritable as to retain but a small amount of urine at a time, for months," had now utterly failed him; that for a week water had been dribbling from him at night, while sleeping, while for the last forty-eight hours it ran away from him, drop by drop, sleeping or waking. Upon passing a catheter, twenty-seven ounces of urine were withdrawn; finding the bladder distended still, the catheter was removed, and the patient informed of the necessity for prolonged treatment.

This patient's experience is typical of that of many who suffer from this complaint. In the very beginning the individual may be conscious of nothing but an unusual degree of reluctance—if I may so express it—on the part of the bladder to part with its contents. The patient experiences a call to urinate; he places himself in position to respond to nature's demand, but so soon as he does, the power of the bladder to empty itself seems temporarily impaired. The experienced surgeon sees in this condition the influence of an abnormal prostate; far different is it with the patient. Without he, by chance, secures competent professional advice, the patient never knows the true nature of his disease, or even that it is a disease, until the condition of his bladder forces him to seek surgical aid. A want of power to promptly empty the bladder, in a man between fifty and sixty years of age, almost invariably indicates prostatic enlargement. If, in addition to this delay in emptying the bladder, there is either an increase in the frequency of the calls to urinate, or a diminution in the quantity of urine passed, this condition is denoted. Frequency of micturition, a diminution in the quantity of urine voided, a failure or marked impairment of the individual's ability to empty the bladder promptly and satisfactorily, indicate commencing obstruction from senile enlargement of the prostate. In a word, when a man beyond forty-five years of age experiences an increase in the frequency of his calls to empty the bladder, or has his attention drawn to that organ by a delay in emptying it, or an inability to accelerate the flow of urine after it starts, he should suspect prostatic hypertrophy.

The anatomical condition accompanying prostatic hypertrophy, preventing complete evacuation of the bladder, is very simple and quite devoid of all danger, provided proper hygienic measures are adopted from the first. In the beginning but a minute amount of urine may remain in the bladder. It is not improbable that, in many cases, accident initiates this condition. In order to empty the bladder, time is necessary. Circumstances which prevent the patient giving the requisite attention to this function may be the means of developing secondary disease of the bladder. A patient with commencing hypertrophy of the prostate—a lawyer—was engaged in an exciting trial, and the day he addressed the jury he neglected the proper evacuation of his bladder; that night the urine dribbled away while he was asleep; the next morning, upon passing a catheter, I discharged a quart and a half of urine and found the bladder completely atonied. If individuals suffering from senile enlargement of the prostate could be made to appreciate the fact that the mere hypertrophy of that organ is a matter of secondary consideration, while the condition of the bladder is of vital moment, fewer sad cases of secondary vesical disease would be encountered.

I have said little, as yet, of that condition in which these cases all result: distention of the bladder with overflow of urine. Every surgeon knows but too well how commonly these cases are mistaken for the very opposite state; how the sufferer will argue that he cannot have anything but incontinence, for the self-evident reason that he is constantly passing water. Yet, in truth, his condition is but the final stage of the cases to which I have been alluding. Day by day, and little by little, there is a slow accumulation of urine in the gradually distending bladder. At first the patient, finding it tedious to stand in the water-closet and completely empty his bladder, discharges only enough to relieve himself for the time. The ounce or two of urine thus left by negligence may not be voluntarily voided at the next act; in this way the seeds of urinary decomposition and bladder disease are planted. In one case the quantity of urine increases from day to day, until, finally, the bladder becomes full and its walls atonied; in another case the retained urine undergoes decomposition, and inflammation of the lining membrane of the bladder is induced; in both, the resulting disease can be traced to the neglect of complete evacuation of the bladder. Strange to say, if the practitioner is careful to save and measure the urine daily passed by such a patient, the amount voided in the twenty-four hours will be found fully equal to the ordinary discharge of a healthy individual in the same interval of time. It does seem as if the local irritation had some effect in increasing the quantity of urine secreted; this is especially true as regards the night as distinguished from the daytime. Such a patient will be compelled to get out of bed and use the night-vessel from five to thirty times between bedtime and morning. While the amount voided on each occasion may not be large, yet upon taking the whole quantity discharged in the twenty-four hours and comparing it with that usually passed daily, in health, there will be no material difference. This partially explains the incredulity of certain patients when informed of the nature of their disease. Any intelligent man can understand his surgeon when the latter tells him that his bladder is irritable and impatient when but a minute amount of urine is present; that his frequent calls to micturate and trouble in emptying the bladder arise from vesical irritability and urinary incontinence. Quite different is it when an endeavor is made to explain the complex conditions arising from prostatic obstruction, muscular atony, and vesical catarrh. The patient shrinks from an instrumental examination, and is loth to have a catheter introduced, even for diagnostic purposes.

Yet, upon the proper employment of this last instrument depends the prevention of secondary disease of the vesical cavity in individuals suffering from prostatic enlargement, and the relief of those patients who have been so unfortunate as to have atony of the muscular walls, or catarrh of the lining membrane of the bladder ensue as a consequence of prior disease of the prostate body. Just so soon as an individual of the male sex, who has passed his forty-fifth year, finds himself compelled to micturate more frequently than usual—especially at night, and under circumstances excluding obstructive disease of the urethra—surgical advice should be taken, and a catheter employed. If a catheter is then passed—and it should be used immediately after the patient has voided all the urine he can voluntarily discharge—and a quantity of residual urine withdrawn, the surgeon has an unmistakable guide both as to diagnosis and treatment. That process of urinary retention has been inaugurated, which, if not relieved, will certainly result in either atony of the vesical walls and indefinite distensibility, or in contraction of the bladder and partial hypertrophy of the muscular layers. The details of the measures which should be adopted in connection with the use of the catheter in these cases I need not dwell upon; suffice it to say, that a few weeks' judicious employment of that instrument will relieve even the most unpromising cases, and permanently cure the majority of patients with commencing bladder disease. I shall also dismiss, with a word, the danger attendant upon the injudicious employment of the catheter. Sir Benjamin C. Brodie long since pointed out a peculiar class of patients in whom the complete evacuation of the urine by the catheter, at one time, was apt to be followed by serious results. This danger can always be obviated by removing but a part of the residual urine at any one time: in order to do this, the catheter should be introduced and the bladder but partially emptied twice a day, for three days. The point upon which I desire to lay special stress, is the necessity for immediate resort to the catheter so soon as the early symptoms of prostatic obstruction declare themselves, and its use sufficiently often thereafter to empty the bladder at least once daily, and thus prevent urinary accumulation and vésical disease. By adopting this course the great number of cases of bladder disease in old men may be reduced to the minimum, and the profession afford most efficient service in advancing the hygiene of old age, with special reference to those secondary affections of the vesical cavity which have their origin in prostatic hypertrophy.

TWO CASES OF PULMONARY SYPHILIS.

BY CARL SEILER, M.D.

Read before the Philadelphia Laryngological Society.

So little is known about pulmonary syphilis or syphilitic phthisis that I feel prompted to put on record two cases of the affection which came under my notice during my recent sojourn in Jacksonville, Florida.

Case i.—Mr. M., æt. 26, had been sent south to spend the winter, being, as was supposed, afflicted with tuberculosis. When he consulted me he complained of a harassing cough, with copious expectoration, which was tenacious and of a yellowish-greenish color, frequently tinged with blood; great dyspnœa, hoarseness amounting almost to aphonia, and difficult and painful deglutition, the pain during the act of swallowing being most severely felt in the left ear. He was very much emaciated and feeble, but had no night sweats. He stated that the trouble commenced about three months previous, with cough, loss of appetite and flesh; that he had taken various remedies, but without relief, and that he had finally been advised to go south. He had been in Florida for several weeks, but felt discouraged, as he had not only not improved, but that his throat had become worse. On physical examination of the patient's chest, which was well developed, I found the usual signs of infiltration, but most marked in the middle and lower lobe of the right lung, while the apices of both lungs were almost free from any disease.

On inspection of the throat, I found the following condition of the parts: The soft palate was hyperæmic and somewhat relaxed, the uvula slightly elongated, and at the free edge of the velum I noticed two sharply-defined bands of inflammation, extending from the anterior pillars to within a short distance of the root of the uvula. The posterior pillars were intensely red and showed two small elongated ulcers, one on either pillar, symmetrical both in shape and position. The pharynx was dry, red, and its follicles enlarged. With the laryngoscope the epiglottis was seen to be very much thickened and of a horseshoe shape, with an ulcer extending almost over the entire free margin of the organ. On account of this swelling the interior of the larynx was obscured, but I could see enough to detect an ulcer on the left arytenoid cartilage, extending into the inter-arytenoid commissure.

The ulcerations in the throat might have been explained by supposing them to be due to tubercles, yet the symmetrical disposition of the ulcers on the posterior pillars, the sharply-defined lines of inflammation on the free margin of the velum palati, and the absence of the ashy-gray discoloration of the mucous membrane, which we always observe in phthisis, made me suspicious that the case might be one of laryngeal syphilis. and that perhaps the lung disease might be due to the same cause. I therefore questioned the patient as to a previous specific history, but could not obtain any satisfactory answer. The patient stated that he had had an attack of gonorrhœa four years previously, but had had no skin eruption or swelling of the glands; his throat had been sore on several occasions, and he suffered from rheumatic pains in his limbs, especially at night. He stoutly denied ever having had a chancre. In spite of this rather unsatisfactory history, I decided to put the patient on antisyphilitic treatment. I accordingly gave him ten grains of iodide of potassium three times a day, together with cod-liver oil, and as much other nourishing food as he could swallow. I also ordered inunctions of cod-liver oil over the chest and back, and had his arms and legs washed with whisky night and morning. The ulcers I touched with iodized glycerine, of the following composition: iodine, grs. 5; iodide of potassium, grs. 30; glycerine, fl. ℥j; washing off the thick coating of pus first with a solution of bichloride of mercury, 1½ grs. in glycerine and water, each two ounces, thrown into the larynx by means of an atomizer.

Under this treatment the patient rapidly improved; his dyspnœa diminished, deglutition became less painful and difficult, he gained strength and flesh, and was able to walk a considerable distance without undue fatigue, two weeks after the treatment had been commenced. The ulcerations in the larynx gradually healed, and, although considerable loss of tissue resulted, yet, after four weeks, he was able to swallow without discomfort. A physical examination of his lungs, about this time, showed still some dullness over the middle and lower lobe of the right lung, while the left lung and the apex of the right one seemed entirely free from disease. When last seen the patient was progressing as well as could be desired, and considered himself almost well.

Case ii.—Isaac S., a negro laborer, aged 30, consulted me about a persistent and at times violent cough, shortness of breath, and loss of strength and flesh. He also complained of soreness of the throat and great dryness of the fauces. He stated that he had first noticed any trouble about three months before, and attributed it to a cold, contracted while on a spree, on election night. His expectoration was tough and of a yellow color, sometimes streaked with blood, especially in the mornings.

On physical examination I found his chest expansion to be normal, and ordinary percussion revealed nothing abnormal; but on percussing the lungs as a whole, I noticed a decided difference in the pitch between the two sides of the chest, the right side being higher in pitch than the left. On auscultation, a few moist râles were heard in the middle and lower lobes of the right lung. On examination of the throat I found the velum and pillars to be intensely red, the pharynx dry and shiny, and the papillæ on the back of the tongue red and enlarged. With the laryngoscope I noticed the same intense red color in the mucous membrane of the larynx; the epiglottis was normal; the aryepiglottic folds were swollen and red; an ulcer, which seemed rather superficial, was noticed on the right arytenoid cartilage, while the left one was the seat of most intense inflammation; the vocal cords were slightly reddened and seemed somewhat thickened. On inquiry, the patient admitted that he had had a primary sore three years before, and had since that time suffered from other secondary syphilitic affections, but supposed to have been entirely cured, as he had not suffered from any of them for a year. A careful examination of the other organs failed to reveal any syphilitic affection in them, and I had been induced to suspect syphilis in this case from the appearances of the throat only.

I put this patient on the same treatment as the other one, omitting the inunctions of oil, however, as there was no difficulty of deglutition, and the patient could take enough food internally to build him up. After having taken the iodide of potassium for about a week, he complained of so severe a coryza and of other symptoms of iodism that I found it necessary to substitute daily inunctions of ½ drachm unguentum hydrarg. into the skin of the arms. After this he improved very rapidly, and four weeks later all symptoms of lung as well as of throat affection had disappeared, and he was able to go to work again.

Through a careful study of the above reported cases, as well as of a number of others similar to them, which, from time to time, have come under my notice, I have arrived at certain conclusions in regard to this affection, conclusions which are shared with me by other observers, and especially by Schnitzler ("Die Lungensyphilis," by Dr. John Schnitzler, Vienna, 1880), who reports a number of cases of syphilitic phthisis. Thus I found that syphilis of the lung is far more frequent than is generally supposed; that it usually shows itself in the secondary and tertiary stage of the constitutional affection; that the symptoms, on the whole, are those of pulmonary phthisis, and that even at the post-mortem examination the two morbid processes are difficult to differentiate; that the diagnosis must rely upon the changes in the lung, the previous history of syphilitic infection, and the demonstration of syphilis in other organs, especially in the larynx, which can only be done by means of the laryngoscope; that the prognosis is, on the whole, favorable, and that if the nature of the disease is not recognized early and treated accordingly, it usually runs into phthisis and ends in death; and finally, that the treatment should be anti-syphilitic, energetic, and carefully watched, and that if any lesions exist in the fauces or larynx they should be healed up by local applications. Then often wonderful results are obtained.

1346 *Spruce street.*

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF PROF S. D. GROSS.

Reported by FRANK WOODBURY, M.D.

Stricture of Œsophagus, of Syphilitic Origin.

GENTLEMEN—Our first case to-day is one of stricture of the œsophagus, in a man who was formerly a nurse in this hospital, which you remember as the one in which I succeeded in passing a small bougie into the stomach at our last meeting. There was a want of resistance after passing the contracted part of the tube, which was sufficient evidence that I had gone beyond the stricture. There was also, as you remember, a little blood upon the instrument when it was withdrawn. On the day following the operation he was seized with pain in the limbs; he ached all over. There was also want of appetite, with increasing difficulty in deglutition. He required morphia for the relief of this pain, and we were obliged to support him by the method of rectal alimentation; milk and whisky, in the form of milk punch, with beef juice, were given, as enemata, several times daily. He feels very wretched, and is much opposed to this mode of nutrition, but we are obliged to resort to it, as he cannot swallow food in any form whatever.

The prognosis is poor. I merely brought him before you to show that he is worse than he was, and I will not, at present, pursue the treatment by dilatation. The stricture, from the history of the case, is probably syphilitic in its character, but whether it be so, or epitheliomatous, cannot positively be determined without a post-mortem examination; and the poor fellow has left directions that such an examination shall be made.

Stricture of the Rectum; Probably Syphilitic.

This patient (a woman, 27 years of age,) came here yesterday, from Washington City, on account of some trouble in the rectum. She brought a note, addressed to me, from Dr. Marker, Surgeon in Charge of the Columbia Hospital. In this letter the doctor says that Mrs. X. "has been suffering for several years with rectitis and stricture, supposed to be specific. She has used various rectal applications, iodoform, and had the stricture dilated with bougies, etc., though with but little benefit."

The first thing to be done is to make an investigation into the local condition. We may make an examination here with the finger alone, or the finger aided with a speculum. In most cases of stricture of the rectum the seat of the disease is found low down, or just within the verge of the anus; more especially so when it is of a syphilitic character.

Stricture in this situation may be caused by the discharge from a soft chancre or chancroid, or from a syphilitic chancre; the matter, passing from the vagina and vulva along the perineum, coming in contact with the parts, attacks the mucous membrane at the anus, as well as the tube within. In this way you will find rectal stricture not unfrequently caused in the female sex; but it also may be caused indirectly through a constitutional taint; the specific poison acting upon the system at large and making its local impression in this spot. Whether it is one or the other, in this instance, I cannot say; nor could I positively tell you, even after a careful examination, whether it is due to a syphilitic taint of the system, or to epitheliomatous disease of the bowel.

Epithelial cancer may occur in this situation, as it does in many other parts of the body, without obvious cause. It may appear at the anus and extend into the rectum, or may attack the bowel alone. In the latter case the disease is usually situated about two and a half inches above the anus, within easy reach of the finger.

Oiling my right index finger, and introducing it gently into the anus with a spiral motion, it comes in contact at once with a stricture about two inches above the sphincter. I am now passing through it, the surface of the stricture being around my finger; it is somewhat rough, and the opening is just about large enough to admit the index finger; it seems to be annular or circular in its shape. That is to say, it embraces the entire circumference of the bowel, having a central opening just sufficient to admit the finger. It is a thin stricture, not having much depth to it, about half an inch, apparently. I imagine that I could dilate this with my finger, but I will not do so without further deliberation.

When I say that I would not proceed without full deliberation, I mean to teach you that it would not be safe to dilate this stricture without proper care. Remember that this spot is the seat of purulent discharge, and has, therefore, chronic disease of its vessels; a rupture of this stricture might produce inflammation, which, extending to the peritoneum, would cause fatal inflammation. For this reason you should be very careful how you proceed in these cases. It would be better to wait, and after deciding to operate, incise this diseased mucous membrane by superficial longitudinal incisions, in several places, with the bistoury, before introducing a bougie. An ordinary spermaceti candle makes an excellent dilator; it is a capital bougie. The bleeding from these slight incisions or scarifications is usually insignificant, and can be readily stopped by applications of a piece of lint wet with Monsel's solution diluted with water.

The duck-bill uterine speculum, as it is called, of Sims, offers the best means of examination for rectal exploration; it is worth all the rest put together. Of course, before the examination is made, the proper plan is to empty the bowel with a large warm-water injection.

I wish to impress this point particularly upon your minds, that there is danger in meddling with a stricture without full deliberation and proper preparation of the case; for untimely or improper interference may result in fatal consequences.

The patient reports that her general health and appetite are good, and she considers herself, in all other respects, as in excellent condition.

Now if this disease be due to a taint of the system, as is supposed by Dr. Marker, the proper treatment would be to place her upon iodide of potassium with some salt of mercury—

℞. Potassii iodidi, gr. x
Hydrarg. chlor. corrosiv., gr. $\frac{1}{10}$. pro dosa.
Given in some proper menstruum.

The iodide is to be gradually increased to twenty-five grains given three times a day, if the stomach will bear it.

I am quite sure that even this would not be sufficient to cure the stricture unaided; it would only serve to relieve it to some extent, even with the assistance of the bougie. When the disease reaches this stage, entire relief is out of our power, but it may be held within bounds for a number of years, by attention to the general health and keeping the bowels loose, so that there are several passages a day. If the appetite continues fair, and the general health remain good, life may be prolonged for a number of years beyond what would otherwise be expected in these cases.

Paralysis of Forearm Following Injury Involving the Median Nerve.

This young man, twenty years of age, presents himself with some trouble in his left hand. You observe that he has lost power in the thumb and first two fingers, and that they are contracted and somewhat atrophied. He says that eight months ago he received an incised wound with an axe, just below the bend of the elbow, directly in front, where we find a decided cicatrix.

The injury doubtless involved the nervous supply of the thumb and adjoining fingers; the median nerve was probably divided; the ulnar nerve, supplying the little and ring fingers, escaped injury. The hand is cold; the circulation and innervation are both impaired. The wrist can be flexed, but there is some contraction interfering with full extension. He says his forearm feels numb. Comparing his upper extremities, we notice a striking difference between them; the muscles on the right side are developed to a normal degree; the temperature is good; here, in the left side, the muscles are flabby and soft, in consequence of want of due supply of nerve force and deficient amount of blood. The nerve current cannot pass to these muscles, on account of the injury to the main trunk, thus giving rise to fatty degeneration, absorption, and atrophy.

The question of treatment resolves itself into what shall be done to stimulate the nerve and give more blood to the part affected? I take it for granted that no treatment can restore the limb to a natural condition; the nerve has been divided and by this time has degenerated, so that the nervous fluid has been cut off from the outer aspect of the forearm, and also to the parts immediately below the line of the wound. Still, something can be done with a view of re-animating these structures. What I have the most confidence in is the hot and cold douche, daily applied, in some cases several times a day; pouring upon the limb in the first instance, from a little elevation (ten or twelve inches), water as hot as can be borne by the patient, followed by a similar amount of cold water, from a pitcher, flowing in a steady, continuous stream. Having repeated this, he shall take a fringed towel wrung out of cold water and slap the limb from the shoulder down to the hand, until the skin becomes thoroughly red. This is a powerful stimulant to the peripheral nerves and the capillary circulation. Indeed, I know of nothing, for such cases; as good as this. We may also use in combination veratria ointment—

℞. Veratriæ, ʒj
Unguenti, ℥vij. M.

Apply with the bare fingers, twice in twenty-four hours, a piece the size of a pea, which should be well rubbed in over the affected muscles.

I place great reliance upon flagellation with a towel, the fringe of which should be at least three and a half inches in length. It is a powerful excitant of reflex action. If I should ever be so unfortunate as to nearly lose a patient under the administration of chloroform, or any other anæsthetic, I should at once turn him upside down so as to make the blood run to the brain, and have him at the same time vigorously slapped with a fringed towel wrung out of cold water, in the manner just described; it is a powerful stimulant to respiration. If you have an asphyxiated child, from the effects of giving chloroform or ether during parturition, the best plan is to spank the infant well with a towel, in this way. Nothing can compare with it for effectiveness, it is better than the galvanic battery.

Paronychia, with Remarks upon Diagnosis and Treatment.

This young lady has a felon on the left index finger, involving the distal phalanx. Notice the swelling and discoloration around the nail, and at one point some appearance of pus. This is what we call a felon, paronychia, or whitlow.

This affection is exceedingly painful, especially so when deep seated and when it involves the periosteum. In some cases the inflammation begins in the deeper layer of the skin, and may be comparatively superficial; but in others it commences in the periosteum, and involves all the structures in its progress from the bone to the skin. It frequently arises without any assignable cause; in some it follows slight injuries, such as the prick of a needle; and in other cases it is associated with some disorder of the general system.

The symptoms are familiar to you, from seeing similar cases previously; I need not dwell upon them. The proper treatment is free incision, making the knife grate upon the bone. This will reduce the tension, stop the burrowing of the pus, and yield infinite relief; it will also save the bone from destruction, if made sufficiently early. I laid great stress, the other day, when speaking to you on this subject, upon the importance of laying open a felon down to the bone; otherwise you will not have done your duty, and the bone may suffer necrosis.

Having now laid this freely open, I will order her an elm-bark poultice, containing some lead-water, and give quinine internally. I need not discuss the many new remedies that might be used with more or less advantage; it is not well to experiment with new remedies until we know exactly how much can be done with the old. Out of the vast number of preparations of the pharmacopœia, some fifteen or twenty will answer for almost every purpose for which the physician needs them; the others are relatively of little use. After all, the old friends are always the best.

Dislocation of Finger from a Fall—Reduction.

This man, sixty years of age, fell on going up his cellar stairs, and injured his hand. Notice the difference in the length of the fingers. In looking at the hand in profile, the middle finger looks as if the posterior portion of the second phalanx were thrown up on the dorsal surface of the first phalanx. We will give him a little ether, and reduce the dislocation.

Luxations are very uncommon, both of the phalanges of the fingers and of the toes; but still these dislocations may and do take place. When they occur they may be in two principal directions: upward, in which the distal may rest upon the dorsal surface of the first phalanx; and downward, or the opposite condition. Generally, the dislocation is upward and backward.

Anæsthetics make cowards of us all. No matter how innocuous the agent, there is always some apprehension on the part of the patient that he may not wake up; although the greatest care may be taken, still he will feel that accidents have happened, and they may happen again. We need, therefore, to reassure the patient, and not to refuse him our sympathy.

I have here a pair of forceps, made for this purpose, with which I seize the dislocated phalanx (the instrument being well guarded by a bandage), the assistant making counter-extension by grasping the wrist at the same time that I draw upon the phalanx and extend it, and it slips easily into place. We will now wrap up the joint in lead-water and laudanum. Passive motion should be instituted at the end of six or seven days, to prevent anchylosis.

Neurosis of Portion of Temporal Bone, Following Scarlet Fever.

E. C., six years of age. About the beginning of January, 1880, this little girl had scarlet fever, which was quite a severe attack, and was followed by continued depression. In the fourth week she had a large swelling behind the left ear, which opened twice, and has never healed. Last week a spicule of bone was discharged from behind the ear. There had also been a discharge from the ear, her mother says, during the progress of the fever.

Giving ether, I find a piece of dead bone presenting in the sinus, which is apparently a portion of the mastoid process of the temporal bone. This removed with the forceps, the surface of the sinus is scraped so as to put the ulcer in a proper condition for the development of healthy granulations, by which the wound will be healed. The further treatment of the case should be conducted upon general principles.

Hydrocephalus—Remarks upon Pathology and Treatment.

This baby, nine months old, shows a remarkable development of its head, it is, moreover, a very large child for its age. The sutures are quite widely open. The mother tells us that the child is fretful and seems sometimes to suffer pain. It has not had any convulsions. The circumference of the child's head is twenty four inches, two months ago it was twenty-two inches. Notice that the eyes are apparently small in proportion to the size of the head, and that they are in constant motion. This is due to pressure of the fluid contents within the skull upon the optic nerves. The eyes are somewhat inverted, there is a slight convergent squint. The child nurses well, can move all its limbs, urinates freely, and has no trouble with its bowels.

This is a case simply of ordinary hydrocephalus, although it was not noticed until the baby was about two months old. Beyond all question it was congenital, as is almost invariably the case in this disease. The amount of water present is evidently considerable, but, of course, its exact quantity cannot be estimated.

This affection corresponds in its pathology with hydrorachitis or spina bifida—hydrocele of the spine as it might be called—a collection of water in the membranes of the cord protruding through a congenital deficiency in one of the vertebral spinous processes.

The cause of this collection of water must be either some constant irritation of the arachnoid membrane; or, what is more likely, a want of balance between the secernent and absorbent powers. You know that there is normally a certain amount of cephalorachidian fluid. This was brought to the notice of the profession by an account published by Magendie in 1827, and had never been accurately described before. It is this fluid, existing in superabundance, which gives rise to this increased size of the skull, the bones are forced apart, as the sutures, the fontanelles are widely open.

The physical qualities of the fluid are the same as of the cephalorachidian secretion in its normal state. It is saline, contains just the smallest quantity of albumen, not coagulable by heat, nitric acid or the electric battery. If there was as much albumen here as in the fluid contained in a hydrocele, it might prove disastrous to the brain, and nature has, therefore, wisely kept the albumen away from these important structures.

What is to be done for the relief of this condition? Very little. When the disease has reached such a state as it has in the case before you, nothing remains but the hope for amelioration. The late Dr. Conquest, of England, published a series of cases, in all about fifteen or eighteen, where a cure followed the operation of tapping. I have not the slightest confidence in his statements, for the experience of the entire medical and surgical profession is against his conclusions. If he attained such success in so many cases, it is strange that the same thing could not be done in the practice of other physicians and surgeons. I, therefore, assume that there was no truth in the statement. The late Dr. Brainerd, of Chicago, also published a series of cases, embracing six or eight, in which the best results apparently followed the injection of iodine and iodide of potassium. Drawing off a certain amount of the fluid and injecting a small quantity of a diluted solution, containing iodine and iodide of potassium, was the method advocated by this surgeon, the operation to be repeated every six or eight days, and always preceded by drawing off a small quantity of the fluid. I cannot see upon what this method depends for its good results, which, in truth, lack confirmation, for they have not been obtained by the other observers who have adopted this plan. I think that he must have been mistaken, although a man of great respectability and unquestioned veracity; yet mistakes will sometimes occur.

Another series of cases has been published by some one whose name I do not at present remember, but his method was based on the internal administration of iodine and the iodide of potassium, something on the plan of Dr. Brainerd. It has been, however, pronounced equally unsuccessful, by subsequent experience. The treatment is no more promising than that for spina bifida. Due attention to hygiene, and little, if any, medicine, is what I shall advise for our patient.

Diagnosis and Treatment of Tertiary Syphilis.

Wm. S., 38 years of age, when he was about 17 years old, had three chancres, followed by bubo in the right groin. Subsequently he has had mucous patches upon his lips, but no other manifestations of syphilis, for about thirteen years, until lately. He comes to us now, complaining of nocturnal pains, existing for the last week, in the shafts of the long bones. He also exhibits an indolent, ecthymatous, copper-colored eruption upon the dorsum of the left foot. On his back I also find a few rupial sores. These manifestations are characteristic of syphilis, and are evidently tertiary in their character.

There is no mistaking this disorder, even if the case were presented without a history. When you see such sores, covered with a blackish crust—rupial sores—there is no doubt whatever about the case; but when you couple with it the history of chancres, the evidence is conclusive.

For the relief of the nocturnal pains, and to heal up these sores, we will give him iodide of potassium and bichloride of mercury. We may scotch the syphilitic poison with the iodide of potassium, but if you wish to kill your snake you must also use a certain amount of mercury. I prefer the bichloride as being the most harmless and less likely to damage the patient's constitution. Other mercurial preparations are preferred by some surgeons, calomel, the biniodide, and the green iodide have each their advocates. Blue pill, mercury with chalk, and other preparations are also in use, but I have not the same reliance in them as in corrosive sublimate.

℞.	Potassii iodidi,	gr. x	
	Hydrarg. chlor. corrosiv.,	gr. $\frac{1}{8}$	
	Infusi gentianæ comp.,	fl. ℥ ss.	M.

For a dose, three times daily.

As the medicine is apt to disagree with the empty stomach, it is best to give it after each meal. If it nauseates, let the quantity be reduced.

Under the influence of these two remedies the nocturnal pains may be relieved in the course of a few days. We should have warm baths (about 85°) every few days, in which might be placed some bran and salt. Let him remain in the bath for half an hour. Keep the skin moist and clean, and apply to the sores some benzoated oxide of zinc ointment, and Goulard's cerate, of each equal parts. The sores on the foot seem more inflamed and should be wrapped up in some acetate of lead solution. His diet and clothing will also be looked after.

Result of Resection of Shoulder-Joint.

The case just shown is also one of surgical interest from another point of view. He has lost about three and a half inches of the upper extremity of his right humerus, from a gunshot wound of the shoulder received in the last war.

The operation of excision of the shoulder joint is often practiced, first, on account of pathological conditions of the humerus and scapula, and secondly, on account of external injury, especially gunshot wounds. The operation is easily done, by making, as I prefer, a perpendicular incision through the deltoid, beginning at the acromion process and passing downward, making a wound about four and a half to five inches in length, directly down to the bone. Then peel off as much of the periosteum as is thought necessary, and cut off its sharp edges with the pliers. The operation was performed in this way, for the perpendicular line of the cicatrix is plainly seen.

He has considerable power of movement in the newly formed joint. He can raise the arm in front to a right angle, although undoubtedly a considerable portion of the bone has been removed. As he has full use of the forearm and hand, you see it is very much better than no arm at all. The operation, he tells us, was performed sixteen years ago, at the close of the war.

MEDICAL SOCIETIES.

PHILADELPHIA LARYNGOLOGICAL SOCIETY.

Stated meeting held on Friday evening, March 25th, 1881, at the house of Dr. Isaac Barton. The president, Dr. J. Solis Cohen, in the chair.

Before the meeting was formally opened Dr. Cohen exhibited a patient with extensive ulceration of the epiglottis and larynx, and Dr. Barton showed a case of congenital syphilis in a young girl involving the nasal, pharyngeal and laryngeal cavities.

After the members had examined the cases the president called the meeting to order. Dr. Barton then read a very interesting paper on "Medicated Gelatine in the Treatment of Nasal Catarrh." (See p. 401, No. 1258.)

Dr. Allen said that in his opinion gelatine was the proper material for carrying remedies and keeping them in contact with the mucous membrane of the nose, and stated that he had found a number of persons greatly relieved from attacks of hay fever by the introduction into the nose of soft pieces of gelatine saturated with iodoform. The subject of nasal catarrh was then at length discussed by most of the members present.

Dr. Seiler then read a report of two cases of pulmonary syphilis which he had been able to diagnose from phthisis and had successfully treated with iodide of potassium and mercury. He stated in his paper that, according to his own experience and that of other observers, syphilitic phthisis was more common than generally supposed, and that the differential diagnosis between this affection and ordinary pulmonary phthisis could only be made out with any degree of certainty by the demonstration of the presence of syphilitic changes in other organs beside the lungs, and especially with the laryngoscope in the larynx.

This paper, together with the cases shown before the meeting, was then discussed by most of the members present, and the question was raised whether the case exhibited by Dr. Cohen was one of syphilis or of tuberculosis of the larynx. The Doctor stated that there was no history of specific infection, or of any of the usual secondary affections, and there was an absence of the intense injection of the mucous membrane of the palate and fauces so characteristic of syphilis; that there was, on the other hand, a soft tumor the size of a shelled almond in the soft palate, a slight swelling of one of the glands in the left groin, and that the lower portion of the right lung only was implicated to a very slight extent, which, as Doctor Seiler had pointed out in the paper just read, was the usual seat of lung infiltration in syphilitic phthisis. No definite conclusion as to the nature of the case was reached. Doctor McCracken then exhibited several samples of throat lozenges which had been manufactured for him, from his own formulæ. After this the Society went into private session. C. SEILER, M.D., *Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Diphtheria.

Dr. Thomas Barling describes, in the *Michigan Medical News*, February, his treatment of diphtheria. He says:—

I attend to four things: 1. Hygiene; 2. General Health; 3. The Throat; 4. Counter-irritation.

1. I insist on great cleanliness of person and surroundings; a moist atmosphere, easily obtained by mopping the floor and keeping a milk pan of water on the stove, and a disinfectant produced by half filling an old milk pan with moist earth, placing it under the stove, and putting into the moist earth fifty or sixty matches (generating ozone) and thirty or forty drops of carbolic acid, renewed three or four times a day.

2. For general symptoms, such as high pulse, pain in back, dry skin, increased heat, general uneasiness, and glandular throat swellings, I give one dose of calomel, five to twenty or thirty grains, followed in about six hours by a dose of castor oil.

3. The throat. At the commencement there are swollen tonsils, greatly enlarged capillaries, quickly followed by the diphtheria effusion, always accompanied with an increase of temperature of from two to four or even five or six degrees. I combat this with cold. I give a solution of

℞.	Acid. tart.,	gr. iij
	Pot. chlor.,	gr. iij
	Water,	℥ ij. M.

Order one teaspoonful to be mixed with two teaspoonfuls of the coldest water they can get; if ice water, so much the better; if no ice is to be had, cold well water, readily to be obtained, at about 45° or 56°; two teaspoonfuls are to be used as a gargle and the remainder swallowed. This to be repeated every twenty or thirty minutes, till the urgent symptoms subside. Little four year olds will eagerly look out for the gargle and long for the time for its repetition. I use no spray, no tannin, no swabbing, but I expect the urgent symptoms to be relieved in about twenty-four hours. I then generally give a gargle composed of

℞.	Red pepper,	10 grs.
	Common salt,	30 grs.
	Water,	½ teacup.

To be used freely, and if the tonsils remain enlarged and flabby, finish off with two or three applications of a strong solution of nitrate of silver, three or four grains to the drachm, applied with a feather.

4. Counter-irritation. There is well nigh always severe glandular swelling of the throat externally. I attack this by local sweating. I procure generally a handkerchief, fold it so that it will lay well into the throat, wet the handkerchief in hot water, so hot as almost to scald, and sprinkle it with a teaspoonful or two of kerosene, place this quickly on the throat, and cover with a dry cloth. This may want renewing three or four times at intervals of six or eight hours. This will blister severely; when this effect is produced still continue the wet compress, but put a little sweet cream on the wet cloth instead of kerosene.

This mode of treatment with me cures diphtheria. My total deaths did not amount to five per cent.

The Viburnum Prunifolium in Uterine Diseases.

Dr. E. C. Mann writes to the Boston *Medical and Surgical Journal*, February 24:—

As many cases of diseases of women occurring in connection with nervous diseases are annually treated here, I desire to call attention to my own investigations with this comparatively new medicine. It appears to me to act directly and specifically upon the special nerves of the uterus as a true nerve sedative. I have had several very violent cases of congestive and neuralgic forms of dysmenorrhœa, in one case the dysmenorrhœa being accompanied by epileptiform convulsions of a very severe type, and in each and every case I have seen almost magical relief following the use of the fluid extract of viburnum prunifolium. The case referred to, which was so severe that the intensity of the pain had worn out the unhappy sufferer and induced the epileptiform at tacks, was completely cured in a few weeks by the combined use of the viburnum prunifolium and the use of the constant current of electricity, the positive pole being applied to the hypogastric region, and the negative pole, to which was attached a cup shaped electrode, directly to the uterus. The galvanic current has a very powerful influence in suspending contractions of the uterus, and also is very efficacious, when used locally over the ovaries, in controlling ovarian neuralgia. Previous to my using viburnum prunifolium I had been accustomed to rely on valerianate of zinc and fluid extract of gelsemium, with the constant current of electricity, but since my first experience with the former drug I have used nothing else. Although I have not had occasion to use it in cases of threatened abortion, I should deem it worthy of use from its action on the ganglionic nerve of the uterus. I have failed to perceive any action on the general system, the whole force of the medicine appearing to be directed to the uterus and its system of nerves. When the pulse has been high, from nervous excitement, and the temperature centres in the brain have been temporarily paralyzed, allowing sudden rise in temperature, from nervous excitement, both pulse and temperature have fallen to the normal as the uterine pain has been relieved. It must be remembered, also, that my cases have been aggravated ones, many of my cases having been sent to Sunnyside on the verge of insanity. My conclusions, therefore, are, that in viburnum prunifolium we have a uterine sedative more powerful than any other in controlling dysmenorrhœa and uterine contractions, and that it probably acts by passing from the blood to the nerve centres, and is special in its effect upon the ganglionic nerves of the uterus.

Earache and Its Treatment.

The following is from an article in the *Canada Lancet*, by G. S. Ryerson, M.D., L.R.C.P.S.E., Toronto, Lecturer on the Eye, Ear and Throat, in Trinity Medical College, Toronto:—

Pain in the ear may depend upon inflammation of the external auditory canal, the middle ear, or upon neuralgia. Inflammation of the external auditory canal may be diffused or circumscribed. When diffused, the auditory canal is greatly swollen and may be completely closed. It is hot, dry, and covered with dry flakes of epithelium. It is pale red in color and has a puffy or œdematous look. Pain is considerable, but the patient is as much distressed as suffering. Moving the auricle, or touching the part causes increase of pain. The hearing is dull and there is much tinnitus, roaring and throbbing.

The causes are exposure to draughts; irritation of a foreign body, as a plug of wax, and imperfect drying of the ear after bathing. A chronic form may be induced by the bad habit of picking the ear with pins.

The treatment is simple; it consists, in the early stage, of inflating the middle ear with Politzer's air bag, thus opening up the Eustachian tube and permitting the accumulated fluids to escape. Filling the ear with warm water will often give relief. Eight to ten drops of atropia sulph. grs. iv, aq. ℥j, should be instilled in the ear every two hours. A leech applied to the tragus will give great ease. The wound should be encouraged to bleed for some hours after the leech has fallen off. Should the patient be seen later, when there is much bulging of the drumhead, paracentesis should be done, with good illumination by a head mirror. This at once relieves the intense pain, saves the drum from loss of substance, and the ossicles from displacement. It also heals up more readily than when ulcerated. Should the drum have burst before the practitioner is called in, acid boracic, grs. xv, ad aq., ℥j, and zinc. sulph., grs. v, ad aq. ℥j, will be found to gradually arrest the discharge. The ear should be frequently syringed and the greatest cleanliness observed. *Poultices should never be applied to the ear.* Laudanum and oil are of little use. It also frequently follows measles and scarlatina. Neuralgia of the ear is rarely met with, and then in nervous women. It does not differ essentially from neuralgia in other parts. There is sometimes abnormal sensibility to sound present, more often, however, deafness. The treatment is principally tonic. There is no special local treatment which can be relied upon.

The Diagnosis of the Forms of Insensibility.

In a lecture in the *Lancet*, Dr. Reginal Southey says:—

In every case of coma count the respiration, observe the quality of the breathing, and its ordinary effect upon the blood by the color of the lips. Examine the pulse carefully for quality, frequency, regularity. Touch the eyeballs, examine the pupils for reaction to light, their condition—dilated, contracted, unequal, irregular; tickle the soles of the feet, to test what amount of reflex muscular action can be coördinated. The breathing in most states of coma is heavy and slow; notice if it be stertorous, Cheyne-Stokes like, wholly diaphragmatic, or if the intercostals act. Next take temperature in the axilla or rectum. A remarkably low temperature, four degrees or more below normal, betokens usually uræmic coma, acetonæmia, or grave concussion of the brain. After epilepsy, apoplexy, intoxication, the temperature is more often normal, or even slightly above normal.

Uræmic coma will again be separately distinguished most often by some slight œdema of eyelids or extremities; waxlike pallor, bronchitic sounds, very foul breath, smelling of beef tea; a brown, furred tongue, pearly conjunctivæ, and dilated pupils bespeak urea poisoning. Diabetic coma is indicated by oppressed, noisy breathing, effected by abundant muscular effort, but attended by some lividity, in evidence of impaired oxidizing changes at the pulmonary capillaries, of which we do not at present understand the exact cause.

In the coma that has succeeded an epileptic fit you may expect to find bruises, torn or dirtied clothes, indications of the tongue having been bitten.

Finally, the mode of recovering consciousness after intoxication differs much from what is observed in persons recovering from the coma that succeeds an epileptic fit. After intoxication I have noticed that while the sense of hearing is recovered soon, the lower attributes of mind, the sensorial instincts, reappear early; the individual who was comatosely drunk hears correctly before he sees correctly, and sometimes before he can stand. It is curious to notice the manner in which he repeats a word of your question over and over again, like a parrot, and perceive how some grotesque idea grows out of the jingle or jangle of a phrase mumbled over more or less thickly.

How differently do the mental faculties recover after brain concussion and commotion, as after epilepsy. How the intellectually reduced "egomet" is in a dreamy state and staggers in his gait, hears questions put to him correctly, answers them articulately, apparently rationally, but having done so straightway forgets what he has said, cannot tell where he is or what he is or was doing. He is conscious of some confusion in his own memory, and shows often some high measure of judgment in his distrust of himself, and says, "I cannot recollect where I was going."

It remains for me to point out the distinctive features of opium coma. There is profound stupor, with closed eyelids, contracted pupils, upturned eyeballs; the face is pale; the skin cool, clammy; the forehead beaded with heavy perspiration; the limbs are lax, but, for a while, reflex motions are readily excited. The respiration now slackens, falls in frequency, perhaps, as I have seen it do, to as low an ebb as six per minute, the pulse remaining fair at eighty. The coma now is very profound; you may prick, stimulate by galvanism, call, flick, stimulate by what means you please, little or no further purposive response is returned by coördinated muscular movements. The body will not walk; it is only dragged about, if the advice given has been to walk the man about. Next the lips get livid; the surface of the body colder; the breath is sobbing, and at long, irregular intervals; the pulse hardly to be felt at the wrist, and death is imminent by asthenia or sudden failure of the heart's action. Now for what may you mistake this coma, and what may be most easily confounded with it? Apoplexy into the pons Varolii, since, as was pointed out long since by Dr. Wilks, who illustrated the fact by several examples of cases that had fallen under his observation, apoplexy into the pons is attended by great contraction of the pupils.

The Effects of Varicocele on the Testicle.

Varicocele is so frequent that some observations made this past winter by Mr. P. Gould, and reported to the Clinical Society of London, will have general interest. Mr. Gould exhibited two men to the Society, each presenting a large left varicocele, with the testicle on the same side much smaller than its fellow, but retaining its usual firmness, outline, and testicular sense. The one man, aged 18, had noticed the swelling in the scrotum accidentally, four or five months ago. The other, aged 17, had noticed the varix for six or seven years. In neither case was there any pain or disturbance to be traced to the varicocele. Neither patient had suffered from inflammation of the testicle or any injury to the scrotum. They were both well made, robust, healthy-looking men. Mr. Gould quoted the views of Sir James Paget and Mr. Curling, as illustrating the opposing doctrines on the question whether varicocele did or did not cause wasting of the testicle. After enumerating a list of authors who supported Curling in his opinion that atrophy of the testicle did result from varicocele, he observed that many of the cases cited in support of this assertion must be excluded, on account of the traumatic origin of the varicocele; wherever there was a history of injury or inflammation, it was impossible to say that the change in the testicle was not the direct result of such injury or inflammation. Again, cases where there was no mention made of the presence or absence of these conditions were also of doubtful value. With these reservations, the alleged cases of atrophy were of three kinds: first, cases of arrested development of the testicle, illustrated by the cases shown; second, cases of very slight lessening of the size of the testicle, said by many authors to be very common; a condition of which it was difficult to be certain. Mr. Gould had never seen the left testicle larger than the right—its normal relation—when there was a large varicocele on the same side. Thirdly, there were cases of morbid and extreme softening and wasting. Although cases of this kind were recorded by Curling, Richter, Landouzy, and others, no mention had been made of the absence of previous injury or inflammation of the testicle; and they were not entirely free from doubt on that account. There was strong reason to think that varicocele might produce such wasting of the gland. Referring to the frequency of varicocele on the left side, Mr. Gould argued that neither the greater length of the spermatic vein on that side, nor its lying beneath the sigmoid flexure, nor the mode of entrance into the left renal vein, was sufficient explanation. It was maintained that the use of the valve at the mouth of the spermatic vein was to convert the direct opening into an oblique aperture, and, by lessening its size, cause the flow of blood over it to exert an aspirating effect. Many differences between varicocele and other external varices were pointed out; and the opinion was advanced, that many cases of varicocele were nævoid in character—a primary abnormal development of the veins.

Gelsemium in Incipient Epilepsy.

Drs. A. W. Wiseman and W. L. Crump say, in the *Virginia Medical Monthly*, February, 1881:—

We attended together a case of cerebro-spinal meningitis in a young married woman, nursing her third child, which was a few months old. The patient's parents on both sides were strumous. The case was complicated by slight typhoid symptoms. After convalescence from the meningitis was fairly established, she commenced having epileptic fits. We tried chloral, morphia and bromide of potassium, the last named remedy being pushed to the degree of causing nausea, yet without any beneficial effect. We saw that unless something more was done we would have a case of confirmed epilepsy to deal with; we put her upon the fluid extract of gelsemium, three drops every two hours, and gradually increased the dose to nine drops. Amendment was noticed in two days, and in one week the fits ceased. Several months have elapsed, with no return of the disease.

In a case of hystero-epilepsy, in an unmarried colored girl of about twenty (menstruation normal), with intense clavus hystericus and hemi-anæsthesia, which had been a very troublesome case at different times, we pushed the gelsemium until fifty-eight drops were taken every two hours, for days together, with the effect of quelling the paroxysms. A few mild attacks came on afterwards, but were controlled by the medicine, and they gradually subsided, and for several months there has been no return.

The range of the dose is considerable, for during the same time that we were treating the last-mentioned case, one of us treated a rather sthenic case of pneumonia in a young married woman, nursing her third child, which was a few months old, and four drops produced the peculiar constitutional effects of the drug. The patient rested as quietly as if she had been asleep, and afterwards said that she could hear the attendants discussing whether she was asleep, and sometimes she could hear some of them say "Now I know she's asleep." And yet the pulse was only reduced from 120° to 112°.

The Diagnosis of Jaundice.

The following useful epitome is taken from Dr. J. W. Legg's late work on Bilious Diseases. It gives his directions regarding the diagnosis of jaundice:—

1. Should the jaundice be recent, and no perceptible disease be found in the liver or elsewhere, the case is probably one of simple jaundice.

2. The jaundice being recent, but acute disease of other parts present, such as pneumonia, pyæmia, typhoid and relapsing fevers, and the like; delirium tremens, poisoning by chloroform, chloral hydrate, and other drugs, and snake-bites, the cause of jaundice is not known with any certainty; but it is probably the same as in simple jaundice.

3. If the jaundice be accompanied or preceded by attacks of severe shooting pains in the right hypochondrium; or if the jaundice be intermittent, one attack quickly succeeding the other, the cause is probably gall-stones.

4. An intense, persistent jaundice, if approaching twelve months in duration, is due, probably, not to cancer, but to gall-stones, hydatids, or stricture of the duct.

5. A slight, persistent jaundice is probably due to changes in the texture of the liver, as cirrhosis, nutmeg liver, etc.

6. Jaundice with great enlargement of the liver is probably due to cancer.

7. Jaundice complicated with ascites is probably due to cirrhosis.

8. Delirium setting in during an acute jaundice suggests *icterus gravis.*

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——A very neatly gotten up and curious addition to medical literature, is a series of phototypes of bogus diplomas, bought for $455.00, in May, 1880, by a representative of the Philadelphia *Record,* "who had no knowledge of medicine and had never seen the inside of a Medical College." It contains phototypes of a diploma of the "Eclectic College of Pennsylvania," of a certificate of membership of the "National Eclectic Medical Association," a diploma of Doctor of Laws, of the "American University of Philadelphia," one of "Doctor of Divinity," of the same institution, one from the "Livingstone University of America," and one from the "Philadelphia Electropathic Institution," conferring the degree of "Master of Electro-Therapeutics" (Drs. Galloway and Bolles' concern). All these were bought outright, by a person wholly ignorant of medical science.

——The address delivered before the graduating class of the Medical Department of the State University of Iowa, by Dr. S. B. Chase, has been published in neat form, by the class. The subject is "Our Life Work," and it is well treated.

——Various papers contributed to the Boston *Medical and Surgical Journal,* by Dr. Thos. H. Buckler, of Baltimore, have been collected and published by Houghton, Mifflin & Co., Boston (paper, pp. 72).

The topics are "Strangulated Veins of the Uterus," "Post-parturient Pathology," "Free Access to the Abdominal Cavity," etc.

——Dr. Rosalino Rovira y Oliver, of Barcelona, has sent us his thesis on pneumoconiosis, or the effects of the inhalation of dust. He dissents strongly from various French authorities, who have spoken of the effects of dust in the lungs as trivial. On the contrary, the inhalation of dust consisting of sharp spiculæ leads to a dangerous irritation of the lung substance, the patient often dying with one of the forms of phthisis. He draws a broad distinction between the effect of such dust and that which is composed of soft particles. The whole thesis is carefully prepared, and indicates original study of the subject.

——A series of statistics of the weight and size of the body and its organs has been prepared for the use of medical students, by Dr. J. S. Wight, Professor of Surgery at L. I. College Hospital, and published by Trendett & Co., Brooklyn. It makes a neat pamphlet of twenty-six pages, and is useful for reference.

——The annual report of the German Hospital for this city indicates the institution in a flourishing condition.

BOOK NOTICES.

The Metric System in Medicine. Containing an account of the Metric System of Weights and Measures, Americanized and simplified, a Comprehensive Dose Table, and practical illustrations of Metric Prescriptions. By Oscar Oldberg, PHAR. D., etc. Philadelphia: Presley Blakiston, 1881. Cloth, 8vo. pp. 182. Price $1.50.

The contents of this volume are quite fully set forth in the comprehensive title which we have above quoted. It is addressed both to pharmacists and physicians who wish to familiarize themselves with the metric system as it is recommended by its advocates for introduction into this country—"Americanized," as Dr. Oldberg calls it. The arrangement and contents of the work are well adapted for this purpose A historical sketch of its earliest introduction into the United States is given, and a number of rules for the ready conversion of the usual apothecary's into metric weights and measures are advanced. The posological table is very complete, and the metric formulary will be welcomed by any who wish to familiarize themselves with accurate metric prescriptions. Of the several adaptations of the metric measures to the supposed wants or wishes of the American medical public, this is no doubt the most approved and the only official one, inasmuch as it has already been adopted by the U. S. Marine Hospital Service, in which the author is Medical Purveyor.

A Manual on Diseases of the Eye and Ear. For the use of Students and Practitioners. By W. F. Mittendorf, M.D., Surgeon to the New York Eye and Ear Infirmary, etc. Illustrated. G. P. Putnam's Sons. 1881. Cloth, 8vo, pp. 445.

The author of this work has designed it to be a short and practical manual of the diseases of the organs of which it treats, designed primarily for students and those practitioners who have time to make but a cursory study of these special branches. He has succeeded in presenting a large number of these maladies, all, in fact, which are usually met with, writing as fully as possible on their description, treatment and differential diagnosis. His arrangement is the simple anatomical one. Beginning with the orbit, he speaks of the lids, lachrymal apparatus, muscles of the eyeballs, the conjunctiva, cornea, etc. There are a moderate number of wood cuts and ten full-page plates, colored lithographs, taken from the works of Sichel, Liebreich, and Wells. These plates, though at first glance an attractive feature of the book, are, with two exceptions, of little practical value, and they are not executed with any great amount of skill. Nor can we say much in praise of the wood-cuts; they are rough and too few to be of any real use to the reader.

Four chapters, in all about a hundred pages, are devoted to the diseases of the ear. The directions for using the ophthalmoscope and otoscope are somewhat scanty, and, especially the former, might have been bettered by the more free use of illustrations, and a much more detailed description of the procedures neccessary.

A Guide to the Clinical Examination of Patients and the Diagnosis of Disease. By Richard Hagen, M.D. Translated from the Second Revised and Enlarged Edition, by G. E. Gramm, M.D. Bœricke & Tafel, Philadelphia. 1 vol., cloth, pp. 228.

We have known and appreciated Hagen's work for a long time. It has met with considerable success in Germany, and has held its own as a student's guide to diagnosis for a number of years. But why did the present translator take the *second* edition, published as far back as 1873, for his translation, when a *third*, with important additions, appeared in 1877, and perhaps yet another later than that? Such neglect to obtain the latest improvements of the author is censurable.

The volume begins with some introductory remarks on symptoms and general definitions. The reader is then instructed in the general clinical examination of the patient, his previous history and his *status præsens*.

The rules for special clinical examinations are divided into those for patients presenting symptoms pointing to a disease of the lungs, the heart, the abdominal organs, the brain, the skin, the spinal cord, poisoning, etc. The directions given are clear and concise, and the book is a valuable addition to the literature of diagnosis.

It is neatly printed, with a full alphabetical index, and the translation is fairly well made.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS. — MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS. — SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

THE CONSUMPTION OF OPIUM IN THE UNITED STATES.

The enormous consumption of opium in the United States is naturally attracting the attention of those familiar with our commercial statistics. Of the entire crop of Turkish or Smyrna opium we use considerably more than half. The whole of Europe takes only about three-eighths of it. The actual weight in pounds is 372,000. About a quarter of this is used in the manufacture of morphia, of which we may suppose 80,000 or 100,000 ounces are made and consumed inside our borders.

There has also been recorded a steady and rapid increase in the demand for opium in the United States; an increase much out of proportion to that of our population. This is evident from the following table of imports in different years:—

In 1859,	71,839 lbs.
1860,	135,000
1867,	135.805
1876,	228,742
1877,	230,102
1878,	207,752
1879,	278,554
1880,	372,000

Here is an increase of four or five hundred per cent. in twenty years.

These estimates were furnished the *American Journal of Pharmacy* last December, by Mr. R. F. FAIRTHORNE, of this city. He adds:—

> "Why so much larger quantity is consumed in this country than in Europe it would be difficult to determine. The greater number of persons suffering here with neuralgic troubles cannot possibly account for it. It is time that every physician and druggist should use his utmost efforts to restrain the improper use of opium. Undeserving, indeed, is he of the name of good citizen who carelessly dispenses these or other pernicious drugs for the sake of paltry gain."

Such a warning is indeed timely. It is impossible to resist the conviction that the "opium habit" is silently and secretly extending itself among our population. We believe that it prevails more widely than is generally credited. Very many persons indulge for years in small quantities of opium daily, merely as a stimulant.

It is a mistake to suppose that opium-eating, or the abuse of the drug in any of its forms, certainly leads to great excess in it. On the contrary, most opium consumers are not opium debauchees, any more than most of those who use alcoholic beverages become drunkards. Whatever temperance orators like to say, such is not the case. By far the majority of moderate drinkers continue moderate to the end of their lives. They do not become sots, and feel no temptation that way; but they like their tipple for all that. So it is with opium. The most reliable English medical observers in the East agree that the "frightful examples" of opium victims are rare, and the habit is by no means so generally destructive as some have made it out to be, and as the popular impression is—an impression, we must say, encouraged in the popular mind by some enthusiastic physicians, who should know better. Thus, in a recent number of the *Popular Science Monthly*, Dr. Felix L. Oswald expresses himself in this style on the subject:—

> Your body becomes an opium machine, a physiological engine moved by poison, and performing its vital functions only under the spur of the unnatural stimulus. But by and by the jaded system fails to respond to the spur, your strength gives way, and, alarmed at the symptoms of rapid *deliquium*, you resolve to remedy the evil by removing the cause. You try to renounce stimulation, and rely once more on the unaided strength of the *vis vitæ*. But that strength is almost exhausted. The oil that should have fed the flame of life has been wasted on a health-consuming fire. Before you can regain strength and happiness your system must *readapt* itself to the normal condition, and the difficulty of that rearrangement will be proportioned to the degree of the present disarrangement; the further you have strayed from nature the longer it will take you to retrace your steps.

This is set forth as the usual result of small indulgence. It is a greatly-overdrawn statement, and we gravely doubt about the propriety of presenting this as the result of science; or rather, we have no doubt at all on the subject, firmly believing that all species of misrepresentation should be avoided, as ultimately hurtful to a good cause.

On the other hand, no one should underestimate the injury which opium does work on many minds and bodies. It is so great and so enduring that active repressive measures of the opium trade should be taken in every State. No form of the drug should be sold except by a physician's prescription. It should be classed with poisons, and thus be placed out of the reach of the public. The patent medicines which contain it should be prohibited, and general information as to the dangers run by those who consume it should be disseminated.

There is no question but that the better class of pharmacists would assent to such measures, and would actively aid in having them carried out.

THE RELATIONS OF HYBRID MARRIAGES TO SEX IN OFFSPRING AND FECUNDITY.

The observations which we made in a recent number, on the rules for the decision of sex in the human species, explain some curious facts which have impressed students of statistics.

One of these is the preponderance of females among what may be called human hybrids—the children of marriages in which the father and mother belong to different races, as the black and white, or the red and white. This has lately been brought to the notice of the profession by Prof. Harvey L. Byrd, of Baltimore. In the October number of the *Independent Practitioner*, he says:—

"A curious and interesting fact in regard to the admixture of blood as it occurs in the human hybrid—mulatto—seems, so far as I have learned, to have escaped the notice of those who have written on the subject of the interbreeding of the Caucasian and Negro races."

The fact he alludes to is the one above mentioned, and his observation, though not so novel as he believes, has additional value as an independent corroboration of that of others.

The like has been noted of mixtures between the American Indians and whites. Thus, Mr. Stephen Powers writes: "A noteworthy phenomenon with regard to California half-breeds, which I have observed, and which has been corroborated by others, is that the girls generally predominate. I have often seen whole families of half-breed girls, but never one composed entirely of boys, and seldom one wherein they were the more numerous" (*Tribes of California*, pp. 149, 408).

The explanation of such facts, according to the hypothesis of Dr. MORTIMER GRANVILLE, (see REPORTER, as above) would be that the prevalence of females indicated greater sex force on the part of the corresponding parent. In his opinion it would indicate a want of fulfillment of the full intention of nature. His views are thus stated in the *Lancet*, December 18th, 1880:—

> 1. Sex is the result of an arrest or repression of the force of development in the case of the female. The male of every family in the animal kingdom is the best and fullest specimen of development, having regard to the purposes and habits of life of the species, class, or family. In those apparent exceptions where the male is the smaller and less *displayed* animal, that is because it is an advantage in regard to the *life* and habits of the class to be small and unobtrusive.
>
> 2. The arrest in point of development which characterizes the female has nothing in common with immaturity, and is, therefore, not a conclusive proof of inferiority. It is, as it were, a *repression* of the formative force, and the physical result of this repression is a perpetual effort to develop or reproduce. The force arrested in the individual gathers intensity, so to say, and expresses itself in a perpetual and characteristic longing to produce a perfect animal. The perfection denied or inhibited in the individual is sought in the progeny. Hence the natural tendency of the female to produce male children, and, as a necessary result, the majority of children born are males. It is not a question of the comparative *amount* of ardency in the two sexes, but of the direction of the force or intention—I do not now mean conscious intention, but the intention or purpose of nature—in the case of the female. This direction will always be followed in sex determination unless that force is neutralized by the male.
>
> 8. The function of the male is not one of production, but of fecundation. The tendency of what I have called *ardency* in the performance of this function is to neutralize or control the productive force of the female, and thus determine that *arrest* of development which results in female offspring.

We are far from subscribing to the theory here proposed. On the contrary, many serious objections arise to it.

Mr. POWERS, in the work from which we have quoted, refers to the fact that in nearly all mixed marriages it is the male of the higher race who selects the female of the lower race; but, also, that the male is very apt to be a poor and degraded specimen of the higher race, while the female is nearly sure to be an unusually attractive and favorable specimen of the lower race. It is she who possesses the greatest amount of reproductive power; and possibly for this reason impresses her sex on her offspring.

The statement is made by PRITCHARD and others, that when women of the lower races—especially of the Malasian races of the Pacific islands—have once conceived by a white man, they do not at all, or they do with much less readiness, conceive by a male of their own race. This is one cause of the rapid disappearance of the native population from those islands.

If substantiated, this fact is contrary to what occurs in the lower animals, in whom it is so much more easy to conduct observations on this subject. A striking example was reported last year, in a veterinary journal published at Lyons, France. A mare, about ten years old, gave birth, at full time, to a foal. Soon after, the throes of parturition recommenced, and with assistance another foal was brought into the world. Twin foals are sufficiently rare to cause astonishment at any time, but the astonishment of the attendants was changed into amazement when they discovered that it was not a horse foal they had taken from the mare, but an unmistakable mule. The little creature, unfortunately, did not long survive its birth.

The veterinary surgeon who was subsequently called in made inquiry into the case, and as a result he gives the following explanation: It is a very common practice in Dauphiné to present the mare, when in œstrum, twice to the stallion, and at brief intervals, believing that fecundation is more certain by this procedure. But, as it seldom happens that the villagers can obtain the services of a stallion which can serve the mare twice, with only a few minutes between, or yet a second stallion, and as male asses are by no means scarce, they oftentimes employ one of the latter to succeed the horse. And this is what happened with the mare alluded to.

Such occurrences are rare, but we believe there are in the human race some few cases recorded where twins seemed to indicate that they owed their life to fathers of different races, the negro and the white, for example.

NOTES AND COMMENTS.

Treatment of Skin Diseases.

Dr. H. S. Purdon, physician to the Belfast Hospital for Diseases of the Skin, gives a brief account of his treatment in the Dublin *Med. Jour.*, March. He says: "For acne I am using, with benefit, glycerine internally, as suggested originally by Gubler—a substance so analogous to oils, and, like them, following the ordinary modes of elimination, in traversing the sebaceous follicles; while locally, if on the face, my friend Dr. Samuel Moore's ointment of sulphur and green iodide of mercury is the most useful application I know of. Acne, in young men and girls, often attacks the shoulders. Here, sponging with sea water and brisk friction with a rough towel is far over ointments or lotions. For parasitic affections due to vegetable growths, croton oil liniment, by producing suppuration, destroys the growth more rapidly than any of the vaunted parasiticides. The solution of the ethylate of sodium I still use in nævi, small warty growths, and some forms of lupus, although Volkmann's spoon is the best means of quickly curing the patient. For lupus erythematosus the local application of liquor potassæ has given me good results, while internally, in the acute stage, large doses of acetate of potassium relieve the congestion, and in more chronic cases I prescribe Thompson's solution of phosphorus. In chronic psoriasis I think there is nothing to equal either cold or tepid 'packs,' as used at the hydropathic establishments."

Scrofula and Syphilis as Related to Typhoid Fever.

In an article in the Dublin *Medical Journal*, March, Dr. Henry Kennedy states that he has observed that typhoid fever occurs chiefly in persons of a strumous diathesis: he observes:—

"In typhoid cases I have seen, again, and again, marks of struma in the neck, which had evidently occurred in childhood. The point, too, of which I speak—that is, the close connection between typhoid fever and the strumous diathesis—may be seen in a still more striking light. I have been asked to see a case of this fever where, on inquiry, it turned out that two years previously the patient had symptoms of phthisis, including spitting of blood, and I have had to treat typhoid in a patient whom I knew at the time to be laboring under well-marked tubercular phthisis. In this view of the question the similarity of the lesions which occur in tubercular phthisis and enteric fever must not be forgotten; to me they seem to be of the closest."

In a discussion on this paper, Dr. Doyle, of Dublin, expressed the opinion that there is much resemblance between the characteristic appearances of the ilium in typhoid, and the characteristic local sores in syphilitic disease. Another point is that syphilitic ulcers occur in the intestines.

The Galvanic Bandage in Hydrocele.

In February last, Mr. S. Osborn read before the London Medical Society notes of two cases of hydrocele cured by single tapping, with the subsequent use of the galvano-suspension bandage. The first was a case of hydrocele of the tunica vaginalis, which had been present for seven or eight years; and the second was a case of double encysted hydrocele, present for six years. Both patients were affected with rupture on the same side as the hydrocele, showing a preternatural weakness of the parts in the vicinity. The ages were seventy and sixty-three, respectively. After tapping and manipulation the galvanic suspensory bandage was applied. The galvanism was believed not only to cause contraction of the muscular fibres of the scrotum, but to impart a healthy action to the serous sac, aiding absorption. Mr. Osborn recommended a trial of this bandage in other diseases of the testicle, such as varicocele and neuralgia testis.

Sustained Elastic Pressure in Chronic Uterine Inversion.

At a meeting of the London Obstetrical Society, Dr. Aveling reported this case:—

S. B., æt. twenty-nine, had a child two years ago. Delivery was followed by great bleeding, and metrorrhagia had continued more or less ever since. On admission a tumor was felt in the vagina, as large as a turkey's egg. A ring encircled its neck, but the sound could not be passed more than a line or two above this. On April 28th, Dr. Aveling's double-curved repositor was applied and adjusted by Dr. Aveling. After twenty-four hours the strings were tightened, the patient being very comfortable. About sixteen hours later she felt great relief; something had given way, and the strings had become loose. On examination the repositor was found within the uterus, high up, and was removed without difficulty. The uterus was completely restored.

Dr. Aveling stated that since he had invented his repositor, last year, five cases had been successfully treated by it.

The Increase of Accidental Deaths.

A recent English author, Mr. Walford, lately reviewed the numbers and causes of deaths of this class from the earliest periods at which records existed in Great Britain, bringing them down also to the latest date, and noting the circumstances which had helped to increase them, and also those which had a retarding influence. Mr. Walford is of opinion that these statistics show that violent deaths of various kinds have advanced with the progress of civilization. New forces, as also increasing mechanical productiveness, render the risk to life and limb continually greater. The five great divisions in deaths of this class are those caused respectively by railways, in the working of mines, by mechanical injuries, by chemical fumes and compounds, and by asphyxia (or stifling and drowning).

Here is a wide field for sanitation in rendering these forces less dangerous.

Hot Baths in Asphyxia of the Newborn.

In a communication to the Académie des Sciences, M. Goyraud calls to mind that M. Gustave Le Bon, in a note published in the *Comptes-Rendus* of 1872, indicated as a certain method of recalling to life young animals which had become asphyxiated the plunging them into a bath the temperature of which was gradually raised from 38° to 48° Cent. M. Goyraud has recently had occasion to employ this means for a newborn infant which had been delivered by the forceps. When the infant was extracted, the movements of the heart had entirely ceased, and various means for restoring animation, including artificial respiration, were persevered in for nearly two hours. No sign of life appearing, the infant, already become cold, was plunged into a bath heated from 45° to 50° Cent. (113° to 122° Fahr.). Thirty seconds had hardly elapsed when the first inspiration was observed to take place, and was quickly followed by free respiration, the infant in the course of five minutes having become full of life.

Chromicized Catgut Ligature.

In a recent lecture in Glasgow, Dr. Wm. MacEwen said:—

Carbolized gut softens, and yields in about forty-eight hours, and therefore in certain cases it may be necessary to use a ligature which would maintain its constricting force for a longer period.

With a view of obtaining a ligature which would serve this end I made, during the past few years, a series of experiments with catgut prepared in chromic acid and glycerine; and without going into detail concerning these investigations, it is sufficient to say that ligatures were obtained which admirably serve the purpose for which they were intended. They are prepared by making, first, a watery solution of chromic acid, one to five; then one part of this solution is added to twenty of glycerine. This forms a dark greenish compound, in which the hanks of catgut are inserted and retained for seven or eight months, the bottle containing them being occasionally shaken. At the end of this time the catgut acquires a semi-translucency, and has a dark color like preserved ginger. It is then ready for use, and is stored in a solution of carbolic acid and glycerine (one to ten). The size of the catgut which is of most use in the ligation of large arteries (excluding such as the innominate) is the medium, and this size has been very frequently tested since 1877. In the shape of deep sutures, this gut has been, and, as you see, is daily being used in the wards. In this way we are enabled to ascertain its behavior while in contact with the living tissues, and it has been very satisfactory.

The "St. Gothard Tunnel" Disease.

The workmen in the St. Gothard tunnel have been subject to an intractable, fatal anæmia, which destroyed many and puzzled the physician. At last, its nature has been discovered. It has been definitely traced to the fatal influence of a parasitic, nematoid worm, very prevalent in hot countries, especially in Egypt, where it causes the disease known as "Egyptian chlorosis." The presence of this noxious worm was only lately recognized as the cause of the cases of debility and impoverishment of blood epidemic among the workmen. How it was introduced there is not known. The ova develop out of the body and are taken in in the drinking water. The parasite in question is the intestinal leech, the *anchylostomum intestinale.* It is not wholly unknown in this country. See the MEDICAL AND SURGICAL REPORTER, vol. xli, p. 40.

Benzoate of Soda in Rheumatism.

A number of cases of acute rheumatism treated with benzoate of soda are detailed in the *Brit. Med. Jour.*, March 5, by Dr. David Macewan. The dose given was fifteen grains every three hours. The results were quite gratifying, and seem to promise that this drug will prove a remedy of considerable efficacy in the treatment of this painful disease.

SPECIAL REPORTS.

NO. IX.—OPHTHALMOLOGY.

BY C. S. TURNBULL, M.D.

(Continued from page 416.)

Holmgren observed in a decapitated criminal contraction of the pupil five minutes after the execution, and dilatation of the pupil only after two minutes more (Upsale Läk. Förk., 1879).

Berlin, in referring to *Anomalies of Refraction and Accommodation in the Eyes of Animals*, says:—

"In a large number of different domestic animals the retraction was mostly hypermetropic. Myopia was sometimes found in horses. In most of the larger animals irregular astigmatism of the lens could be demonstrated (Ophth. Section der Naturforscher-Versammlung in Baden-Baden, September, 1879, Z. M., 1879, p. 498).

Malarewsky, at the meeting of the Russian Society for Hygiene, spoke of "*A Page of a Book and its Influence upon the Scholar.*" He recommends to print white letters upon black background.

Becker contributes a case of congenital, one-sided, total color-blindness (A. f. O., vol. xxv, 2). This first accurately and fully-examined case of monolateral color-blindness refers to a girl of 17, in whose family there were color-blind males.

Bribosia found that among 825 persons, about three per cent. were color blind.—Internat. Med. Congr., Amsterdam, Z. M., Vol. xvii, p. 406.

Burnett gives us the *Results of an Examination of the Color-sense of* 3040 *Children in the Colored Schools of the District of Columbia* (A. O., Vol. viii, p. 191):—

Among 1691 colored girls, two were color-blind—0.11 per cent.; of the 1349 colored boys, 22 were color-blind—1.6 per cent. Compared with the percentage of color-blindness in school children, found by Magnus, the negroes show a smaller percentage of color blindness.

He has also devised *a Systematic Method for the Education of the Color-sense in Children* (Washington, September 25, 1879):—

He comes to the following conclusions: "The reduced color-sense, which does not depend upon an abnormal structure of the color-perceiving apparatus, but only upon an insufficient development of a dormant force, can be sharpened by systematic education. The really color-blind patient can be improved by training, but it may surely be expected that by practice continued during several generations, the tendency to color-blindness can be considerably weakened. Burnett's system of training is essentially only a modification of the one proposed by Magnus. The colors which Magnus prepares by lithography are furnished by colored worsted, which are arranged on a plate."

Dr. S. M. Burnett strikes the key-note in suggesting the education of the color-sense in children. The fact of want of education, *i.e.*, practice of the color-sense is, in our opinion, the sole cause of color-blindness, when other than a pathological symptom. Perhaps, too, some of the children might have been taking santonine as a vermifuge.

Cohn, in speaking of the *Quantitative Determination of the Color-sense in Europeans and Nubians* (Schles. Ges., Aug. 1, 1879; Schles. Zeit., No. 372, and Allg. Med. Centralzeit., Aug. 30, 1879), says:—

The color-sense of Nubians is normal, but their nomenclature is incomplete. Acuteness of sight much higher than 1.

Determination of the color-sense by direct sunlight, and by electric light (Ber. d. 12 Vers. d. Ophth. Ges. Z. M., Vol. xvii, p. 6). The distances at which most colors are recognized by electric light are considerably greater than by good daylight.

Gatschet, in speaking of *Adjectives of Color in the Indian Languages* (*The American Naturalist*, August, 1879; A German Translation in *Zeitch. f. Ethnologie*, Vol. xi, H. 4, u. 5), says:—

Seven Indian tribes of North America were examined with colored strips of paper. The expressions for green and yellow, red and yellow, yellow and brown, brown and red, were sometimes not distinctive by the Indians of North America as well as by those of South America; green and yellow were most frequently expressed by the same word. Otherwise the Indians distinguish very many shades of color.

Kotelman, by way of curiosity, notes that of the eyes of 9 Laplanders, 8 Patagonians, 18 Nubians, and 1 negro from the White Nile (*Berl. Klin. Wochenschr.*, 1879, No. 47), the color-sense was well developed; names of colors uncertain; acuteness of sight much greater than 1.

Manz mentions some of *the Effects of Fuchsine glasses.* (*Ophth. Section der Naturf. Vers. zu Baden Baden. Z. M.*, vol. xvii, p. 486). Green-red blind persons assort correctly with fuchsine glasses. The visual field for red is generally increased by a fuchsine glass.

Marty, on the question of the *Historical Development of the Color-sense* (Vienna, 1879), says:—

"Man is said to have had a sensation of color at all times; but lower classes of animals may gradually have gained the faculty of qualitative perception of light, and then transmitted it to succeeding generations. But to man, a gradual development of his judgment of colors, and an alteration of his sensation of colors, are accorded.

Netoliczka, in his "*Researches on Color Blindness and Myopia,*" (28 Jahresber, d. Steirmærk, Laudes-Oberrealschule über das Studienjahr, 1878–79, Graz, 1879), says:—

"Holmgren's test is said to be the best. Among 1024 boys, 41 were color blind (completely and incompletely); in 81 the color-sense was reduced; 71 were not trained, that is, they sorted correctly, but only after some hesitation. The 283 girls had all a normal color-sense. The division into red-green and violet blindness is preferred. In 15 color-blind boys, Delbœuf's fuchsine stained glasses were employed, without, however, correcting the color blindness.

In PFLUGER'S remarks upon *Methods of Examination for Color Blindness* (*Vortrag auf der* IV, *Vers. d. Arzth. Centralvereins u. d. Soc. Méd. de la Suise*, *Correspondenzbl. f. Schweizer Aerzte*, *Vol.* IX), he says:—

Stilling's plates are entirely unreliable; also Cohn's embroidered plates. Daae's plates make rather high demands on the intelligence of the patient. Maxwell's disc is very desirable for the accurate study of a single case of color blindness, but it takes too much time for the examination of numerous persons. The polariscope can be recommended, but the instrument is too expensive. Holmgren's test and Pflüger's crape contrast method are best adapted for the examination of greater numbers. The methods in which spectral colors are used are especially suited to control examinations.

STEIN gives some interesting notes about the Nubians (*Frankforter Zeitung*, No. 218). They distinguish the ground colors, like the European, but they have no accurate and well trained color-sense, and an uncertain nomenclature. The acuteness of vision is more than double.

SWANZY says (Brit. Med. Assoc., Cork, Aug. 5–8, 1879; *Brit. Med. Jour.*, Oct. 4) that among 1230 males, 82, = 6.6 per cent., were color blind; among 90 females, not any. Holmgren's method was used. Nomenclature. (*Berl. Ges. f. Anthrop*, March 15, 1879. *Zeitcher f. Ethnologie*, 1879, Sept. 3, p. 146.)

VIRCHOW finds the color-sense well developed in the Laplanders, but they have a deficient nomenclature.

From Vol. IX, No. 4, of the *A. f. O.*, we note the following, by Dr. C. A. LAMBERT, of Goshen, Indiana, on "*The Treatment of Ophthalmia Purulenta Gonorrhoica, etc.*"—

"I can only offer as a commentary on the present general plan of treatment, whether the end sought is abortive or curative, to say, throw scarification, leeching and iced compresses to the four winds; they destroy five eyes where they save one. The trouble can be effectually aborted and cut short at pleasure, thus producing a speedy convalescence and cure. *I look upon these terrible disorders with as much complacency as I do on a simple case of acute catarrhal ophthalmia.* (Italics our own.) The principal points in this treatment, as outlined in the literature of the subject, I adhere to, such as maintaining the most scrupulous attention to cleanliness of cornea and ocular and palpebral conjunctiva, regulating the diet and habits of the patient, with perfect rest and repose of mind and body. The prescription I have learned to rely upon as almost a specific to the virus is as follows:—

℞.	Morphiæ sulph.,	gr. iij–v	
	Zinci chloridi,	gr. ij–vj	
	Aquæ rosæ,	gtt. x	
	Aquæ dest.,	℥ j.	M.

In the case of ophthalmia neonatorum the remedy should be much weaker. I might incidentally remark that I have found this combination of equal importance in gonorrhœal urethritis, without the internal administration of any remedies whatever, excepting in the case of general debility. In many cases there was no discharge after the first injection. Patients tolerate this injection as they would so much water."

We would consider it criminal negligence "if we looked complacently upon" either a case of blennorhœa of the new-born, or gonorrhœal ophthalmia in the adult. Statistics go to prove that these sort of cases form a large majority of the whole number of eyes annually lost. Our advice to all those who have had but a limited experience in the treament of leucorrhœal or gonorrhœal ophthalmia, is to regard such inflammations as most threatening from the onset. *There is no specific treatment* for such. Save the eye, and protect its fellow from inoculation by all the laws of hygiene and surgery you can couple with your common sense and experience, just as in the treatment of similar vaginal or urethral inflammations. Eyes are lost by necrosis of the corneal tissue, which breaks down, for want of vitality, because of the strangulating swelling of the palpebral and ocular conjunctiva. What is still presented and recommended by many of the eminent teachers in our medical schools, especially by the very men who decry specialists? "*Drop into the eye astringent solutions of varying strengths of nitrate of silver, sulphate of zinc,* etc." Do not do it. You are acting the part of a coward. Hitting the poor eye when it is down. Take the advice of those experienced, and you will save eyes. We repeat, for the sake of emphasis, what Dr. Lambert says truly (*note the cause of his success*), "maintain the most scrupulous attention to cleanliness of cornea and ocular and palpebral conjunctiva, regulate the diet and habits of the patient, with perfect rest and repose of mind and body." We add, regulate your assistants, and nurses as well. They must expect no rest, or repose of mind or body. Eternal vigilance until the acute inflammatory stage be passed! Ice, and nothing but ice, will allay the intense inflammation, and it must be withdrawn just so soon as the inflammation commences to subside. Herein lies the secret of the successful use of ice. Never put strong astringent collyria into the patient's or nurse's hands for use. Use them yourself, once or twice daily, *everting the eyelids and making the applications to the palpebral conjunctiva only*, being careful to wash them off before the everted lids escape. Alum, sulphate or sulpho carbolate, or *chloride of zinc*,* may be used as weak washes, but not during the acute stage. We prefer the pure muriate to the sulphate of morphia and solutions of alum. Long naps are not desirable, either in the case of children or adults, as a good night's rest has cost many an eye. Eternal vigilance, to constantly cleanse the parts, is the watchword! Assist nature in every way, and do not "look complacently upon these terrible disorders" which contribute so largely to the blind in our asylums. We cannot do our whole duty, while mentioning this favorite subject, without referring those interested to a recent paper entitled "*Acute Suppurative Inflammations of the Eye*," by Dr. S. C. AYRES,† of Cincinnati.

From Dr. S. M. BURNETT's next "Quarterly Abstract (*A. f. O.*, Vol. XI, No. 4) we call attention to a paper on the interesting subject of

Cross-eye; its Origin, Prevention and Treatment. By JOHN GREEN. St. Louis *Medical and Surgical Journal*, August 5th. G. points out the cause of convergent squint to be a disturbance of the normal relation between accommodation and convergence, and suggests as an important therapeutic measure, particularly in the early stages, a paralysis of the accommodation by a mydriatic, the paralysis to be continued for months if necessary—the accommodation being supplied by means of convex glasses. He reports important results from the method in his practice.

A Case of Marked Intoxication, with Delirium, from the Use of Duboisin. By C. J. LUNDY. *Michigan Medical News*, August 10th. The quantity of the drug used (by instillation) could not have exceeded $\frac{1}{50}$ of a grain.

On Affections of the Eye Consequent upon Whooping Cough. By Dr. M. LANDESBERG. MEDICAL AND SURGICAL REPORTER, Sept. 18th, 1880. Four cases in all. In Case I there was serous infiltration of the retina, right eye somewhat swollen, macula lutea red, arteries thin, veins engorged. The two upper arterial branches were found to be permanently obliterated, and V. was reduced to $\frac{18}{30}$. In Case 2 there was complete exophthalmos of the right ball. In Case 8 there was ecchymosis in the retina. In Case 4 there was a subluxation of the lens in R. E.

A New Mydriatic. By H. S. SCHELL. Philadelphia *Medical Times*, October 6th. Schell has made eleven experiments with the homatropin hydrobromate, and deduces the following conclusions: Homatropin hydrobromate is not well adapted to the treatment of inflammatory or traumatic affections of the eye, on account of the conjunctival irritation it produces. It is especially adapted to the production of that temporary dilatation of the pupil and paralysis of the ciliary muscle which is so often required in examining the condition of refraction. The best solution to use is one containing 16 grains to 1 fl. ℥ aq. From 1 to 5 drops of such a solution may be required to produce the desired effect, according to the strength and activity of the ciliary muscle. Under the influence of a full dose the pupil attains its maximum dilatation in about twenty minutes. With a full dose the accommodation begins to fail in about ten minutes, and is usually totally suppressed in half an hour, although exceptional cases may require an hour. The total suppression lasts about three hours; the accommodation then gradually recovers itself, and is fully in action again at the end of ten or thirty hours from the time of last instillation. The local action of the mydriatic is not accompanied by any unpleasant effects upon the general system.

A Case of Basedow's Disease (Exophthalmic Goitre), Terminating in Total Loss of Sight from Inflammation of the Cornea. Dr. H. G. CORNWELL. *American Journal Medical Science*, October.

The cause of this rare result of Basedow's disease C. thinks is due, 1, to exposure of the eyeballs to the air, and wholly disassociated from any affection of the fifth pair or ganglion of Gasser; 2, to the affection of the tropic nerves *alone*, rendering the eye unable to resist the injurious influences of the air, dust, etc.

Reflex Aphasia from a Glaucomatous Bulbus. By A. WANSTALL. *Trans. Am. Homœop. Oph. and Otol. Soc.*, 1880.

This is an interesting case to the neuropathologist as well as the oculist. From the clinical history, which is given in detail, it appears that a marked aphasia, which was the concomitant of an eye trouble in which there was + tension (whether primary or secondary is not clear), was thoroughly dispelled after an enucleation of the ball.

(*To be continued.*)

—A verdict was recently rendered in the District Court of Erie, Pennsylvania, against Dr. A. S. Lovett, in a suit for malpractice, for $2450. The trial lasted two weeks, and the jury remained out twenty-four hours.

---

* We have used the solution as recommended by Dr. L., of zinci chloridi, in two cases of gonorrhœal ophthalmia, and have found it most grateful to our patients, and no doubt a most valuable application, and as an astringent wash, *after the acute stage has passed*, to be particularly recommended. The same solution, as an injection, at the same time, cured the urethritis in each case.

† The Cincinnati *Lancet and Clinic*, Feb. 12th, 1881.

CORRESPONDENCE.

Danger of Dusting Calomel into the Eye.

Ed. Med. and Surg. Reporter:—

I see, by the London *Lancet*, for February, 1881, that Dr. Henry Faulds, of the Tokio Hospital, claims to have made a discovery in the treatment of pterygium by the daily dusting of calomel dust into the eye.

The Doctor is not correct in having anything new in the treatment, although it is not generally laid down in the text-books upon eye disease, for I have dusted calomel into the eyes, not only for pterygium, but for granular lids, when there was little or no purulent discharge. And when a patient comes to me with a foreign substance in the eye I never allow them to leave the office until I have dusted some calomel into the affected eye, and such has been my practice for the last six years, with the most flattering success.

I find that the daily dusting is rather too much of an irritant, and that cases do better to only dust the eye every other, or even skip two days between the dustings. I have a patient who had very severe chronic granular ophthalmia, with a cloudy cornea, who has used the calomel for more than a year with no injurious effects whatever; still, I think that all practitioners who dust calomel into the eye should heed the suggestions of Dr. Schlæfke:—

1st. Where a patient is taking iodide of potassium internally, the local application of calomel to the eye excites an acute inflammation.

2d. Iodide of potassium when taken internally is rapidly disseminated through the organism. It appears in the secretions, where its presence can be detected in a few minutes.

3d. When the iodide is given in doses of six grams twice daily it is always found in considerable quantities in the tears.

4th. Although calomel is only very slightly soluble in water, it is ten times more soluble in a solution containing seventy-five per cent. of the chloride of sodium.

5th. When dusted on the conjunctiva calomel is rapidly dissolved, and exercises a chemical action.

6th. If it is thus employed while the patient is taking the iodide of potassium, the iodide and biniodide of mercury are formed in the tears, and these caustic substances cause inflammation.

Thus care should be exercised, especially in old syphilitic subjects, who are liable to take iodide of potassium at any time.

Hoping that some one may profit by these suggestions, as I have done, I send them to your valuable journal E. W. Hill, m.d.

Glens Falls, *N. Y.*, *March 24th*, 1881.

Large Amount of Opium to a Child.

Ed. Med. and Surg. Reporter:—

About noon, 28th ult., a man came to my office in breathless haste, asking me to go to his house, distant about five miles, saying, "the baby had the stomach-ache this morning; my wife gave it some laudanum and cannot waken it." On my arrival I found a babe (eight months old that day) lying in the arms of its almost frantic mother, pale, comatose, bathed in perspiration, extremities cold, slow, feeble pulse, and pupils contracted to the size of a very small pin-head. Noise, rough handling, and dashing cold water in its face utterly failed to arouse the child. I was told the child cried hard that morning, hindering the mother from doing her work, and she gave her a dose of laudanum about 5 o'clock, and another about two hours later. It was then 1 P.M. I asked how much she gave, and she said she did not know. "Surely," said I, "you know whether it was four, six, or ten drops." "But, Doctor, I did not drop it." Finally she told me the first dose was half a teaspoonful, and the last one all the teaspoon would hold. I carefully measured the teaspoon, and it held two drachms. On my expressing surprise that it had not killed the child outright, she said she had often given it half a teaspoonful. Her husband brought from the pantry a three-ounce vial, containing less than one ounce of laudanum, and informed me that that was the fifth vial of laudanum of that size which had been given to the child; making fourteen ounces of laudanum administered to a child during the first eight months of its life. To resuscitate the child seemed a hopeless task. I gave five drops fluid extract of belladonna and a teaspoonful of whisky, in a little water, which with difficulty was swallowed. I then vigorously spanked the child, at first with my hand and afterward with a ruler, until the buttocks were intensely reddened, before I could arouse it sufficiently to emit a cry. I worked at it in this way, at intervals, for more than two hours; kept it awake by noise, dashing cold water in the face, and shaking it, but when these means failed and it sank into a deep sleep, I had recourse to the ruler. The next day the child appeared well, excepting being somewhat dumpish. Instead of the child being constipated by such enormous doses of laudanum, it has always been troubled with diarrhœa. I will only add that the laudanum was all purchased at a first-class apothecary store, and was a reliable article.

T. C. Wallace, m.d.

Cambridge, *N. Y.*, *April 4th*, 1881.

London International Medical and Sanitary Exhibition

Ed. Med. and Surg. Reporter:—

Sir—We have much pleasure in announcing that arrangements have been completed for holding the International Medical and Sanitary Exhibition initiated by the Executive Committee of the Parkes Museum of Hygiene.

This Exhibition will be held on the occasion of the Meeting of the International Medical Congress of 1881, and will be open from July 16 to August 13.

The Exhibition will comprise everything that is of service for the *Prevention*, *Detection*, *Cure* and *Alleviation* of Disease, and will be divided into three sections.

Medical Section.—Surgical Instruments and Apparatus; Appliances of the Ward and Sick-room; Drugs, Disinfectants, Medical Dietetic Articles and Mineral Waters; Electrical Instruments and Appliances; Microscopes and Optical Apparatus; Apparatus of other kinds used in the Investigation of Disease: Appliances used for the treatment of Sick and Wounded during War; Street Ambulances, etc.; Appliances used in Teaching Medicine; Books, Diagrams, Models, etc.

Sanitary Section.—Domestic and Hospital Architecture; Planning, Construction, Decorative Materials; Ventilation, Lighting, and Warming; Water Closets, Sinks, Baths, etc.; Sewerage and Drainage; Water Supply and Filtration; Health Resorts and Sanitaria; Books, Diagrams, Models, etc.

Miscellaneous Section.—Applications of hygienic principles to Food and Dietaries, Clothing, etc.; School Furniture and other articles more or less connected with the general purpose of the Exhibition.

The Exhibition will be held at South Kensington, space having been granted for it by the Royal Commissioners for the Exhibition of 1851. Applications for space from Great Britain and Ireland, and the Continent of Europe, must be made not later than Thursday, March 31, 1881; but applications from India, the Colonies, and America, will be received up to April 16, 1881.

Certificates of Merit will be awarded to Exhibitors. New inventions exhibited will be protected under a certificate from the Board of Trade. Exhibitors will be charged for space, and it is hoped that the Exhibition, in this and other ways, will be made to pay its expenses. An undertaking of this magnitude, however, is not without risk, and although upward of £800 have been subscribed as a Guarantee Fund, we hope the committee will receive such additional contributions as will enable them to thoroughly carry out their work. A list of the guarantors will be published in the catalogue.

Forms of applications for space, and all particulars, may be had of the Secretary of the Exhibition Committee, *Parkes Museum of Hygiene, University College, London.* Office hours, 10 to 4; Saturdays, 10 to 2.

We are, Yours, etc.,

JOHN ERIC ERICHSEN, F.R.S.,
(*President of the Royal College of Surgeons*),
Chairman of the Exhibition Committee.
MARK H. JUDGE,
(*Curator of the Parkes Museum of Hygiene*),
Secretary of the Exhibition Committee.

Parkes Museum of Hygiene, University College, Gower Street, Feb. 22, 1881.

NEWS AND MISCELLANY.

An Anatomical Act in Michigan.

Our Michigan exchanges give us the new Anatomy Act of that State, which has recently become law. Under its provisions the Demonstrator of Anatomy in the University of Michigan, at Ann Arbor, is made receiver and distributor of the cadavers from the prisons and poorhouses of the State. Unless the body is claimed within thirty-six hours after its decease the keeper of prison or poorhouse shall ship it to the University dissecting rooms, where it shall be properly "embalmed or put in a state of preservation," and be still subject to the claim, on the payment of expenses incurred, of relatives or legal representatives for ten more days. At the expiration of this time bodies thus received "shall be used for the advancement of anatomical science in the State and in the following institutions of learning only, viz: The University of Michigan, the Detroit Medical College and the Michigan College of Medicine. And the said bodies shall be distributed to and among the same equitably, and in the order in which they are received, and the number assigned to each by said demonstrator of anatomy shall be proportional to that of its students in actual attendance. And each of said institutions shall pay quarterly to said demonstrator its ratable proportion of the expenses borne and incurred under this act."

The expenses incurred will consist of a sum not to exceed fifteen dollars, which the demonstrator shall pay the keeper of the poorhouse or prison for each body received, to cover the expense of boxing and shipping, and the cost of "embalming or putting in a state of preservation."

The Act apparently gives satisfaction to the parties most interested.

Motion and Rest.

At a recent lecture at the Franklin Institute of this city by Mr. D. S. Holman, he instanced charcoal as a full and apparently inert substance, but when it is powdered, mixed with water and placed under a microscope of a thousand diameters, by which each particle or atom is magnified one million times, we can see the vibratory motion of the atoms. This is equally true of every substance which we can reduce to powder and suspend in clear water, and this motion of atoms is continuous and perpetual. He undertook to show that these particles were absolutely running in a piece of iron, or in corundum, the hardest substance known, after the diamond.

Motion is always indicated by temperature, and when it becomes sufficiently rapid, the atoms fly apart, and the matter becomes liquid and then gaseous. The term solid is a misnomer, for, in fact, a mass of cast-iron is nothing more than a mass of jelly—and this never ceasing motion is an absolute property of not living matter—and there is no such thing in the universe as absolute rest.

Examination for the U. S. Marine Hospital Service.

A competitive examination will be held in Philadelphia, to fill three vacancies in the position of Assistant Surgeon in the U. S. Marine Hospital Service, on April 25th. Candidates must be between 21 and 30 years of age, and graduates of a regular medical college.

Medical gentlemen desiring to apply for examination should make their application to "Supervising Surgeon-General, U. S. M. H. S., Washington, D. C.," without delay.

How "Free" Quinine Works.

We clip the following extract from the *North Carolina Medical Journal*, and recommend it to the consideration of an editor in the State immediately west of North Carolina:—

"We have been favored with the Annual Review of the Drug Trade of New York, for the year 1880, by D. C. Robbins, Esq.

"It is shown in the review of the importations and value of cinchona barks for 1880, that they were of inferior quality.

"It is remarkable, also, that the price of quinine to the consumer has increased since the duty on it has been removed. We believed, at the time the American Medical Association was so zealous in bringing about the abolition of import duty, at Atlanta, that it was a hasty and ill-advised step, and we voted against it.

"As the matter now stands, Congress can do no less than remedy the mistake by removing the tax and duty on material concerned in the manufacture of quinine."

The Promises of the Sick.

In a case tried at Paris, where a surgeon claimed 6900f. for thirty one dressings of a wound and for accessory expenses, the Court ruled that "there could be no valid agreement between the patient and his doctor, for the former, struggling for his life, is no longer master of his will, and if he makes any agreement it is only fear and necessity that guide his will.

Personal.

—Dr. Charles K. Mills has been appointed Lecturer on Mental Diseases in the Medical Department of the University of Pennsylvania.

Items.

—The Cleveland Medical College and the Medical Department of the University of Wooster, located at Cleveland, are about to be united into one Medical College. Hon. H. B. Hurlbut has given $20,000 on condition that this be done, and the authorities of both colleges have decided to unite.

—Rev. T. B. Miller, who sprang into public notoriety some time ago, through his connection, as "Dean," with the Philadelphia College of Medicine and Surgery, a bogus institution located on Tenth street near Race, and Dr. Isaac J. Hathaway, of this city, were arrested, April 5th, on the charge of criminal malpractice on a young woman, and were bound over for trial.

—M. Menier, the famous proprietor of the "Chocolat Menier," recently died in Paris, at the age of fifty-five years. He was at one time the leading wholesale druggist of Paris, and he had one of the finest private laboratories in the world. For years he had spent large sums in endeavoring to discover a practical method for the synthetic production of quinine and morphine.

—A meeting in aid of the fund to supply raised letter books for the blind was held in Boston, April 1st, and considerable money was subscribed. The intention is to raise a permanent fund of $75,000. Miss Laura Bridgman, the celebrated deaf, dumb and blind girl, was present at the meeting, and read from one of the prepared books of the Scripture, the passages being traced by her with the fingers of one hand and communicated by the fingers of the other to an interpreter who spoke them to the audience.

OBITUARY NOTICES.

—Dr. William H. Phibbs, surgeon of the Inman steamship City of Richmond, died in New York, on April 3d. Dr. Phibbs was thirty-four years of age, and for a number years had been in the employ of the Inman Line, and had borne a high reputation.

—Dr. Josiah Hornblower, a well-known and highly respected physician of Jersey City, died April 8d, at his residence, at the age of 71 years.

QUERIES AND REPLIES.

Tripolith.

Dr. Sanford, N. Y.—Tripolith is a secret preparation manufactured by a firm in Switzerland, principally for stucco work and other uses to which plaster of Paris is put. It has been adopted for surgical splints and jackets by various German surgeons.

Dr. W. H. K., of Ohio, asks how may a solution of atropia for hypodermic purposes be kept for some length of time without becoming unfit for use.

Ans.—Prof. Gubler (*Therapeutics*, pp. 176-8) discusses the injury to hypodermic solutions arising from keeping, and traces them to either crystallization or the development of algæ. The latter can be prevented by the addition of one of the anti-zymotics; the former only by re-dissolving.

Dr. S. J. R., of Pa.—We mention Liddell, on Apoplexy, $4.00; Erichsen, on Concussion of the Spine, $2.25; Charcot, Localization of Brain Disease, $1.50; as possibly what might suit you.

Dr. C. C. S., of Ala.—The abuses of medical charity have been discussed in various medical journals, but we know of no separate publications on the subject. Should our subscribers know of any, they will confer a favor by sending in the titles.

MARRIAGES.

SIMSOHN—STERN.—On April 6th, by the Rev. Dr. S. Hirsch, Jos. S. Simsohn, M.D., and Miss Clara, daughter of Mr. Morris Stern, all of Philadelphia.

STEIN—KAUFMAN.—On Saturday, April 9th, at the residence of the bride, by the Rev. Dr. Eccleston, Gottlieb Stein, M.D., and Catharine Kaufman, daughter of the late William Kaufman, all of Stapleton, Staten Island, New York.

DEATHS.

GAINES.—At Boonton, N. J. March 31st, Dr. E. B. Gaines, in the 90th year of his age.

HORNBLOWER.—Jersey City Heights, April 3d, Dr. Wm. Hornblower, aged 71 years.

MORRIS.—On March 19th, 1881, at Norristown, Pa., in his 74th year, Dr. Sidney R. Morris, formerly of this city.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1260.] PHILADELPHIA, APRIL 23, 1881. [VOL. XLIV.—No. 17.

ORIGINAL DEPARTMENT.

LECTURE.

DISEASES OF THE HEART—CONTINUED.

BY ALONZO CLARK, M.D., LL.D.,

President and Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons, New York.

I propose to show you some illustrations of the dilated heart, or dilatation of the heart. This is, probably, as good a specimen as you will ever come across of dilatation affecting all the cavities of the heart. Dilatation may affect but one cavity, or as in this instance, involve all of them. Here is the right cavity, and it is stuffed with hair, to keep it in shape. You will see the thinness of the walls there, and here on the left side you can see it for nearly the whole length of the ventricle. You observe it is very much increased in bulk, apparently, but, of course, very much diminished in weight. This plate represents dilatation of the heart and aneurism. Perhaps you never heard of aneurism of the heart, but there is a thing that is called by that name. Here you observe is marked dilatation of the ventricle, and here is a little dark cone on the top of it; that is a yielding of the heart's wall, and makes, strictly enough, an aneurism, and at last would, if the patient had not died of something else, have ruptured.

Here is a specimen of ruptured heart. It is fatty. The right side is ruptured. In this plate is represented dilatation of the heart, with aneurism on its top, and rupture of the heart. Here are two specimens, I will not say of domestic manufacture, but that have occurred to me. This particular one is the result of a kind of ulceration. I shall explain that to you, probably, in the course of the hour. A part of the heart's structure has been removed. It looks exactly like an ulcer, and in that weakened spot the heart gave way. This, again, is upon the right side. Now, here is fatty degeneration that has weakened the walls of the heart, and it has given way suddenly, and produced, of course, almost instantaneous death.

Before I go on with the matter of rupture of the heart, it is probably best that I give you a few statistics from different authors referring to the frequency of disease in the several valves of the heart. Here, for example, in 300 cases of endocarditis in the adult, 297 were on the left side, 32 on the right side; 268 were confined to the left side, 3 confined to the right side; 29 in both. (Taken from statistics.) In the fœtus and newborn child, the evidence of endocarditis was in 192 cases in the right side, and in 15 in the left. Observe the very marked disproportion between the adult record and the infant record: 192 in the right side in the infant or newborn, 15 only in the left; in the adult 297 out of 300 cases on the left side, but 29 of these were on both sides at the same time. In regard to the particular valve that is most liable to disease, in the 300 cases 255 were in the mitral; a portion of these were in the aortic also, as you will see further on; 129 aortic; in the tricuspid valve, 29; in the pulmonary valve, 3; or one in a hundred. Of these 300, 159 were of the mitral only; 40 were of the aortic valve only; 3 of the tricuspid valve only; and none of the pulmonary valve only.

Here, I have a record obtained from Bouillaud; and observe it is in hospital practice, for children in Paris are sent to a hospital separate from the general hospital. He found endocarditis occur in 55 per cent. of cases of articular rheumatism. Budd, an English physician, finds it in 48. Fuller, in 23. Wunderlich and Lebert, in 23 per cent. in a hospital for adults.

In regard to embolism, of which I have said something to you, in endocarditis or after it, different parts of the body are the seat of embolism, or parts that obstruct the flowing mass: In 84 cases that were observed in the Berlin anatomical museum, 57 were of the kidneys, but not of the kidneys alone; the kidneys were the seat of embolism in 57 out of the 84 cases. But these emboli are not always single; the spleen was the seat of the same accident in 39 of the cases; the brain in 15 cases; the liver and alimentary canal in five cases only out of the 84; and the vessels of the skin in 14. Of course, in several of these cases the emboli were multiple; that is, different organs being affected at the same time.

Now, with reference to rupture of the heart—which subject we began, but made little progress in it—I told you then, I think, that I do not believe the heart is ever ruptured when it is in a sound condition. You have just seen some illustrations of rupture of the heart, but bear in mind that some previous disease may have existed; it may be there was what they call myocarditis, a form of disease that I have not yet described to you. That produces, as you will see when I shall describe it, a weakening of the muscles here, and makes a place of least resistance, and a place that is liable to give way under the power of other portions of the heart. The specimens that you are examining show fatty degeneration, or rather adipose degeneration, a weakening of the muscular tissue; and through perhaps the middle or one side of this adipose deposit the blood may make its way by rupture of the muscular tissue, for fatty tissue has little consistency, gives but little resistance to the power that is acting on it. Now, if you had the means of determining in what particular cases this adipose degeneration of the heart has occurred, you might anticipate such an occurrence, or rather, you might conjecture that it might occur. And that is about as far as you can go in the diagnosis. I told you when we were last together, that we have no means of diagnosticating fatty degeneration of the heart. You observe in these figures that the organ is not enlarged; you therefore gain nothing by percussion. There is no valvular sound to indicate the presence of any new structure; therefore, auscultation amounts to nothing. The heart beats naturally and easily until the rupture comes. It may come during some period of considerable exertion, and the first you know of it is sudden death—and then you do not know what is the cause of death until you have made a post-mortem examination. So that speculation in this direction is really a loss of time. You can, in the language of Goldsmith, be sure, after she is dead, that her last disorder was mortal, and that is about all you can say. "The doctors found, when she was dead, her last disorder mortal." The accident may surprise you, then, at almost any time. Still, it is not a very frequent occurrence. When it occurs from a weakening of the walls of the heart, of the muscular tissue of the heart, from previous disease, other than fatty degeneration, it will be likely to take you by surprise equally, because there is no murmur, there is no friction sound, there is nothing that is unnatural in the action of the heart, unless, perhaps, occasionally a little feebleness which you can account for in a dozen other ways.

When it follows myocarditis you have no means of anticipating it. It is, then, practically a post-mortem disease, and you can prescribe no treatment.

Now, a few words about myocarditis; and the first word I have to say is, that it is a tautology. We duplicate upon muscle. Still, it is a term that has become current, and we must meet it as it stands. The term means an inflammation of the muscular structure of the heart, and I am a good deal in doubt whether it is really an inflammation.

There you observe, in this upper figure, a very marked change in the walls of the left ventricle. Myocarditis produces at first a little reddening where it is located, and afterwards it comes down to about this color. The disease is local; it does not affect the whole heart at the same time. It may be a spot that you can cover with the end of your finger—at any rate with the palm of your hand—rarely larger. Here is a heroic sort of thing. I ought to have shown it to you before. It is a heart ruptured where once fatty degeneration occurred. Upon its exterior here is a spot of myocarditis which has passed its active stage, and a material that I shall describe to you pretty soon has been discharged from the pericardium. If you lift this up you will see that there is a hole through the wall, and this again is in the right side—the effects of myocarditis, but not myocarditis itself.

The reason why I doubt whether the change that I am going to describe to you is the result of inflammation is, that so far as is known there are no general inflammatory symptoms; no particular increase in the frequency of the pulse; no known elevation of the temperature of the body. It comes on quietly, while the patient is attending to his business, and nothing is known of it really, except by conjecture. It is occasionally found to follow pericarditis and endocarditis. It affects, perhaps, one-half the thickness of the muscular structure of the heart, and may occur in the septum ventriculorum, or it may occur upon the exterior face of the heart, either upon the left or upon the right side. As it makes its progress the material that is effused is not pus. Examined under the microscope it seems to be made up of a transparent fluid and broken down portions of the heart tissue. It seems to be rather a breaking up of the muscles of the heart, and we can conceive that it may be by obstruction to the circulation of the blood to such particular part. When the disease is matured you find what you would call a little abscess, and what has always been called heretofore a little abscess; but the material, as I stated to you, that constitutes this apparent pus is not pus corpuscles, but debris. This material is so fine you can only recognize its quality by the microscope. It at length is discharged, either outwardly into the pericardium, or inwardly into the cavity that it may be affecting. If the latter accident occur, it may do mischief in the way of producing embolism in distant parts of the system. More frequently it is evacuated exterior to the heart and within the pericardium. And it seems to undergo absorption when it occurs there; is carried away, no remains of it being left. But after this evacuation of the debris of the muscular tissue, and to a certain extent of the connective tissue here, there is a chance for cicatrization. The connective tissue which covers the muscular fibres is of itself sufficient to start a healing process, and if the heart is not overstrained there may be a cicatrix formed over the depression; a cicatrix of fibrous tissue, which, of itself, gives strength to the weakened part of the heart. It may rupture before this cicatrix is formed upon it. When the heart has been in that way affected, and the cicatrization has taken place, you may examine it at post-mortem, and find that it has not ruptured, the cicatrix has been a protection against that; but you find a depression covered by a whitish connective tissue, which is sometimes of very considerable strength. This is, in substance, myocarditis. And you can see now how myocarditis, in the particular specimen I gave you last, may produce a weakening of the muscular structure, so that it can be ruptured. That, together with the effects of the debris, this mixed matter upon the circulation constitutes the whole of the bad history of myocarditis. There is a certain amount of inflammation of the heart itself when there is endocarditis and pericarditis, as I have already told you. The most common result of that, however, is simply an infiltration into the muscular tissue of some serum; a sort of œdema of the heart, which readily goes away after the inflammation has passed off. It is only in rare instances that this myocarditis occurs in the same relation; that is, in connection with endocarditis and pericarditis.

It occasionally happens that a part of the wall of the heart will yield to the contraction, or rather to the pressure of the blood upon it, and pouch out. You have a plate illustrating that now in your hands. That, however, was a thinning of an already thinned heart; a particular part was more thinned than the rest, and yielded, so as to allow a pouch to be formed by the blood within the cavity. More commonly these aneurisms, for they are so called, occur in the inferior and right portion of the left ventricle. It becomes pouched out toward the median line and downward. This occurs sometimes to a very considerable extent. And it will form clots, layers of coagulated blood, as they will form in an aneurism of the popliteal space, or in the aorta, or in any other part of the body. As the blood coagulates in this expanded portion it makes a covering which gives a certain degree of strength to this weakened part of the heart. After this has continued for a considerable time a something of a white color, thick and resisting, of the character of a cicatrix, forms upon it on the inside. But this is not a cicatrix, because there has been no ulcerative process. But here was a weakened portion of the heart, and nature seems to know how to fortify it, and on the endocardium there is thrown out a certain amount of lymph, which becomes organized, forms a new membrane of the connective tissue variety. You do not see that in this plate. You see only the layers that have been separated for the purpose of illustration; layers of coagulated blood that have been imposed and superimposed upon this weakened part of the heart, and they are torn off in such a way as not to show you exactly the relation to the heart itself.

We do not know much about this form of disease during life. It is, when found, almost always after death. We can find an enlarged heart, and from the extension of the enlargement in a particular direction we can infer that it is of the left ventricle, but we can hardly go beyond that. A distinct recognition, before death, of aneurism of the heart as it usually presents itself is exceedingly rare. I had lately, within a year, I think, a very remarkable case of aneurism of the heart, expanding in an anterior direction, and pushing its way through the intercostal spaces between the fourth and fifth ribs. I am not quite sure that is the point. There was a very decided pulsation. It was a case in Dr. Cole's practice, and he called me in to see it, and I could not make anything out of it but aneurism of the heart. It could not have been aneurism of the aorta, because it was below the point that that aneurism occupies. It pushed the ribs forward a little, and formed a cone in the intercostal space, like that upon the heart already shown you. Dr. Cole watched this patient for some months, and he at length died suddenly, as persons with aneurism are apt to die; and Dr. Cole asked for a post-mortem. He could not get it. The friends would not consent to it. He went to the coroner, and the coroner came and inspected the body, and he said, "Oh, yes, this is aneurism. We know aneurism well enough. A post-mortem is not necessary." And then Dr. Cole resorted to the priest, and tried to induce the priest to persuade them to let such a curious thing be seen; but the priest, even, hadn't the power to persuade them, and the mystery was buried in the grave. Still, I can hardly entertain any doubt that it was of this kind. Cases of the kind, you may understand, are rare; still in the enumeration of diseases of the heart it seems important to say a few words, even of the occurrence of a rare one.

Now, then, I have something to say to you about the heart clot. No, not yet; fibrous degeneration of the heart comes before that, because it is of the heart structure itself. Dr. Quain, who gave us our first ideas of fatty degeneration of the muscular fibres of the heart, a few years ago, described what he regarded as hypertrophy of the heart arising from increase of its connective tissue. He called it fibrous hypertrophy. I have been, from the time he made this statement, a little skeptical in regard to the correctness of his opinion. But during the present winter I have examined by the microscope some specimens that are unquestionably of the character that he described, and a little further on, when you have fewer specimens to handle, I will show you some specimens under the microscope that will illustrate this form of disease. It seems that the connective tissue can take on hypertrophy by itself alone. The quantity of it that may be found upon the spleen, sometimes called a cicatrix, is enormous, and it is perfectly well formed connective tissue, with the fibres and with the nuclei, and it may be half an inch in thickness. The connective tissue in the liver is multiplied very much in certain forms of disease; the connective tissue in other parts of the body occasionally. But in the heart it seems to have had but a recent discovery. All the hypertrophies that have been noticed have been deemed to be hypertrophy of the muscular tissue only. As to the mode in which this particular form of disease presents itself under the microscope, when you make a section of an enlarged heart you follow the muscular tissue a certain distance, and then it breaks up, and in the place of it you find connective tissue, and the connective tissue may be wide enough to reach the whole breadth of the field of the microscope, and no muscular tissue in it. But you see muscular fibres ending, one here and another there, then gone, and then by and by they will be observed again, that is, at a little distance from where they disappeared. It seems then to destroy the muscular tissue when the hypertrophy of the connective tissue is marked. But frequently it seems to occur without being really a disorder. There is always between the layers of muscular fibre of the heart some connective tissue. The bundles are separated by something more than a myolemma, sarcolemma, or whatever name you give it; some real connective tissue thrown in between the sarcolemma of the different bundles of fibres. You see that, in passing a microscope over a thin section of the heart, in almost any instance. Well, this increase in quantity, of course, increases in thickness, and by just so much as it increases beyond a certain point it seems to diminish the muscular fibres by compression; that is, causes their absorption and removal. When, then, this form of disease presents itself in any decided manner, you can easily comprehend that you will have an enlarged heart with diminished power; this deposit is, for the most part, in lieu of, or a substitution for, the muscular fibres, and as it has no contractile force upon itself it will only diminish the strength of the heart. I do not know that we are advanced far enough in our knowledge of disease to distinguish between fibrous hypertrophy and muscular hypertrophy; it requires some further observation; but it is important that you know that there is such a thing as fibrous degeneration of the heart with increase in size. It is a matter that is open to study yet. The study has not been pursued far enough to enable us to lay down rules and principles in regard to it.

Now, then, we come to heart clot. I give a little time to the matter in the lectures, as I used to receive from the graduates of the college long letters in regard to it. I remember one, four sheets of foolscap, written on each side of the page, describing a something that was terrible. A clot had formed in the heart and extended out in the vessels about as far as the examiners could pursue them, and it was wonderful that a man could live with such a thing in his heart; well, he did not. All that formed after he died.

A distinguished physician of Philadelphia wrote a book on the frequent occurrence of antemortem heart clot. He thought they were of very frequent occurrence. I do not believe that. That clots can form in the heart previous to death, and may cause death, I fully believe, but the occurrence is rare. I will make you understand that, I think, before we get through. Now, to distinguish between the clot that is formed before death and one that is formed after, there are two or three rules that will be very diagnostic. You come to a heart, the left ventricle of which is filled with coagulated blood, and the blood runs on out through the aorta, and you can follow it to some of the ramifications of the large vessels; or it forms in the right side and extends through the pulmonary artery into even minute branches of the pulmonary vessels, and it does really look like a very formidable thing, and a person who does not understand it would assume that it was as bad as violent death. Now, then, if a clot form in the heart before the heart ceases to beat, it can never be attached to all the periphery of the heart. If the heart has ever beaten upon the clot that has formed in it, the contraction that must follow, if life continues, will separate the clot from all the external walls, from everything except the septum ventriculorum; and when clots are found in the heart that have been formed during life, they are always attached to the septum, usually to the lower part of the septum, where are the greatest number of pectean muscles. The very act of contraction must separate it. If you will think of it for a moment, you will see it cannot be otherwise.

These clots are of two colors, buff and black. The buff is uppermost with reference to the position of the body after death; the dark colored is the dependent portion. Now, what is that buffy coat? Exactly what takes place in the blood when withdrawn into a bowl and allowed to stand. The upper layer has been formed by the sinking of the blood corpuscles into the deeper layer, and that takes time. There is not time between two heart beats for anything of that kind to take place, and the occurrence of a clot with a buffy portion and a dark portion is conclusive evidence that the coagulation took place after death. The heart was full; it died expanded, and the coagulation took place in a manner that would require several minutes to form it, perhaps an hour or two. The blood does not coagulate quickly within the body. It has been estimated that it requires about six hours for the blood to become firmly coagulated after death. Sometimes it takes a much longer time than that, but a quick coagulation does not take place. As the blood corpuscles are a little heavier, under most circumstances, than the fluid portion of the blood, their specific gravity being a little greater, they have time to sink to the deeper portions of the pool of blood, and allow the surface to coagulate with a buffy coat, a yellowish, semi-transparent substance. That, then, is conclusive against the chances of ante-mortem heart clot.

It has been assumed, frequently enough, that the indentation of the clot at the point where the valves are placed is evidence of an impression made upon it by the action of the heart during life. But altogether another thing. When death takes place and the heart ceases to send a current of blood through the aorta, the upper portion of the valve of the aorta falls downward, of its own weight, into the blood; the lateral ones fall a little, but not so much. The anterior is the point where quite an indentation in the coagulum has been noticed; it falls into the fluid blood, and when the coagulation takes place, it will take place about that valve that hangs in it, and, of course, it will leave an indentation in it. So far from being an evidence of ante-mortem clot, that particular thing is evidence that it formed after death. Almost all the clots that are found after death are formed after death in the heart and great vessels.

If the clot has formed before death, and the heart has beaten upon it, it has been compressed, and will be found attached to the lower part of the septum ventriculorum, and not to the walls of the heart, unless it be the very apex. Clots are formed in the heart. Here is a figure of one, and you observe it is rather crab-like in form; it has several legs. We will continue this subject at our next lecture.

—In Kansas the new prohibition law not only forbids the use of wine in the sacrament, but imprisons for two years in the penitentiary the minister who so administers it, and shuts up the church itself as a public nuisance.

COMMUNICATIONS.

CHIAN TURPENTINE, AND ITS EFFECT IN CANCER.

BY HUGO ENGEL, A.M., M.D., F.A.A.M.,
Of Philadelphia.

Cancer is a fearful disease, and especially so if it affects internal organs, as external cancer, if seen in time, may frequently be removed by operative interference, its recurrence sometimes prevented, or life often prolonged for many years, or at least made bearable. But internal cancer is a scourge for the human race. Here its removal by the skilled hand of the most daring surgeon can rarely affect more than to prolong a life, for a short period, which is inevitably doomed to be prematurely ended by the inexorable malady.[*] Always beginning insidiously, it leaves the patient unaware of its existence until it causes a certain train of symptoms which force the sufferer to seek the aid of a physician, whose grave diagnosis reveals, unexpectedly to the patient, the unavoidable fate that awaits the latter. The diagnosis of this fearful malady once made, death becomes only a question of time; not one of years—nay, of months only. And notwithstanding modern progress has enabled us to suspect even the most obscure case of cancer by the cachectic look, that indescribable appearance of the face with which the formidable disease seems almost invariably to stamp its seal upon the features of the doomed individual; by the rapid wasting of all the tissues of the body, caused by the poisoned blood, which has become unfit to sustain the mysterious process of assimilation; by the more or less sharp or dull, but nearly always constant, pain; by the frequent appearance of a tumor at the seat of the cancer; and by the special symptoms of each individual case, depending upon the locality of the malignant growth; and notwithstanding we may ameliorate the suffering of the patient, it is questionable if, in cases where surgical interference is impossible, the most careful treatment does ever prolong life one solitary minute.

Can it cause wonder, therefore, that every human being dreads this fearful malady, which so certainly ends life within a short period after it has once made its unmistakable appearance? Can we be astonished that even physicians take up with haste every new remedy which is brought, by some accident or through a selfish motive, into public notice as a "sure cure" for cancer? Only a few years ago the whole civilized world turned its eye toward Brazil; the representatives of every nation in that country received letters of inquiry and orders by the thousands; everybody wished to know the truth as regarded the effect of *condurango* on cancer, and the laity, as well as the medical profession, all wanted a "genuine" specimen of it. It became the grave object of diplomatic intercourse; hundreds of articles were published in medical journals, and appeared in secular papers *pro et contra;* and even so high an authority as Professor Frerichs, in Berlin, contended that he had cured an undoubted case of malignant thickening and narrowing of the pyloric orifice with the celebrated remedy;[*] and now, only a few years later, the commission appointed to revise the new pharmacopœia of the German empire, a commission composed of the highest authorities in the science they represent, has rejected condurango,[†] which will soon be added to the great mass of obsolete articles of our materia medica.

And now appears a new remedy, or rather a substance known for many years, but never recommended for the purpose it now is. It comes to us from England, heralded as a "sure" means for curing cancer: *Chian Turpentine.* And, again, we have a reputable physician, occupying a responsible position, Prof. John Clay, obstetric surgeon to the Queen's Hospital, in Birmingham, who, basing his opinion upon a number of observations, considers Chian turpentine a "sure cure" for cancer, also recommends it especially for cancer of the stomach, and remarks that it is advisable not to be too precipitate in rejecting a case of uterine cancer on the ground of its being too far advanced for treatment,[‡] and cites a case "to the point," in which a woman, who was almost dying, improved so much after a nine weeks' treatment by Chian turpentine, that she was about leaving the hospital with "every prospect of soon being cured."[§]

When I read this article (about three months ago) of Prof. Clay, I had under treatment one cancer of the uterus and one of the liver and stomach, both of which I immediately put on Chian turpentine. Another case of uterine cancer was soon after handed over to me for this special treatment, by the physician in charge of the out-clinic of a large hospital here, and through the kindness of two brother physicians, two more cases were given into my charge, both of which were cancer of the pyloric orifice of the stomach.

---

[*] As in the cases in which Billroth removed the larynx, and only lately the stomach. *Vide* article, "A Second Resection of a Part of the Stomach, by Billroth." *International Jour. of Med. and Surg.*, March 29th, 1881, p. 295.

[*] Frerichs published this case, during the height of the "condurango boom," in the *Berliner Klinische Wochenschrift*, but I have not been able to find the number again.

[†] MEDICAL AND SURGICAL REPORTER, March 26th, 1881, p. 3 6 *et seq.*

[‡] New York *Med. Abstract*, January, 1881: abstract from an article by Prof. Clay, which appeared in the London *Lancet*, December, 1880.

[§] Loc. citat.

Before speaking of Chian turpentine itself, its pharmaceutical history, mode of administration, and its effect in cancer, I will give a history of these five cases, as much condensed as consistent with my purpose.

CASE 1.—I. H., forty-nine years old, was visited by me the first time December 5th, 1880. She gave me her history as follows: Never had any serious illness; was delivered of eight children, of which the youngest was then seven years old; and her menses had always been regular, except when enceinte or nursing a baby. About six months ago they seemed to make their appearance oftener, to last longer and to increase greatly in quantity each time. But even before this change happened, she felt as if something was wrong with her womb, as she had frequently recurring sharp pains, of which she formerly never suffered. A fetid acrid discharge had also appeared, her appetite was "non est," and she wasted to a mere skeleton. Her urine seemed of late to come from the vagina, and the discharge from the latter had now a fecal odor. The examination revealed a carcinoma, which occupied the whole neck and part of the body of the womb, the whole cul de sac, the bladder and the rectum. The whole was hard and contracted together into one mass, and from a large ulcer, which had eaten away nearly the whole vaginal portion, occurred a severe hemorrhage the moment I touched it. The discharge was remarkably offensive. As regards pain, sleepless nights, difficult and painful evacuation of the bowels, and the other symptoms of such a pitiful case, they were all present. Being fully convinced that all surgical interference came here too late, I directed my whole attention to ameliorating her miserable condition. I regulated the diet, gave her an anti-dyspeptic mixture* and pepsin, ordered tonics† and a dose of morphia at night, and applied Monsell's solution to the affected parts, keeping them a longer time in contact with it by the aid of a tampon, which application was occasionally repeated. I also prescribed a disinfecting wash, and had the pleasure of making my patient feel quite comfortable after about two weeks of this treatment. Her appetite was improved, most dyspeptic symptoms had left her, the hemorrhage as well as the so very offensive odor of the discharge had ceased, and the parts presented a much cleaner aspect. In this relatively comfortable condition she continued till January 22d, of this year, when I, without interrupting the treatment just mentioned, gave her the Chian turpentine, as will be further described hereafter. Without any change in the symptoms whatever she lived till February 19th, a.c., when she died. There was not the slightest impression discernible, either local or general, which could have been ascribed to the turpentine. The cause of death was sheer exhaustion.

CASE 2.—N. G., 64 years old, came under my charge December 17th, 1880. He had the cachectic appearance and fawn yellow color of cancer, and was evidently very much emaciated. He gave me the usual history of cancer of the stomach—vomiting, sour eructations, pain, etc.—and complained especially of a severe pain in the right hypochondrium. On examination I detected a hard, round, uneven tumor, occupying the region of the pyloric orifice of the stomach, which latter was greatly dilated. To the right of this tumor, a little lower down, was a smaller new growth of the same kind; the liver was greatly increased in size, very sensitive to the touch, and very uneven, especially at its margin, and over the liver near the stomach existed a good-sized patch, of about two inches in diameter, of local peritonitis. Here the patient could not bear the slightest pressure. I ordered the application of a large (four by six inches) emplastrum cantharidis directly over the seat of the peritonitis, to be followed by a healing salve,* and this again by an emplastrum conii as soon as the skin was in its normal condition. I then regulated the diet as follows: He should take one tablespoonful of good, pure milk (unboiled, hot, warm or cold) with lime water added (f.℥j to Oj), every half hour; every other hour to take in place of the milk about one and a half drachms of finely-scraped raw beef (tenderloin);

---

*℞.	Sodii bicarbonatis,	ʒss	
	Tincturæ nucis vomicæ,	f.ʒj	
	Tincturæ gentian. comp.,	f.ʒiv.	M.

SIG.—f.ʒij t.d. in half a tumblerful of water one hour before each meal.

†℞.	Elix. cinchon. calisay.,		
	Elix. cinchon. ferrat., aa	f.ʒiv.	M.

SIG.—f.ʒss t. d., diluted with the same quantity of water one hour and a half after meals.

* An ointment which with remarkable rapidity heals the sore caused by a blister:—

℞.	Unguent. zinci benzoat.,	ʒij	
	Acidi carbolici,	gr. iv	
	Balsam. Peruviani,	f.ʒiij.	M.

Tere quam subtilissime ut fiat ungt.

SIG.—Externally, ter die.

every fourth hour to add to the milk half a drachm of Johnson's fluid beef, and to have three times daily—morning, noon, and night—instead of the milk, the following: one tablespoonful of barley gruel (made with water, and put through a sieve), half a teaspoonful of powdered stale bread, and half of a soft boiled egg, to be followed by ten grains of Boudeaul's pepsin, which, I will here remark, is so superior to any other pepsin, that no testimony, by whatsoever authority, will ever induce me to use any other pepsin again. I further prescribed a cathartic pill,[*] to be taken at night whenever there had been no motion of the bowels during the day. The effect of this treatment was magical. From that day the pain almost entirely disappeared, never returning with any degree of severity; all vomiting and sour eructations ceased, and the patient actually gained two pounds in weight within the next three weeks. But he then gradually commenced to lose again, although comparatively continuing to suffer very little, as none of the former symptoms returned, except a slight, dull pain, which never totally left him, but did not seem to annoy him much. January 22d I put him on Chian turpentine, and kept up that treatment until February 14th, when he died of exhaustion. The turpentine had no effect whatsoever, either on the size or hardness and shape of the tumor over the stomach, or on the size and irregular outline of the liver, or on any general or local symptom or sign.

CASE 3.—B. McC., 52 years old, complained of lancinating pain in the lower part of her abdomen, a fetid discharge from the vagina, hemorrhages, want of appetite and gradual loss of strength and flesh. The neck of the uterus was very hard and uneven, and a corroding, ugly looking ulcer, which bled at the slightest touch, occupied the whole lower and a small segment of the upper lip. She was handed over to me for treatment February 12th. The same day I commenced to give her Chian turpentine, and continued to do so till March 27th, when, not having improved in the least, but, on the contrary, having steadily become worse, she left me, in utter disgust with the treatment. I now regret that I lost over six weeks in such an utterly useless manner, when surgical interference in the beginning might have prolonged or even saved her life. The ulcer had greatly increased in size, occupying the whole neck, and the hardness had extended up to the body of the uterus and the left broad ligament, involving the left ovary and surrounding parts.

CASES 4 and 5.—P. McI., 59, and Ch. S., 71 years old, were given in my charge January 25th and January 28th, respectively. The history of both patients was similar. They had been rapidly losing strength and flesh for some months past, and complained of vomiting and of pain in the epigastric region, where both exhibited a hard, uneven tumor. The only difference between them, as regards their pathological condition, was the fact that McI. would vomit a few hours after every meal, and S. only every night, when his stomach would eject nearly all the food the poor fellow had eaten during the day, in a state of highly acid fermentation. I put them both on Chian turpentine, *without interfering with their usual diet or giving them any other directions or remedies.* March 14th, after I had, therefore, continued this treatment for the full period of six weeks, they were not only not improved in the least, but rapidly getting worse, both, especially S., becoming fearfully emaciated. In both, the tumors had decidedly increased in size and hardness, and the dilatation of the stomach become enormous, more so in S., who had, on several occasions during the last week, vomited large masses looking like coffee grounds, indicating hemorrhage from the stomach. It was only with the greatest difficulty that I persuaded them to continue the treatment, and my promise alone. that I would stop it after six weeks, when the benefit (?) would become apparent, caused them to continue with me. As regards S., I was afraid he would not live long enough to see if I kept my promise, but being bent on giving the Chian turpentine a fair trial, I carried out the treatment. On the day mentioned, March 14th, I discontinued the turpentine. and put them on exactly the same treatment which I described somewhat at length in the case of N. G. A decided improvement began at once. Vomiting and the sour eructations ceased, and the occasional application of leeches, or of a blister and of a conium plaster, made them comfortable as regards the pain in the epigastric region. They both assured me that they were now convinced of the effect of the former (Chian turpentine) treatment, and of their eventually getting well, never dreaming to what cause the change in their condition actually was due. Poor S., though, did not enjoy the respite

---

[*] This pill is certain in its effect, causing no griping, and is especially of value in cases of disturbed portal circulation. hemorrhoids, etc. :—

℞.	Podophyllin,		gr. ¼
	Pulv. aloes soc.,		gr. j
	Extr. hyoscyam.,		gr. ij
	Glycerin.,		
	Gum acaciæ,	aa	q. s.

Ut fiat pilula.

SIG.—Take at night, when necessary.

long; he died on April 2d. McI., who, before this dreadful malady affected him, must have been a remarkably strong man, is still holding out and following my directions to the very letter, and is, as far as symptoms are concerned, unconscious of the doom which must inevitably be very soon his also.

The foregoing are not "picked" cases, but were taken as I could get them. As only several and very high, trustworthy authorities could make me believe in any remedy, as being a "sure cure" for cancer, I never would, perhaps, have paid any attention to this Chian turpentine treatment, had I not had accidentally on my list two cases of cancer, when first reading Prof. Clay's article thereon. Though, before I draw any conclusions[*] from the cases given above, I wish to make a few remarks as regards the remedy itself.

Having read only lately, that no genuine Chian turpentine was in the market,[†] I will give a description of the article which Prof. Clay himself[‡] considers to be the genuine turpentine.

Genuine Chian turpentine has a fragrant, well marked odor, which becomes readily perceptible when rubbing a small portion between two fingers. It must not have a strong odor of pine wood, should possess a pale amber color, and be free from impurities; if whiter, and resembling glazier's putty, it has been well washed with water, to free it from impurities, and water can be easily forced out of it, if a portion is subjected to pressure between two pieces of glass. Its taste should be mildly terebinthinate and readily disappear again. If, at first, it seems tasteless and then assumes a bitter, nauseous flavor, causing eventually a strong, sickening sensation at the back of the throat, and adheres to the fingers, it may be turpentine gathered in Cyprus, but not Chian turpentine. Lastly, if a small portion of the genuine drug be placed on a piece of glass, and exposed to the atmosphere, it thickens considerably after this exposure. Should such evaporation not take place, the article is spurious.

We will see, now, what that standard and most reliable work—completer and fuller of information than which no language possesses one—the "Dispensatory of the United States," by Wood and Bache, has to say on that subject.[*] I can only give a very short abstract from it.

"Chian Turpentine is collected by incisions made during the summer in the bark of pistacia terebinthus, chiefly in the Islands of Cyprus and Chio, the latter of which gave it its name. It is, if unadulterated, a thick, tenacious fluid, of light greenish-yellow color, has a penetrating but more agreeable odor than other turpentines, and a mild taste without bitterness. On exposure to air it speedily thickens. As each tree gives only a small quantity, the Chian turpentine commands a high price even in the place where it is procured. Very little of it reaches this country."

My apothecary procured me Chian turpentine from one New York and two Philadelphia firms. Two of the specimens were evidently spurious, but the third coincided so exactly with the descriptions of the genuine given above, that there could be no doubt of its being Chian turpentine. The drachm of it was sold for ninety cents. I believe that as soon as the wholesale druggists become convinced that no "Chian turpentine boom" can be expected in this country, the price will fall down to about three dollars per ounce, which seems to me to represent somewhat nearer the commercial value of the article. How much the late earthquake in Chio may influence the market I cannot guess.

Prof. Clay lays the greatest stress on the mode of administering the remedy. This fact alone should have made me somewhat suspicious, as Chian turpentine, if really a sure cure for cancer, will act, no matter how, if only given *secundum lege artis.*[†] The best mode of prescribing it is in pill form[‡] or in emulsion,[§] the dose for an adult being three grains, increased gradually to five.

Now as regards the conclusions that may be drawn from the above mentioned cases: I premise that whenever the effect of a new remedy is to be tried, it is necessary to give to the patient nothing else whatever which by itself may influence the malady, if the results obtained shall be reliable. We should further not forget, as Mr. Morris correctly remarks[*], that cancer often comes to an apparent standstill for a longer or shorter time.[†] As regards the length of time I put my patients under the Chian turpentine treatment, I considered four to six weeks fully sufficient to test the merit of the remedy, as Prof. Clay has found during the same period a decided improvement in his patients. Examining now my cases, the following conclusions must be arrived at.

---

[*] My conclusions coincide fully with those arrived at by Henry Morris, M.A., M.B. (New York *Med. Abstr.*, March, 1881, p. 90: abstract from article in London *Lancet*, February.) When my article had been written, I asked the editor of the MED. AND SURG. REP., Dr. D. G. Brinton, for the January number of the New York *Med. Abstr.* (containing abstract of Prof. Clay's article, as I had mislaid it, and Dr. Brinton sent me at the same time, Mr. Morris' article, which I then saw for the first time (about April 1st).

[†] *The American Specialist*, April, 1881, page 68, *et seq.*

[‡] Loc. citat.

[*] Twelfth edition, 1868, pp. 831 and 833.

[†] Did Liebreich give explicit directions, how to prescribe chloral, when he recommended it as a most certain hypnotic? He only advised us as regards the medium dose.

[‡] ℞. Terebinthinæ Chianens, grs. lxxij usque ad cxx.
Pulv. liquirit., q. s., ut fi. pil. No. xxiv.
SIG.—One pill t. d.

[§] ℞. Terebinthin. Chian., grs. lxviij–cxx
Vitelli ovi,
Aquæ destillat., aa q. s., ut fiat emulsio,
ad f.℥viij.
SIG.—f.℥ss t. d.

If Chian turpentine is administered alone, and no further directions are given as to diet, disinfecting, symptomatic treatment, etc., it shows not the slightest effect whatever, neither on the local disease nor on the general cachexia, and the cases rapidly get worse.

If all possible means are taken to remove everything which might irritate the malignant growth, increase the severity of the symptoms, and favor the dangerous consequences of the cancer (as, for instance, overloading of the stomach in cases of cancer of the pylorus, thereby causing dilatation of the organ, highly acid fermentation and earlier ulceration of the new growth), if symptomatic treatment is carried out as far as is in our power, we are able to make life bearable at least, and to remove many, if not, as in some cases, almost all annoying symptoms. If Chian turpentine be now given, after the patient has received the benefit of the treatment just mentioned, and while continuing the latter, the apparent improvement goes on, but the turpentine has here again no further influence whatsoever.

If Chian turpentine is given at the same time when the treatment is adopted, of which experience has shown us that it will ameliorate the case and remove many, or lessen the degree of severity of many symptoms, the cases will immediately take on a different aspect, and will apparently improve, but not more so than if the latter treatment alone had been instituted, without any Chian turpentine.

Chian turpentine influences, therefore, the local and general symptoms of any case of cancer less than a symptomatic treatment, based upon a correct knowledge of the case and of its evil tendencies; nay, it has, given alone, no influence whatsoever, and is utterly useless, producing not the slightest effect.

Where surgical interference is impossible we can only try to ameliorate the condition of the patient, who is doomed to die. This is a testimonium paupertatis, but the truth; and at present we can only console ourselves with the old Roman adage: Ut desint vires, tamen est laudanda voluntas. But if any new remedy is again brought forward as a "sure cure" for cancer, a remedy which would be a present of the greatest value to suffering humanity, we had better remember the words: Quidquid id est, timeo Danaos, et dona ferentes; and never forget: Quidquid agis, prudenter agas et respice finem.

812 *N. Fifth street, Philadelphia.*

SURGERY, AS PRACTICED BY THE INDIANS.

BY H. M. M'CLANAHAN, M. D.,
Of Montana.

This branch is not enveloped in a cloud of mystery and superstition, as is the practice of medicine, although far from being free from it. The reason is obvious. The causes of disease are not always manifest, even to the most cultivated, while to the Indian it is entirely a subject of speculation. However, the relations between cause and effect, in many surgical injuries, are so evident as to convince the most ignorant. But self evident as the cause frequently is, the Indian is not satisfied with that alone, but goes further and seeks for a first cause to account for the accident, and here the influence of spirits is admitted. Some higher power must have influenced the horse to fall, or the bullet to strike him. Holding such beliefs, it will not seem strange that the Indian, before going to war, or to hunt, should endeavor to prevent accidents. This he does by "making medicine" before commencing the journey. Now, "making medicine" is a comprehensive term, and may mean songs, dances, supplications, or the wearing of charms. Before starting, the Indians will make dances, and sing songs to the gods, and wear about the body pieces of cloth, skins, etc., as charms. Thus equipped, he is ready for war or the chase. He now pretends to believe that no harm can come to him. I believe this is the reason why the Indian, at times, displays such courage, for naturally he is a coward. If, as often happens, the charmed Indian is injured, he does not lose faith in the charm, but explains it away by asserting that either his medicine was not strong enough, or the enemy's was stronger.

If a wound takes on morbid action it is attributed to evil spirits.

Further views as to their ideas of cause will be given as various orders are taken up.

---

[*] Loc. citat.

[†] As for instance in pregnant women, affected with cancer. During pregnancy the cancerous growth will, in most cases, not further develop itself; the cachectic and other symptoms will mostly cease; but, pregnancy being over, the progress of the case will now be the more rapid.

First, the treatment of wounds, however caused, involving injury to or destruction of tissue. There are certain general principles of treatment which are generally recognized, among which may be recognized arrest of hemorrhage, removal of foreign bodies, and protection of the injured part by coverings.

For arresting hemorrhage they simply apply compresses over the seat of the injury. A favorite application is the spider's web, applied intact. The blood, becoming entangled in the meshes, clots. In urgent cases, anything, as grass, dried leaves, and the inner bark, or pieces of blankets, is used. The Indian is aware that violent hemorrhage, uncontrolled, means death.

The primary dressing is left in place until removed by ulcerative action. Then the wound is examined, and any foreign bodies, as shreds of cloth, pieces of wood or earth, are removed. In rifle wounds the ball is not disturbed, unless in sight. They are not inclined to meddle, confining attention to the surface. As an application, marrowfat is probably most frequently used. Another favorite ointment is the fat of the prairie dog. In washing the wound, cold water is used. General or local fever is considered as evidence of the intervention of evil spirits, and not as a necessary result of the local lesion. In such cases the "medicine man" exerts his powers to dispel the evil genii. His manner of conducting the scaring process was described in the preceding article. The procedure would be the same in this instance. They have no fixed times for changing the dressings; as a rule, so long as the patients are comfortable the wounds are not molested.

Complications, as erysipelas, gangrene, and pyæmia are very rare. I have never seen such complications. Medicine men, however, tell me of cases where the flesh turned black. They said that in such cases the patients invariably died. When asked the reason, the reply was, "too strong for our medicine."

While a digression, the following facts may be of interest: The air of the lodge is charged with wood smoke, from the open fire on the ground. There is free interchange of air. Meat hanging in the lodge is perfectly preserved at all seasons. I have thought the absence of the complications alluded to might, in part, be due to the antiseptic properties of the smoke. In punctured wounds the medicine man sometimes desires to introduce substances into the wound. For this purpose he procures the wing bone of the wild goose and removes the marrow. To one end of this is attached a piece of small intestine. The bone is then introduced into the wound, and the medicine into the intestine. Then, by drawing it between the fingers, the substance is forced through the bone into the cavity of the wound. Such is an outline of the Indian's manner of treating wounds.

We next proceed to give the treatment of fractures and dislocations. Most of the accidents of this class occur during the chase of buffalo. In civilized life many fractures are due to falls. Such causes almost never occur among the Indians. They wear moccasins, which have flat soles, and do not cramp the feet. The moccasin is made of rawhide, and does not become smooth, as does tanned leather. In compound fractures the treatment is more elaborate than in simple fractures.

The following is the treatment for that form: First, reduction by extension and counter extension. Some of the Medicine men acquire considerable skill in manipulation, and their results are creditable. Next, all the openings are filled with extracts. Then, over all, is smeared a coating of the scrapings of rawhide boiled in water. This forms a gelatinous layer, having considerable force. Over this and around the entire limb is placed a covering of fine inner bark; the limb is then ready for the splints. The splints are made from willow or other wood, quite thin, and from one to two inches in width, and made long enough to extend the entire length of the bone. They are placed about one inch apart, and entirely around the limb, being held in place by circular strips of cloth. If it be an arm, it is carried across the chest and retained by a circular bandage about the neck. If a leg, the patient remains in the recumbent posture for some days; but not during the entire time of the healing process. The rule is for the patient to commence to walk as soon as he can bear the weight of the body upon it without causing pain.

In simple fractures the treatment is not so elaborate. The splints are applied next the skin, in the same manner as in compound fractures. The original dressings are not changed unless, from swelling, the arm becomes painful. In comminuted fractures the limb is dressed as in compound fractures. When spiculæ of bone, thrown off by the efforts of nature, appear on the surface, they are drawn away, but are not searched for. I have never heard of the Medicine Man performing an amputation, and in severe comminuted fractures death often results.

In dislocations the treatment is similar to that in fractures. From what I have seen, I judge the reduction is often imperfectly accomplished. The joint being bound up in splints until pain has ceased, the result is frequently a stiff joint. I saw a case, where the middle finger had been dislocated backward upon the dorsal surface of the articulating metacarpal bone. It had not been replaced, and the result was an artificial joint, allowing of considerable motion. The head of the metacarpal bone was partly absorbed, so that the contour of the joint was not greatly changed. The finger *appeared* much shorter than natural.

In common with all other races of man, the Indian suffers from venereal diseases. He is aware of the existence of such diseases. He is ignorant of the fact that secondary and tertiary forms are the result of the primary disease. They are looked upon as distinct diseases. The following dialogue will illustrate his ideas of cause. The victim is suffering from gonorrhœa:—

When did you get this? "Last week." Did the woman have any disease? "No." How did you get it then? "She made bad medicine, so as to give it to me." The victim was very indignant to think she would play such a mean game on him.

This idea that a woman can give a man the clap at will, is the cause of frequent domestic disturbances.

The treatment consists in taking, internally, a balsam that is collected from the wild cherry and other trees. They use no injections. What the result in these cases is, in many cases, I do not know, but I have never seen a case of stricture, and have never known of one to suffer from retention of urine.

For syphilis I have never been able to learn of any treatment. As before remarked, it is not recognized as a distinct disease, and its manifestations would be treated as distinct lesions. As a clinical fact worthy of notice, I can say, as the result of my observation, that syphilis does not make the terrible ravages as among civilized people. Inherited syphilis is more marked than acquired.

Counter-irritation is a favorite form of treatment for many ills.

The instrument employed is a piece of flint drawn to a sharp edge. The skin is scored until blood exudes freely. This treatment is employed for all swellings and tumors, and any deep seated pains. For painful forms of ophthalmia scoring the temple is frequently employed. But it is while mourning that this practice is most universally employed. I saw one woman whose entire body was lacerated in this way, so that she left blood-stained marks in every impress of her feet.

In incontinence of urine the treatment generally is the sweat house, but sometimes the Medicine Man will attempt to draw off the urine, using for this purpose a quill. It is not passed into the bladder but only part way along the urethra. It often happens that there is a free flow of blood following this procedure.

Considering the severe winters in this latitude, it is surprising how few suffer from frostbite. Most Indians paint the face with vermilion, daubing it on thickly, which, I think, protects it from the cold somewhat. Then they very seldom apply water to the surface of the body in winter. To protect the feet, fine dry grass is placed inside the moccasin, which produces friction, thus maintaining the heat of the part.

Such is an outline of the Indian's idea of the practice of surgery. Experience has taught him a few facts, but I doubt if he is any wiser than his ancestors were in the year 1492. If he should live for ages to come uninfluenced by the whites, he would know no more than he does now.

HOSPITAL REPORTS.

PHILADELPHIA DISPENSARY FOR SKIN DISEASES, AND SPECIAL CLINIC FOR SKIN DISEASES AT THE NORTHERN DISPENSARY.

An Analysis of Six Hundred and Fifty-three Cases, With Remarks on Treatment.

By H. W. Stelwagon, M.D., Physician in Charge.

During the year 1880 six hundred and fifty-three patients were registered. In this number were observed fifty distinct diseases.

In the accompanying table only those affections of which four or more cases were noted are mentioned, representing six hundred and fourteen patients. In the remaining number, thirty-nine, were three cases each of herpes, simple erythema, vitiligo and condyloma; two cases each of epithelioma, lichen planus, comedo, herpes iris, scrofuloderma, atrophy of the nails and ecthyma; one each of morphœa, dysidrosis, milium, lupus vulgaris, lupus erythematosus, alopecia areata, hypertrophy of the nails, sycosis parasitica, lichen pilaris, pernio, zanthoma, sebaceous tumor and alopecia simplex.

The first twelve diseases tabulated are representative of five hundred cases, more than seventy-five per cent.

Eczema, by far the most common of all, occurred in thirty per cent. of all the cases.

This disease was seen in one-third of the cases in those under the age of fifteen. Males and females were equally affected.

Old chronic eczema rubrum of the legs was very frequently encountered. The papular form was also quite common, as was likewise the impetiginous variety, this last chiefly in young children. In the majority of cases the general health seemed unimpaired.

The almost constant co-existence of digestive derangement, however, particularly of constipation, was recorded. In a number of instances a hereditary tendency was disclosed.

The *syphilodermata* were seen in over ten per cent. of the cases. The papular form predominated; and in this the papulo-squamous, the so-called psoriasis syphilitica, was largely represented. The almost identical appearance of this eruption with the patches of simple psoriasis was, in some cases, remarkably striking. In the several cases of the tubercular syphiloderm there existed but one or two patches; and in these the tubercles were arranged in a peculiar, circinate manner, the patch originally beginning as a ringed group and gradually extending at the periphery by the accession of new tubercles, the centre in the meanwhile becoming free from the eruption, leaving, however, a slightly pigmented condition of the skin. This form, in which there was no tendency whatever to ulceration, was seen in but two instances.

The circinate, serpiginous form, in which *ulceration* attended, was not so infrequent. In these localized tubercular eruptions, the similarity to lupus vulgaris, as was shown in the cases referred to, was very great. The long duration and slow progress frequently observed in this syphiloderm, when uncared for or inefficiently treated, was exemplified by one of the few cases which came under observation. The pustular eruption was seen in four instances, and in each there was and had been considerable impoverishment of the general health. There was also in these four cases marked glandular enlargement, and in two, iritis had supervened.

Urticaria was noted in six per cent. of the cases; in more than half as an acute affection. Of the chronic cases, the greater number were in children, in those under the age of fifteen, and in the papular form—urticaria papulosa. The presence of dyspeptic symptoms was frequently noticed. The affection seemed to have a predilection for those of a nervous temperament.

A large number of the cases of *dermatitis* resulted from exposure to the poison ivy. The effects produced varied from the simple erythema to the severe bullous inflammation. In the latter cases there was slight constitutional disturbance.

Pruritus cutanea was observed in over three and a half per cent. of the patients. In nearly all, the patients had passed the fortieth year; four-fifths the fiftieth. In several of the severe cases Bright's disease was observed to coexist. The existence of diabetes was not noticed. Two-thirds of the cases occurred in males. In several the disease was limited to the parts about the genitals.

Psoriasis was observed in the same proportion as pruritus; that is, in three and seven-tenths per cent. The eruption was, as a rule, general; two cases noted, however, in which the scalp alone was diseased. The extensor surfaces of the elbows and knees were in a large percentage primarily affected, but not so large a number as to be corroborative of the great stress usually laid upon this point. In one of the cases the subject was a child under four years. The disease had already existed a year, and presented the same general aspect as in the others, probably less inflammatory. The eruption was typical of the variety known as psoriasis guttata, except on the extensor surfaces of the elbows, where the patches were confluent.

As many as twenty-one cases of *impetigo contagiosa* came under treatment. All were seen at the Northern Dispensary. The disease, as was subsequently learned, seemed to be confined to the northeastern section of the city, where it prevailed to a great extent.

Herpes zoster was observed in sixteen instances—two and four-tenths per cent. The eruption was most frequently seated upon the thoracic and lumbar regions. The right and left sides about equally. In but few of the cases was pain a very prominent symptom. In more than half there was no acknowledgment of premonitory neuralgia elicited. Neuralgia of the parts was frequently complained of in the course of the disease, but was of moderate character. A poor condition of health was remarked in nearly all.

Furunculosis was recorded in a little more than two per cent. of the cases. In nearly every instance a broken down condition of the system existed. Even those whose appearance was indicative of a fair standard of health, upon inquiry, admitted a previous reduction in the health forces. The upper region of the body seemed preferred.

In the cases of *erythema multiforme*, the papular form of the eruption predominated. Except one case, which was observed in winter, they all came under treatment during spring and fall, and all in those under the age of fifteen. In two cases were noted pain and swelling of some of the joints, but in both, these symptoms proved of short duration and trifling import. This affection occurred in the proportion of two per cent.

Twelve cases of simple *impetigo* were noticed. In none, so far as could be ascertained, had the pustules been produced by any local irritants, such as pediculi, or other vermin. Almost all the patients with this affection came under treatment during early fall. General condition was noted to be below par.

But few of the remaining diseases call for special remarks in a general analysis of this character.

Rosacea was seen in its milder forms in ten cases, chiefly in unmarried women, usually suffering from some uterine disease.

In two (brothers) of the cases of *favus*, the scalp was the part affected, and almost in its entirety. The disease had already existed for several years. The hairs were dull, split, and broken off, and in places were bald atrophic areas, giving the head a peculiar, scarred appearance.

In the remaining two cases the disease was seated on other parts. In each of these latter, the characteristic yellow cup-shaped discs were beautifully shown.

In one of the nine cases of *tinea versicolor* the disease extended down the abdomen as far as the pubes, and down the arms to several inches below the elbow.

Hyperidrosis was recorded in four instances, in all of which the affection was limited to the feet, and especially the soles. In all, the occupation of the patient was such as required constant standing.

But two cases of *epithelioma* were treated. These were of a superficial character. Both patients had passed middle life. There were no subjective symptoms.

Two cases of *lichen planus* were recorded. The flexor surfaces of the wrists and forearms were the parts on which the eruption was seated. The disease was symmetrical, and had existed many months. The square, flat, purplish, glazed and irregularly grouped papules were characteristic. The general health appeared normal.

In one of the two patients with *herpes iris*, the eruption was most beautifully exhibited. The arms, legs, and trunk were, to a great extent, covered with the rainbow colored patches, each consisting of several concentric rings. The vesicles were small and abortive. The last vestige of the eruption disappeared at the end of three months.

Of the remarks on *treatment* following, it is not intended that they should be much more than general in character. Of the use of new remedies but little will be said, as such, when occasion warrants, will be otherwise communicated. Treatment of skin diseases, as practiced at dispensaries, must, of necessity, if expected to be carried out, be the simplest possible. Also, as regards the matter of economy, there must be some consideration in prescribing. Yet, with these disadvantages, the results in the cases reported were gratifying. The success, in many cases, was not so much due to the particular medicine, lotion or ointment used, as it was to the fact that in every case minute directions regarding the mode of application and the necessity of persevering attention to the same were given.

In the cases of *eczema* in which there was considerable accompanying inflammation, diachylon ointment proved of the greatest service. Oxide of zinc ointment, with an equal part of cosmoline, was found also very soothing. In the less inflammatory cases, white precipitate ointment, of varying strength, was advantageously employed. In the dry, scaly forms, the preparations of tar were relied upon. The fact that tar disagrees with some skins should not be lost sight of. In old cases of eczema rubrum of the leg, the rubber bandage was ordered, when the patient could afford it, and with the greatest advantage. In not a few cases the use of this bandage, with an occasional washing of the parts with a weak solution of carbolic acid was followed by rapid improvement, and eventually by full relief. In place of the carbolic acid solution, a lotion of salicylic acid was often employed, and apparently with about the same benefit. In the papular forms of the disease, oil of cade, in alcoholic solution, and also a wash of carbolic acid, were used with some success. In all cases an endeavor was made to ascertain the predisposing cause, and if any could be detected, the constitutional treatment was directed against the faulty condition discovered. Arsenic was found most useful in the chronic scaly disease. In children the continued administration of cod-liver oil appeared to be of considerable benefit, and a small dose of calomel was ordered about every second or third day. In adults an aperient tonic mixture gave good results.

In the *syphilodermata*, no local treatment was employed, except in the tubercular and ulcerating forms. In these the constant application, in the form of a plaster, of mercurial ointment of about half strength, aided materially in effecting a disappearance of the eruption. In the early secondary eruptions the protiodide of mercury was given. In the late syphilodermata a combination of corrosive chloride with iodide of potash proved of most value.

In *urticaria*, in acute attacks, especially where digestive disorders seemed to be the cause, antacids and laxatives were prescribed. In those chronic and troublesome cases of the disease, quinine, in tolerably large doses, was of the most value. Atropia was given with fair results, but quinine seemed more certain. In those cases also, where there were dyspeptic symptoms, muriatic acid and pepsine were ordered.

In *non parasitic sycosis*, the application of diachylon ointment and daily shaving were followed by rapid improvement. After a certain point was reached, however, the affection was not so responsive. Stronger applications were then made, and epilation practiced.

In *phtheiriasis* of the *scalp*, simple petroleum was ordinarily used, and with good results; care was taken to protect the neck and face.

In *phtheiriasis* of the *body*, thorough cleansing of the clothes and person, when practicable, was the quickest and most satisfactory method.

In *dermatitis*, from rhus poison, the simplest, and about as efficient as any application, was lead water. A weak solution of carbolic acid was also of use.

In *pruritus*, if any faulty condition of the system existed, the same was corrected. Some benefit, in several cases, was derived from large doses of bromide of potash. Local applications of the various antipruritic lotions were made, with varying results. Probably, carbolic acid in proper solution was the best.

In the local treatment of *psoriasis*, reliance was placed in three remedies: chrysophanic acid, pyrogallic acid, and oil of cade. Each was applied in the form of an ointment of the strength of from a half to one drachm to the ounce of adipis or simple cerate: oil of cade often in greater quantity. Chrysophanic acid was quickest in its results, but on account of the severe inflammation of the skin it sometimes causes, the least generally applicable. Pyrogallic acid was probably most used. The removal of the scales was best effected with sapo viridis.

In proper cases, arsenic was given with decided advantage; especially useful in the older and less inflammatory symptoms. Where there was constitutional impairment, cod-liver oil and iron were given.

In the cases of *acne*, various plans of treatment were tried. In scrofulous patients, cod-liver oil was of essential service. In the more inflammatory acne, great benefit was derived from small doses of Epsom salts, taken well diluted, once or twice daily, before meal time. Where dyspepsia existed appropriate remedies were given. Of the local applications, the best were an ointment, or lotion of sulphur, and a lotion of corrosive sublimate. In the indurated form, local scarifications were decidedly curative. In all cases where comedones existed the same were ordered to be pressed out. Nightly washing of the *face* with hot water was of some advantage.

Herpes zoster was treated on general principles: local application, merely for protection, and quinine internally. Phosphide of zinc was given in a number of cases, but not enough to warrant an expression regarding its value. Where there was coexistent neuralgia, morphia and atropia were ordered.

In the treatment of *furunculosis*, sulphide of calcium was given, but without the success so urgently claimed for it. It is possible that the cases were not suitable, but even in those where there was no apparent disturbance of the natural vigor, after a fair trial the remedy was discarded. Fowler's solution, with large doses of tr. ferri chlorid, was prescribed with greatest confidence.

But few of the remaining diseases need to be noticed, in regard to treatment pursued.

In *scabies* an ointment composed of about a drachm each of washed sulphur, balsam of Peru, glycerine, to the ounce of lard or simple cerate, was successfully used.

In *rosacea* stimulating lotions and ointments seemed of value. At the same time the necessary constitutional treatment was ordered. The disease frequently improved upon treatment directed toward strengthening the digestive power. Where there was existing uterine disease, the same was ordered to be treated, and generally with improvement of the rosacea.

In *tinea tonsurans* and *tinea favosa*, chrysophanic acid appeared of some advantage, but unavailable on account of the unsightly staining it causes.

Carbolic acid, in varying proportion with olive oil, as high as equal parts, was of greatest value. Epilation was essential in cases where the disease had existed any length of time. Frequent washing of the whole scalp with a weak solution of carbolic acid was found of the utmost service in preventing the disease from spreading.

In the four cases of *hyperidrosis* of the feet, an ointment of tannic acid, applied in the same manner as was advised by Hebra in the use of diachylon ointment. was followed by success.

In the cases of *epithelioma*, an ointment of pyrogallic acid (ʒj-℥j) was applied as a plaster, and proved curative.

As already remarked, in all cases of the various diseases coming under notice, the necessity of thorough application was emphasized, and where treatment was persisted in, the results were satisfactory.

An interesting observation was made regarding the frequency of different diseases as seen at the *special* Dispensary and at the *general* Dispensary. An analysis based upon the cases seen at one dispensary would be entirely different from that based on those observed at the other. When a sufficient number of cases shall have been recorded at each Dispensary, a comparative analysis will be made and the results communicated.

	Whole number of cases.	Under the age of 15 years.	Over the age of 15 years.
Eczema	195	68	127
Syphilodermata	68	7	61
Urticaria	40	13	27
Phtheiriasis	30	18	12
Dermatitides	25	9	16
Pruritus	24	0	24
Psoriasis	24	4	20
Ulcera	22	0	22
Impetigo contagiosa	21	19	2
Acne	20	1	19
Herpes zoster	16	5	11
Furunculosis	14	4	10
Erythema multiforme	13	13	0
Impetigo	12	10	2
Scabies	11	6	5
Sycosis, n. p	10	0	10
Rosacea	10	0	10
Seborrhœa	10	0	10
Miliaria	10	7	3
Tinea circinata	10	8	2
Tinea versicolor	9	0	9
Tinea tonsurans	4	4	0
Tinea favosa	4	3	1
Verruca	4	0	4
Purpura	4	1	3
Hyperidrosis	4	0	4

EDITORIAL DEPARTMENT.

PERISCOPE.

Tracheotomy Without Tubes.

Dr. Alfred C. Post, of New York, writes, in the *Annals of Anatomy and Surgery* :—

My personal experience in tracheotomy without tubes, according to the method suggested by Dr. H. A. Martin, of Boston, is confined to two cases. In both of these cases the operations were performed as preliminary measures to facilitate the continued administration of anæsthetics, and to guard against the entrance of blood into the bronchial tubes in protracted and bloody operations involving the nasal and buccal cavities. In each instance the practical result was, in the highest degree, satisfactory, as compared with the operation as ordinarily performed with the introduction of a tracheal tube. The opening into the trachea was larger and more direct, not liable to be clogged with mucus, and unattended with the irritation which is often occasioned by the presence of the tube. The fauces being distended with a large sponge, having a strong cord attached to it, and hanging out of the mouth, scarcely any blood found its way into the trachea. The small quantity which escaped into the respiratory tube was readily absorbed by a small sponged attached to a handle. The apparatus for administering the anæsthetic was applied over the tracheal opening as often and as long as was found to be necessary, and without interfering in any way with the progress of the operation. As far as my limited experience in these two cases will warrant an opinion, I am disposed to recommend, in the strongest terms, the operation without the introduction of a tube.

When tracheotomy is performed for the relief of obstruction to the introduction of air through the larynx, and where the opening is required to be maintained for a considerable time, it is possible that practical difficulties may be encountered in maintaining the opening without the tube. But I am strongly inclined to the opinion that such difficulties may be obviated by carefully attaching the skin to the tracheal opening by a number of fine sutures.

I am fully persuaded that the use of the tracheal tube is a source of irritation, and that it is very desirable to dispense with it if the object of the operation can be accomplished without it.

Medical Gymnastics for the Phthisical.

Dr. Drachmann, of Copenhagen, who is the director of a medical gymnastic institution, to which a number of young, anæmic, slender girls are brought from the age of nine to fifteen or sixteen years, has generally found in these subjects an arrest of development in the thorax, as well as insufficiency of the respiratory movements. He therefore proposed to himself the question whether it was not possible to develop the respiratory organs by the application of methodical and judicious gymnastics of the respiration, pursued for a certain time, and also whether there were any means of verifying this development. If the results were successful, he thought the plan would furnish a prophylactic against phthisis, to which disease a greater or less number of the young patients would be liable sooner or later. In a series of investigations made by the aid of the spirometer and the stethometer, Dr. Drachmann examined the vital capacity of the lungs and the space occupied by the movements of the thoracic cavity during respiration, his researches being conducted on healthy subjects of different ages and both sexes, and also on phthisical subjects in different stages of their disease; and he has compared the results thus obtained in a series of tables (*Nordinskt Medicinskt Arkiv*, vol. xii, 1880). The general conclusions he draws are important, and they are chiefly as follows: However great may be the differences in healthy subjects, the stethometric measurements, are, as a rule, greater in every direction than in the phthisical, even in the incipient stage of the disease. The stethometric and stethoscopic results do not always agree, the latter only showing the presence of alterations in the apices of the lungs, while stethometry shows a notable diminution of the whole space of the pectoral cavity; but, on the other hand, the discovery by the stethoscope of considerable alterations of the pulmonary tissue has always agreed with the stethometric indications. In certain cases stethometry is capable of discovering incipient phthisis before this can be done by the stethoscope. As a result of his tabulated researches, including the history of one hundred cases, Dr. Drachmann shows that, with few exceptions, the young girls under his treatment improved, both in respect to the vital capacity of the lungs and in the dilatation of the respiratory surface of the thorax, so that children often entered the institution as abdominal breathers, and went out as thoracic breathers.

The Nature of the Green Vomit.

The chemical and microscopical nature of green vomit has been made the subject of recent investigations by Dr. F. Betz (*Mémorabilien*, in London *Medical Record*). It was supposed that the green vomit (*vomitus æruginosus*) was the result of a greenish discoloration of brown biliary pigment, caused by the acid action of the gastric juice. The supposition received corroboration from the bitter taste of the vomited matter, associated with its acid reaction. Dr. Betz concludes, however, that the green color is not invariably due to the presence of bile. The color often varies from a yellowish-green or grayish-green to a grass green or dark-green, in accordance with the greater or less amount of the "green substance" and other admixtures. If green vomit be allowed to stand in a vessel, the greater part of the greenish substance will sink, whereas a small portion, containing slime and fatty matters, will float on top. Shaking with water shows that the green substance is heavier than water and insoluble in it, a proof that bile is not the cause of the color. Agitation with chloroform or ether likewise demonstrates this, for neither fluid takes up the green substance. It may, however, be isolated by shaking with ether in a test-tube. This manipulation results in the appearance of three strata, an upper one, consisting of ether; a middle one, composed of the green substance; and a lower one, containing the gastric mucus. Strong sulphuric acid produces a red color; strong nitric acid leads to a yellowish discoloration of the green substance. Acetic acid develops and fixes the green color very completely. Tincture of iodine produces a yellowish-brown, and not a blue tint. Alcohol dissolves the green substance. In some respects it resembles the chlorophyll of plants. The alcohol dissolves it, and even retains the green color when boiled. The green vomit may be kept for months, and during the hot season, without spontaneous putrid fermentation taking place—a fact which militates against the possibility of its biliary or even animal nature. Dr. Betz also states that sometimes the green vomit has a neutral or alkaline reaction. Microscopical examination shows the green substance to consist of an amorphous, finely granular, greenish mass. Discoid heaps, or rounded colonies, are commonly observed. But the green substance may also form a lining over epithelial cells, salivary corpuscles, etc. From these facts

Dr. Betz infers the vegetable nature of this substance, and he adds that it is probably derived from punctiform algæ, which he calls *chlorococcus.* He denies any relation of this low fungus to other microphytes, such as the torula cerevisiæ, sarcina ventriculi, or oïdium. Finally, the author remarks that, apart from all other considerations, the frequent occurrence of copious green vomits would go to show that bile could not find its way into the stomach in such enormous quantity. The bitter taste of the green vomit receives its explanation, in part, from the frequent admixture of some bile, but it is also in part due to the presence of a bitter principle in the chlorococcus.

On Pain in the Side

At a late meeting of the Toronto Medical Society Dr. Phelan read a paper upon this very frequent symptom, which often warns us of incipient phthisis and other grave organic lesions. He mentioned a case where a lady had been examed by him for "pain in the side" at 10 P.M., and although a physical exploration of the chest could not explain the cause, she died before morning, from hæmoptysis. It is a common source of complaint in coal-heavers and grain-shovelers, from excessive use of the pectoral muscles, and a few days' rest generally effects a cure. In asthmatic patients it frequently arose from strain upon the diaphragm, and he had found a hypodermic injection of morphia give prompt relief by resting the muscle in question. The old pleuritic adhesions are a frequent cause of this symptom. When on the left side it is often due to disease of the spleen, and morbid conditions of the blood may be detected by the microscope in many cases. In hysterical females it is very common, and a placebo of chalk will in these cases at times remove the pain as speedily as a morphia powder. In conclusion he mentioned the case of Paul Broca, who, although dying from a thoracic aneurism, complained only of a "pain in the side."

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

A Treatise on the Materia Medica and Therapeutics of the Skin. By Henry G. Piffard, A.M., M.D. Wood & Co., New York City.

A Treatise on Diseases of the Joints. By Richard Barwell, F.R.C.S. Second Edition. Wm. Wood & Co.

These two volumes are members of the series of Wood's Library of Standard Authors. Dr. Piffard's work is divided into two parts, the first embracing all the drugs which he has found recommended in diseases of the skin; the second part treating principally of the diseases, considered under the usual headings, definition, etiology, diagnosis, prognosis and treatment. A bibliography and formulary are added.

Barwell's Diseases of the Joints, the first edition of which was published many years ago, has long been a standard work on this subject, and the present issue has received a careful revision and considerable enlargement. The two volumes are both useful additions to a medical library.

The Principles and Practice of Surgery, Being a Treatise on Surgical Diseases and Injuries. By D. Hayes Agnew, M.D., LL.D., Professor of Surgery in the Medical Department of the University of Pennsylvania. Vol. II. 8vo, pp. 1066. Philadelphia, J. B. Lippincott & Co., 1881. Cloth. Price $7.50.

This volume carries the great surgical treatise of the author from chapter xi, to chapter xxiii inclusive. On the appearance of volume I we gave a full analysis of the author's plan and the extent of his treatment of the various departments of surgical science, to which we would refer the reader. (REPORTER, volume xxxix, p. 385). There will appear still a third volume, which is announced to be "in process of rapid preparation," and which will complete the work.

The present volume has the chapters on dislocations, diseases of the joints, excision of joints and bones, venesection, general considerations with regard to operations (as preparation of patients, dressing, after treatment, diet, etc.), anæsthetics, amputation, shock and traumatic fever, furunculus, injuries and diseases of the genito urinary organs. surgical diseases of women, surgical affections of the spinal region, malformations of the head, and surgical diseases of the mouth.

As above noted the volume has nearly 1100 pages, large size, and it is embellished with 789 wood-cuts. Every subject is treated with a great deal of thoroughness, and representing as it does the work substantially of one man, and one closely occupied with practice and lectures, it gives us a striking instance of the success of earnest and constant labor. As to the merits of the treatise, from a scientific point of view, the reception of the first volume has rendered an opinion unnecessary.

The Kansas Medical Directory. By F. F. Dickman, M.D. For sale by the author, Fort Scott, Kansas. Price $2.00.

This directory furnishes a tabulated list of the physicians in Kansas, arranged by counties, and indicating to some extent the professional standing of each. The medical societies are also given. It is a useful volume for the purpose for which it is designed.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS.—MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS.—SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

THE SOCIAL STATUS OF THE MEDICAL PROFESSION.

It has always been a grievance with the profession in Europe. that its social position has been placed too low. Of the three so-called "learned" professions it ranks the lowest, and it never has pretended to equal the military or diplomatic service. The bar and the pulpit, the sword and the gown, have, in all periods of English history, overslawed the medical man. No physician or surgeon has ever been raised to the peerage; while necessarily admitted to the most intimate personal relations with illustrious personages, he is forced, on public occasions, to concede precedence to every class his equal in learning, and to many his inferior.

There is reason in this. The medical man is a manual laborer, a "chirurgeon," literally a "hand worker;" his proceedings are "maneuvres," works of the hand; his art is that of a skilled laborer whose success lies in his manual dexterity; and his work is none of the cleanest. Sir Astley Cooper was spoken of for the peerage, but a proud noble condemned his chances by asking who would want a peer of the realm ready, for a guinea, to examine a rectum with his finger? A famed obstetrician was seeking the same honor, but was rebuffed by the satirical observation of a peer, that the petitions to him would be extracted from the Litany, "Good Lord, deliver us."

Another reason is that he is a tradesman. His hand is extended for the shilling which he earns. This is not the case with the English barrister. His fees are not tendered him by clients, but indirectly, through attorneys. In this immediate grasping for money, this direct contact with lucre, there is believed to be something deteriorating, disennobling—and so there is. It was long ago expressed by one whose words have never been successfully disputed, that the direct pursuit of money has something in it inconsistent with the best and finest developments of human nature.

Nevertheless, the English profession is restive under this state of things. The *Lancet* complains, in a recent editorial:—

"The place of the medical profession in a high state of civilization is not yet fully defined, and the deference which is its due, by every proper criterion that can be applied, has not yet been accorded to it. On the Continent the medical profession is rather a recommendation to political place and honor than otherwise. Here, hitherto, by statesmen it has been lightly esteemed."

Not long since, Dr. J. MILNER FOTHERGILL excited the intense ire of some of his associates by describing in a series of letters to an American contemporary the present low social position of the country doctor in England. In fact, his statements were correct, and could not be otherwise when we take into consideration the slender income of the average rural physician and the financial exigencies of higher social life.

It is not better in Germany. The physician there is far from holding an equality with even the inferior nobility. It has been a matter of wondering comment that a few have married into the higher classes. Last year Dr. WILM, an eminent physician of Breslau, married a Princess of Wurtemberg, greatly to the disgust of her relatives, no one of whom, probably, was his equal in education and mental vigor. He now runs a good chance of a professorship in the University of Breslau, and enjoys an extensive practice there. The celebrated surgeon, Prof. ESMARCH, is another of the few instances. His wife is aunt to the Princess VICTORIA, of Schleswig-Holstein, now affianced to Prince WILHELM of Prussia, heir to the imperial throne of Germany.

Such examples are extremely rare. Probably it is in France that the distinguished physician obtains the highest social awards. There is a directness about the French mind which seizes the relations of social life more quickly than any other. The French are and always have been leaders in this. Their example will in time be followed by other nations.

In this democratic country of ours such invidious distinctions do not obtain. There are no discriminations against any honest avocation. The man is judged by his merits and the success which they bring him. He gains whatever social life has to offer without difficulty, if he makes it an object to do so. He is little the better for belonging to a learned profession, and certainly nothing the worse. This, we may take it, is the proper light for him to be viewed in.

THE EDUCATION OF THE PUBLIC IN HEALTH MATTERS.

The importance of taking measures for the public health is strangely undervalued in the United States. Ever so many States have no Boards of Health, no Bureau of Vital Statistics, no regulations for vaccination, in short, not a single active law on their Statute Books looking to saving their inhabitants from preventable deaths. Outside of Basuto land and similar regions, no such dense ignorance and gross carelessness prevails.

What we need in every State, and in every town and city, is properly qualified officers, who will take charge of the collection of vital statistics, the study of epidemic diseases, the regulation of quarantine, the registration of disease, the employment of experts in judicial investigations, the enforcement of vaccination and revaccination, the inspection of schools, factories, prisons and asylums; the organization of hospitals, the examination of the food supply in all its branches, the analysis of waters, and a score of other matters, which any one will see should come under the supervision of the State.

Not only through official bodies of the kind referred to, but through private organizations, must the level of health be raised to the requirements of an enlightened sanitation. In this category come all associations which aim to give reason the preëminence over passion and custom. The temperance clubs, cooking schools, health societies, and such bodies, all work toward the same end of improving the physical well-being of man by instilling self-control and a judicious use of the means of sustenance and enjoyment at his command.

Again, there are the numerous popular books upon health, hygiene and kindred subjects, which aim to teach the mass of readers the laws of life and health. Some years ago there was a prejudice in the profession against this class of works, and consequently their preparation was left to inferior men and enthusiasts, who often advocated absurd theories or disseminated imperfect statements. The last ten years have witnessed a great change. It is no longer a questionable act, but a decided credit for a physician to write a successful book on physiology and hygiene, so that at present that class of publications presents excellent instances of sanitary readings. We have but to refer to the Health Primers, one series issued in London and another in Philadelphia, to illustrate the truth of this statement.

Lectures and journals, instruction in public and private schools and through the columns of the newspapers, are other means aiding in extending the knowledge of the laws of health. Probably these are the least perfect of the methods we have mentioned. Certainly one often meets advice in the newspapers which is quite comic, but which might be tragic were it put into practice.

The distribution of brief, plainly worded tracts on health has been successfully practiced by the National Health Society of England. Very properly, many of these are directed to instructing mothers in the care of their children. The Society very properly urges that those who are duly alive to the dangers with which their own children are surrounded, must, or ought to be, anxious to assist others less wise than themselves; and it is with this object that, among other means, simple lectures are arranged by this Society for the poor women of the crowded districts of London, who are, for the most part, ignorant of the perils to which their children's lives and health are exposed from causes under their own control. The whole aim of the National Health Society in spreading established knowledge and encouraging its practical application, whether among rich or poor, is eminently in accord with science, and conducive to the general good; and is deserving, therefore, of support and imitation. But few more ample fields for its work can be found than that which is here treated of; for it is in matters such as these, where error often renders cure impossible, that the most fitting application is found for the Society's motto, "prevention is better than cure."

Much good has been accomplished by this Society, but the field is wide and the laborers are comparatively few.

Our nation is a scattered one, but it is also a reading one. Actual illiteracy is rare. The colporteurs and canvassers of books penetrate the most secluded counties. In this way sound thought can be diffused everywhere, and if it is supplied in attractive shape it will accomplish vast good. There is great need for it, and nothing so much as it could be suggested which would add to the happiness of mankind.

NOTES AND COMMENTS.

The Cause of Rigor Mortis.

This question is discussed in a recent paper by Prof. Latham, of Cambridge, England:—

Muscle during life has an alkaline reaction; but after death it becomes acid, owing to the development of lactic acid. This substance, Dr. Latham points out, may be derived from the glycogen of the muscular tissue, or from alanine, a substance metameric with sarcosine; and he suggests that it may be set free by the removal of the controlling nervous power. In muscular tissue, he holds that there must always exist the elements of (1) urethane; (2) cyanic ether + water; (3) urea. When the nerve-force is cut off by death, the decomposition of (1) and (2) would produce sarcosine, which might be sufficient to account for *rigor mortis;* or it may be that this rigidity is increased by the combination of cyanic ether with urea, producing a crystalline compound. Professor Latham thinks that the action of salicylic acid in rheumatism may be explained by its entering into combination with the elements of muscular tissue in the process of disintegration, and so preventing the formation of lactic acid.

Ergotine in Coughs.

A correspondent writes to the *British Medical Journal*, January 29th:—

Ergotine, injected hypodermically, in doses of from one to three grains, is a remedy of notable power in allaying coughs of various lung conditions, and in diminishing sputum. Unlike some potent drugs, that occasion general distress out of proportion to possible good results, ergotine is not followed by any constitutional disturbance. However injected, there is local irritation; if into the subdermal connective tissue, suppuration may take place; it should be thrown deeply into a muscle, as the deltoid. In a small proportion of cases it entirely fails. Sedative effect persists for a day or two; is likely to control a cough that has defied even the most cunningly devised linctus.

In the severe harassing cough of advanced phthisis, not unfrequently exciting sudden fatal hæmoptysis, ergotine is indicated as a prophylactic.

The internal administration of the liquid extract of ergot, in moderate or tolerably large doses, does not seem to have the same effect.

Morbid Sweating at the Menopause.

In a recent thesis by Dr. Bouveret, it is stated that habitual general sweating may show itself in variable and ill understood etiological conditions. One of the most interesting is that of the menopause, which M. Liégeois has studied very completely. It is well known that, at the menopause, women are subject to flushes of heat and sweating; but what is less known is, that these sweats, though independent of any other affection, may become morbid. It may not be the case always of women who no longer menstruate: the hyperidrosis may come earlier, and appear when the near approach of the menopause announces itself by certain irregularities of menstruation. It is not always a passing symptom; M. Liégeois cites several cases where women were affected by it for several years; he was able, however, in most cases, to check it by the use of atropine. In most of these patients the hyperidrosis appeared especially towards the end of the night. M. Liégeois advises the administration of atropin some hours before the expected return of the sweating. Half a milligram is a sufficient dose; it is well to continue the medicine several days after the cure.

The Detection of Coffee Adulterants.

It is said that over three million pounds of chicory are imported into the United States annually, to be used in the adulteration of coffee. Dandelion root is also largely used. A British chemist states that these substances are readily deprived of color by a weak solution of chloride of lime (hypochlorite), and that this agent has very little action on the coffee. When this method is adopted, a portion of the coffee should be gently boiled a short time in water, with a little carbonate of soda, so as to remove extractive as much as possible; after subsidence the liquor should be poured off and the residue washed with distilled water. When this has been sufficiently done, a weak solution of the hypochlorite of lime is to be added and allowed to remain, with occasional stirring, until decoloration has taken place, which will probably be in two or three hours. The coffee will then form a dark stratum at the bottom of the glass, and the chicory a light and almost white stratum floating above it, and showing a clear and sharp line of separation.

The Dangers of Vaginal Injections.

At a meeting of the New York Obstetrical Society (N. Y. *Medical Journal*) Dr. Chamberlain alluded to several cases in which so much pain had followed vaginal injections of hot water that the use of them had to be suspended. In two patients they had seemed to cause perimetritis. One of these patients was under treatment for metritis and parametritis, and the os was patulous; in the other case there was stenosis; in neither was there any reason to infer that water had entered the uterus, for there was no quick, after coming uterine colic, but rather a slowly developing pain and tenderness. In order to guard against active or passive ingestion of water, he commonly advised that the patient should take the half-sitting posture, with the perineum at the edge of the couch or bed, and use the fountain syringe, with a nozzle closed at the end. Care not to insert the nozzle too far was also enjoined. He believed that, in the cases mentioned, the perimetritis was developed by the direct action of the heat—a thoroughly exceptional result, and yet worthy of note.

Chian Turpentine in Epithelioma of the Cervix Uteri.

The N. Y. *Medical Journal* states that at a recent meeting of the New York Obstetrical Society Dr. Polk related the case of a woman whom he saw last spring, who was suffering from continuous and rather profuse metrorrhagia, and in whom all the physical signs of epithelioma of the cervix were recognized. Chian turpentine was ordered, and she continued it through the summer —twenty-five grains a day. From May to September there was no change of the physical features of the affected part, but the patient's general condition improved. September 15th, she entered the hospital. Up to that time the hemorrhage had been slight, but almost continuous. Since that date, still taking the turpentine, she had lost blood only about five days in each month, and a leucorrhœa with which she had been affected was decreasing. Physical examination, yesterday, showed the cervix very much smoother, with but few distinct nodules, and rather rough manipulation was required to produce even slight loss of blood.

The Active Principle of Hydrastis.

At a recent meeting of the Pharmaceutical Society of Philadelphia, Dr. L. Wolff made some remarks upon an improved method of obtaining the alkaloids of *hydrastis canadensis*, which he thought worthy of notice by those making them. It consists in exhausting the root of the fatty oils by percolating with gasolin before proceeding to prepare the alkaloids; the advantage derived by this procedure is quite considerable; the purification and crystallization of the hydrastia is effected with greatly less trouble. An inquiry was made whether hydrastia had any remedial powers other than those of the tonic effects of the berberina associated with it, which was answered by a positive statement that the astringent effects and the control of unnatural discharges were due to the hydrastia, while berberina had a remedial power as a tonic and cholagogue of its own.

Diarrhœal Disorders of Infancy.

Our correspondent, Dr. L. A. Davidson, of West Virginia, writes:—

I offer the following as a remedy in diarrhœal disorders of children, when the child has passed dentition, and diarrhœa has been protracted some time, through summer heat:—

℞.	Syrupi sacchari albi.,	℥j
	Pulv. rhei,	ʒj
	Sodii bicarb.,	ʒiss
	Pulv. calumbæ,	
	Pulv. pepsin Americanæ, āā	ʒij
	Tinct. capsici,	gtt.xxj. M.

One teaspoonful, every other time the bowels move, in *new, cold, alkaline milk* (as can be had in rural districts.)

To Relieve Burns from Mineral Acids.

An exchange quotes from the *Bulletin de Thérapeutique* the details of a serious accident which occurred during a chemical lecture, in which two students were seriously injured in the face by the explosion of a flask containing boiling sulphuric acid. The remedy applied was a soft paste of calcined magnesia and water, with which the face was covered, in layers two millimetres in thickness. The intense suffering which was first experienced ceased entirely about a quarter of an hour after the application of the remedy, and although the magnesia requires to be renewed in the course of twenty four hours, in the case of a severe burn, the patients, after recovery, retain no marks of the accident.

SPECIAL REPORTS.

NO. IX.—OPHTHALMOLOGY.

BY C. S. TURNBULL, M.D.

(*Continued from page 445.*)

To Dr. R. O. Born we are again indebted for a translation from the German for the second half of 1879. (*A. f. O.*, Vol. IX, No. 4.)

Carl, *A Case of Duboisine Intoxication* (Z. M. 1879, p. 337). After 3–4 drops of a one per cent. solution, dryness of the throat, somnolence and delirium, lasting several hours (in a child) (Comp. Jones, also Seely p. 000).

Doyer, on *Atropine, Daturine, Duboisine, Eserine, Gelsemine, Pilocarpine* (Internat. Med. Congr., Amsterdam, *C. f. A.*, p. 308), says:—

The action of eserine has a relation to pilocarpine as 32: 1. Small doses of eserine act only upon the pupil, not upon the accommodation. Small doses of pilocarpine act upon both. The myopia after eserine is higher, but of shorter duration than after pilocarpine; the myopia from eserine can reach five dioptrics. The action of pilocarpine has passed off after twenty-four hours; that of eserine lasts four days. A minimum dose of gelsemine acts after one hour, and its action disappears after two hours; atropine acts after one, ceases after twenty-four hours; daturine acts after 1.7, ceases after twenty-four hours; duboisine acts after 2.5 and ceases after twenty-four hours. In all of them the mydriasis precedes their effect upon the accommodation.

H. MacNaughton Jones, on *Eserine, Pilocarpine, Duboisine, Gelsemine* (Brit. Med. Assoc., Cork, August 5–8, 1879. *C. f. A.*, p. 238), recommends the hydrobromate of eserine in marginal corneal ulcers, in perforation of the cornea, in traumatic keratitis, in suppuration of the cornea after extraction, in mydriasis, diplopia, asthenopia, disturbances of accommodation, glaucoma. Gelsemine (0.3: 30.0) for ophthalmoscopic purposes, on account of the short mydriasis.

Landesberg, on *The Therapeutic Use of Eserine in Glaucoma* (*A. O.*, Vol. VIII, p. 264), says:—

"Eserine is not only an unreliable but also a very dangerous remedy, since, by its primary results, it may lull the patient as well as the attending physician into a delusive security, endangering thus the favorable chances of another more efficacious therapeutic action. Our first indication in glaucoma must still be the operation."

He also speaks of *The Therapeutic Use of Jaborandi and Muriate of Pilocarpine in Eye Diseases* (*A. O.*, Vol. VIII, p. 118):—

"Both are effective in the absorption of intraocular hemorrhages, opacities of the vitreous and serous effusions. It is advisable to begin at first with the smallest dose and to act afterward according to indications. Subcutaneous injections of pilocarpine are generally better borne than the internal administration of jaborandi. In regard to the myotic qualities, eserine is greatly superior to pilocarpine."

SEELY, *On the Use of Duboisine* (*A. O.*, Vol. VIII, p. 79), says:—

It does not irritate the conjunctiva, but it is liable to produce constitutional symptoms. A three-grain solution will answer any purpose.

FANO has cured hysterical amblyopia by antispasmodic remedies (*J. d' O.*, Vol. VII, p. 38).

HANSEN mentions corneal abscess as cured with the actual cautery. (*Hosp. Tid.*, 1879, Nos. 11 and 12.)

SATTLER recommends, in keratitis, antiseptic treatment and the use of the actual cautery. (*Ber. d.* 12, *Vers. d. Ophth. Ges.*, *Z. M.*, Vol. XVII.)

BEAUMETZ has cured hysterical blindness with metallo-therapeutics and electricity. (*Gaz. des Hôp.*, Nos. 55 and 56.)

HIRSCHBERG reports the *Successful Removal of a Piece of Iron from the Eye with the Electro Magnet.* (*Berl. Klin. Wochenschr.*, 1879, No. 46.) "He speaks of the removal of foreign bodies from the eye with the magnet, and of the scleral sections made for that purpose. Real triumphs are gained with the magnet only in those cases where we have to deal with a piece of iron which has but recently entered and is suspended in the vitreous, and which, with forceps, hooks, and spoons, can but rarely be removed without permanent damage to the eyeball."

MANCHE wants to use the magnet also for the extraction of foreign bodies from the iris and the surface of the lens. (*A. d' Ophth.*, H. 2 and 3.)

The reviewer (H. Magnus) wishes to recall the fact that, for the extraction of iron splinters from the cornea, the magnet had been used as early as 1646, by Fabricus Hildanus, and, as he expressly mentions, at the suggestion of his wife. (Comp. Fabr. Hildani, opera observationum et curationum. Frankfort-on-the-Main, 1646; Cent. 5; Obs. 21.) Unfortunately, just for that purpose, it was as unnecessary as ineffective.

BOWMAN says, in speaking of glaucoma, that sclerotomy is preferable in many cases, but leaves undecided in which.

Before the operation, eserine; during the operation, anæsthesia; later, especial care that the bandage is not too tight. (Inter. Med. Congr., Amsterdam, 1879.)

JANY, on the *Effect of Sclerotomy* (Ber. de 12. Vers. d. Ophth. Ges., Z. M., vol. XVII), recommends Graefe's knife, which he prefers to Wecker's sclerotome. When eserine does not act and when the anterior chamber is very shallow, he finds this operation counterindicated.

KNAPP reports, with remarks, on a *Sixth Hundred of Cataract Extractions*, performed according to v. Graefe's method (*A. O.*, vol. VIII, p. 200), with important observations on *peripheric capsulotomy.*

KNAPP records *A New Operation for Entropion and Trichiasis.* (*A. O.*, vol. VIII, p. 249.) Incision along the upper margin of the tarsus, removal of a strip of the muscular layer, three mm. broad; then application of four sutures, above and below, only through the skin of the lid, but in the depth through the aponeurosis upon the upper third of the tarsus, in order to unite the skin of the lid firmly to the upper margin of the tarsus.

HOTZ remarks, *On the so-called Ptosis Atonica*, concerning its nature and treatment. (*A. O.*, vol. VIII, p. 400.) He unites the skin of the lid with the upper margin of the tarsus in a similar manner as in his entropion operation.

SNELLEN writes, on *The Antiseptic Method in Eye Operations* (Intern. Med. Congr., *C. f. A.*, p. 810), the lids and also the hands of the operator are washed with a two per cent. solution of carbolic acid. The instrument must be disinfected with alcohol, not with carbolic acid, *which makes them blunt.* No spray.

APPIA and GUNNING: In considering *Trachoma*, Gunning states that in Amsterdam trachoma occurs among Christians in three to four per cent.; among Jews in forty to fifty per cent. (Intern. Med. Congr. 1879. *C. f. A.*, vol. III, p. 810, with remarks of *Hirschberg.*)

EPSTEIN states *the frequent coincidence of puerperal septicæmia* with *blennorrhœa neonatorum* (*A. f. K.*, vol. I, p. 44).

GALEZOWSKY thinks that in blennorrhœa of the conjunctiva, the density of the connective tissue in adults causes sphacelus of the cornea (*Rec. d' Ophth.*, July, 1879).

MARTIN, GEORGES, thinks the *Keratitis of Harvesters* is the same process as hypopyon or ulcus serpens (Intern. Med. Congr., Amsterdam, 1879, *C. f. A.*, vol. III, p. 812).

OELLER notes the occurrence of *Retinitis and Purulent Cyclitis in Cerebro spinal Meningitis* (*A. f. A.*, vol. VIII, p. 357).

Beaver, Daniel, records a case of *Sympathetic Ophthalmia* of unusual interest, with general remarks, and we would recommend those seeking practical advice upon this disease to refer to vol. xl., p. 225 (1879), of this journal, and read Dr. B.'s article.

Angear reports a case in which there was *forty-eight hours of blindness at the parturient period*; twelve hours before the confinement, absolute amaurosis; twenty-four hours later, perception of light; after the lapse of again twelve hours, absolute recovery of sight without any objective changes (St. Louis *Med. Surg. Jour.*, vol. xxxvi, 1879).

Berlin on *Visual Disturbances after Injuries to the Skull* by blunt instruments. They are mostly one sided, occur suddenly, mostly as amaurosis, and are incurable. Among 126 cases there were 89 fractures of the base of the skull, and of 80 fractures of the orbit there was in 54 a lesion of the optic foramen, and in 42 cases hemorrhage into the optic nerve sheath. The rare double-sided disturbances of vision are not so much due to fracture of both canals as to fracture of the sella turcica (Ber. der Ophth. Ges. z. Heidelberg, p. 9, 1879).

Parinaud (De la névrite optique dans les affections cérébrales). 1. A case of hydrocephalus with double neuritis; 2. Tumor of the cerebellum, double neuritis with normal acuteness of sight; 3. Tumor of the left frontal lobe without neuritis; 4. Multiple tubercles of the brain and hydrocephalus; choked disc in both eyes; 5. Fracture of the skull, hemorrhage into the pia-mater, the fourth ventricle and the sub vaginal space of the optic nerve; slight opacity of the optic discs. The author comes to the conclusion that the different intracranial affections can produce choked disc only when combined with hydrocephalus. The latter must even be considerable and find a sufficient resistance from the bones that the intracranial pressure may be increased. It has no immediate relation to the intra-ocular circulation. Schwalbe's theory of migration is not sufficient to explain all cases (Ann. d'Ocul., vol. lxxxii, p. 5).

Wolfe thinks that *the Excessive use of Tea is one of the causes of Fluidity of the Vitreous*, and ascribes the injurious influence to tannin (Brit. Med. Assoc., Cork, Aug. 1879).

Gjersing reports *Frequent Occurrence of Cataract* in a peasant family. Among twenty-six members of the family, twenty had cataract. (*Ugeskrift f. Läger*, R. 3, B. 26, No. 18.)

Morton, Stanford, reports *Congenital Displacement of both Lenses, occurring in* several members of *one family*. (*Ophth. Hosp. Rep.*, Vol. ix, No. 3, p. 435.)

Graefe, A., on *Myopia and Divergence*, against the view of Donders, maintains his theory that the slight demand on the accommodation, which naturally exists in the myopic eye, is the main cause of latent divergence. (*Bresl. Arztl. Zeitchr.*, Vol. i, No. 7.)

Nicati, *La myopie dans les écoles de Marseille*; 3434 examinations. The Israelites showed a higher percentage of myopia than the Christians. Brown and black eyes are noted with 11 per cent.; blue and gray eyes with 18 per cent. (*Gaz. Méd. de Paris*, No. 38.)

Landouzy. ("*De la déviation cojuguée des yeux, et de la rotation de la tête par excitation ou paralysie de la* 6, *and* 11 *paire, etc.*") claims that in the former affection the patients direct their eyes and head toward the side of the paralyzed limbs, but that paralytics have a tendency to turn their eyes and head toward the affected side of the brain. (*Progr., Méd.*, Nos. 36, 37, 41, 43, 46.)

Galezowsky mentions cases of *Syphilitic Orbital Tumors.* He thinks they are characterized by their rapid development, and are mostly accompanied by periorbital pain and paresis of some or most of the ocular muscles. The optic nerve is rarely affected; atrophy of the o.d. can be the result. Periostoses and exostoses are rarely limited to the orbit; they occur in acquired and congenital lues. (*Rec. d. Ophth.*, Août., 1879.)

Schlafke. *The Etiology of Pulsating Exophthalmus.* Upon the post-mortem examination of one case where the left carotid had been ligated, and where a rupture of an aneurism of the carotid in the cavernous sinus was found, he tried to bring all the fourteen cases in which an autopsy had been made under the head of rupture of the carotid in the cavernous sinus; where, however, the interpretation of some autopsies seems forced. The rupture can be the consequence of a direct injury, or of a rupture of an aneurism, or of blood vessels which had been diseased by syphilis or atheromatous degeneration. Literature of 93 cases. (*A. f. O.*, vol. xxv, 4, p. 112.)

Becker, O., on *The Relation of Eye Diseases to the Localization of Cerebral Disease.* Conclusions: 1. In cerebral diseases, the affection is always on both sides. 2. Neuritis, or neuro-retinitis alone does not prove the existence of central disease. 3. In primary atrophy we can recognize its tabetic nature by the shape of the visual field. 4. In hemianopsia we can also, without atrophy, accurately localize the central lesion. 5. Visual centres are in the cortex of both occipital lobes. 6. We obtain important clews for the localization, by closely studying the muscular symptoms. (Intern. Med. Congr., Amsterdam, 1879." *Wiener Med. Wochenschr.*, No. 38.)

Seely, W. W., m.d., of Cincinnati, in speaking of the treatment of chronic conjunctivitis, says:—

"Facts are accumulating all the time that even purulency does not demand the astringent caustic treatment. If such is the case, how can the milder forms of inflammation make it necessary?

"Purulent conjunctivitis was the last I had the courage to abandon the usual treatment in.

"I firmly believe that the total abolishment of these agents would add vastly to the number of eyes saved. I write in the strongest terms, not because my success with these materials has been less than the average, but rather from the fact that my observations of the results at home as well as abroad afforded me no encouragement for continuing the old plan.

"In all cases of trachoma in which the cornea was involved, I abandoned the astringent-caustic treatment and treated the corneal complication as I would a corneal disease without any conjunctival inflammation, viz: with the yellow oxide of mercury, and atropine, if it seemed to do no harm either to the cornea or conjunctiva."

(Experience has taught us to stick to the careful, daily, touching of the entire palpebral conjunctiva with the smooth crystal of sulphate of copper; we would emphasize the word careful, by saying: Touch the entire superior palpebral trachomatous conjunctiva with the *smooth* crystal, and before allowing the lid to escape, brush its surface with *cold* water so as to wash away all of the salt and continue the bathing of the eyes for at least twenty minutes).

"For some years it had appeared to me irrational that inflammations of a membrane should be treated with a material that, in many cases at least, sets up an irritation of this same membrane, viz, atropine.

"Again, it had seemed to me that in pure corneal inflammations, atropia was by no means an infallible remedy, but often a delusion and a snare.

"In my practice eserin has quite taken the place of atropine, even in that rebellious and destructive disease, *ulcus serpens corneæ.*

"I believe it must be the most extraordinary occurrence for a corneal complication to arise during a purulent conjunctivitis, *if* all irritating epithelial destroying substances are kept away from the eyes and the discharges either constantly removed or rendered innocuous."

(The "if" in this last paragraph is a large one, because corneal complications are the rule in des purulent conjunctiviti and to keep such free from irritating discharges, or to be able to render such innocuous, is next to impossible even with intelligent patients in the hands of experienced nurses. We fully agree with Dr. S. concerning the indiscriminate use of astringents by the inexperienced, but, while accepting and recommending his substitutes, must say that we have likewise found astringents are of decided value. They should never come in contact with the cornea. *This is the point.* They should be used locally, their action limited, and (we repeat for emphasis) they should *never be dropped* into the eye as is usually directed.

"Certainly astringents and caustics can with difficulty, if at all (render discharges innocuous), and the success obtained with them must be ascribed to cleanliness, in spite of the brilliant explanations that have been given for their action. They certainly are dangerous when coming in contact with the cornea, as every one has recognized.

"Everyone recognizes cleanliness as a *conditio sine qua non* in purulency, but if we accept the parasitic theory antisepsis or asepsis must be obtained, and the problem would be to discover the best material that can be used with safety.

"Finally, I cannot but regard the astringent-caustic method as irrational, dangerous and painful, and most satisfactorily finding a substitute in the yellow oxide and vaseline, a rational, safe and painless remedy."—*The Cincinnati Lancet and Clinic, December 18th,* 1880.

Our attention has of late been called to

A Most Dangerous Instrument,

now exposed for sale by the leading apothecaries of this, and we are sure, of other cities. It was originally imported from France, under the name of "Aspirateur Clyso-Pneumatique;" and has been pirated and made in this country, and called the "eye-cup." Fortunately the American copy is usually sold without directions, but this French optical blunderbuss is recommended for the painless removal of foreign bodies *from within the eye*, as useful in the treatment of all diseases of the eye, and in changing the shape of a presbyopic eye so that glasses will not be required. We have captured this terrible instrument in the hands of both private and clinical patients, strenuously advised others against its use, and have been called upon to witness retinal congestion and hemorrhage; also, lenticular corneal, conjunctival, and palpebral changes or inflammations, and in one case total blindness (from detachment of both retinæ in a boy of twelve years); all caused by the use of the infernal instrument referred to.*

By permission, we publish the following communication received from a well-known authority, Dr. DUDLEY S. REYNOLDS, of Louisville, Ky.:—

"I do not know who it was, if any one at all, who made reference to the dangers attending the use of the patent pneumatic exhausters for the eye. I have frequently called attention to the dangers attending the use of the widely advertised eye cups, the structure of which is no doubt familiar to you.

"A few months ago I had a case of traumatic cataract, produced by the application of the so-called eye cups and consequent rupturing of the capsular ligament of the lens. I have now under treatment the case of a gentleman who was but slightly presbyopic, and who was induced to lay aside his glasses to try the power of the eye cups, which were highly recommended by a CLERGYMAN in the neighborhood. The unfortunate man, after the first application of the cups, had a sense of cramping in the eyes, as he called it, which was followed by dimness of vision and flashes of light, and in a short time he noticed limitation in the field of vision. He came to Louisville in a great state of alarm. Examination revealed hemorrhages into the vitreous in both eyes, and in the left eye there was hemorrhage into the anterior chamber.

---

*It consists, essentially, of a glass cup, to fit the eye outside of the lids (as does the ordinary eye-glass) which opens into a glass tube, or, as in the French apparatus, opens into an expanded glass tube, or reservoir, which connects with a hollow, stiff, rubber ball. By at first compressing the ball and adjusting the glass over and upon the eye, and subsequently relaxing pressure upon the ball, a vacuum is formed, suction power is exerted and the eye may be literally drawn from its socket.

Within the past six months we have seen warning mention of this instrument made by some gentleman, before the meeting of a medical society; but, even after correspondence with many authorities, all search for such reference has been unsuccessful on our part. We should be glad to place his name on record as a public benefactor.

"I have known quite a number of similar instances of the dangerous results of the so called eye cups, which, I suppose, are the pneumatic exhausters referred to in your letter."

CORRESPONDENCE.

Therapeutic Uses of Tobacco.

ED. MED. AND SURG. REPORTER:—

In looking up the medical uses etc. of tobacco, I find that very little mention is made in the various therapeutics of its employment as a constituent of poultices. Believing it to be a means of great value in certain painful affections, I desire to bring its use to the attention of physicians. Tobacco poultices were at one time rather generally used, but for some reason or other their efficacy has of late been lost sight of. I hope that the slight resurrection which I may occasion may prove of service to the profession.

A case or two from my note book will serve to illustrate the good effects of tobacco poultices.

Mrs. M., last fall, had intermittent fever, contracted through the ignorance of her physician in directing her, on the tenth day after confinement, to sit up the greater part of the day, and for nearly an hour to remain by an open window overlooking a large lot full of decaying leaves, weeds, animal matter, etc.

I was called in on the following day. Among the symptoms which presented themselves, I found over the chest great tenderness and pain on the slightest pressure. I diagnosed this to be due to an irritated condition of the nerves or nerve-endings; and ordered flaxseed, mush and other poultices, one after another, but without avail. The pain still continued. I then gave medicine, belladonna ointment, etc. I exhausted the list without giving relief.

I mentioned the case to my friend, Dr. J. V. Myers, of this city, who advised me to use a poultice of flaxseed and tobacco, equal parts, care to be exercised as to the toxical effects of the latter. I took advantage of the advice. The alleviation of the pain, which before the application was excruciating, was immediate and permanent. The relief was beyond my expectations. On the same patient, this same poultice has on one or two occasions since done equally good and effective work.

Mrs. J. had an attack of perityphlitis. For the pain, I ordered the usual medicines, together with mush and flaxseed poultices. These had no effect. I then had applied the poultice of flaxseed and tobacco. There was an almost instantaneous cessation of the agonizing pain from which, for two days, the patient had suffered.

I cite the two above cases, because I know that there can be no mistake, but that the tobacco was instrumental in doing the good work.

In all instances when a simple poultice does not meet with the success desired, I add tobacco to it, in the proportion of one half. The leaves are the best for the purpose; but the various kinds of clippings in the manufacture of cigars, etc., will answer. The tobacco should be cut up finely, and then well mixed with the flaxseed; the poultice is made in the usual manner. A fine piece of linen, or gauze, is to be placed between the poultice and the body. Care must be taken that the part to which the poultice is to be applied is not denuded of its skin, for the tobacco may, in such a case, give rise to symptoms of poisoning. I think, that, with ordinary care, there can be no danger; in my hands this poultice has proven of great value.

I would ask that the readers of the REPORTER employ this poultice when indicated, in the stead of the simple flaxseed poultice, and report their success or failure, as the cases may prove to be.

G. MAXWELL CHRISTINE, M D.

1105 *Diamond St.*

NEWS AND MISCELLANY.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service. January 1st, 1881, to March 31st, 1881.

Bailhache, P. H., Surgeon. Detailed as chairman, Board of Examiners, Jan. 4th, 1881.

To proceed to Barnstable, Boston, and New Bedford, Mass., and Providence, R. I., as inspector, Feb. 1st, 1881.

To proceed to Wilmington, N. C., as inspector, assume temporary charge of the Service. and superintend the re opening of the Marine Hospital at that port. March 12th, 1881.

Long, W. H., Surgeon. Detailed as member Board of Examiners, Jan. 4th, 1881.

Fessenden, C. S. D., Surgeon. Detailed as chairman Board of Survey, for the physical examination of officers of the Revenue-Marine Service. Feb. 8th, 1881.

Doering, E. J., Surgeon. Detailed as recorder, Board of Examiners, January 4th, 1881.

Gassaway, J. M., Passed Assistant Surgeon. Detailed as recorder, Board of Survey, for the physical examination of officers of the Revenue-Marine Service, Feb. 8th, 1881.

Smith, Henry, Passed Assistant Surgeon. Granted leave of absence for thirty days, from March 1st, 1881, Feb. 8th, 1881.

Upon expiration of leave of absence, to proceed to Norfolk, Va., and assume charge of the Service, relieving Surgeon R. D. Murray, March 15th, 1881.

Irwin, Fairfax, Assistant Surgeon. When relieved by Assistant Surgeon W. A. Wheeler, to proceed to Wilmington, N. C., and assume charge of the Service, relieving Surgeon P. H. Bailhache, March 30th, 1881.

Guitéras, John, Assistant Surgeon. To proceed to Key West, Fla., and assume charge of the Service, relieving Passed Assistant Surgeon Smith. Feb. 5th, 1881.

Wheeler, W. A., Assistant Surgeon. To proceed to Charleston, S. C., and assume charge of the Service, relieving Assistant Surgeon, F. Irwin, March 30th, 1881.

Benson, J. A., Assistant Surgeon. To proceed to St. Louis, Mo., and report to Surgeon H. W. Sawtelle, for duty. Feb. 5th, 1881.

Carmichael, D. A., Assistant Surgeon. To proceed to Boston, Mass., and report to Surgeon J. Vansant, for duty. Feb. 5th, 1881.

Armstrong, S. T., Assistant Surgeon. To proceed to New Orleans, La., and report to Surgeon H. W. Austin for duty. Feb. 5th, 1881.

APPOINTMENTS.

The following candidates, having passed the examination required by the regulations, were appointed Assistant Surgeons, Feb. 4th, 1881:—

Duncan A. Carmichael, of New York, and Samuel T. Armstrong, of Missouri.

The Diploma of an Herb Doctor.

Among the curiosities of diploma making is the following, presented to the County Clerk of Newark, N. J., by a colored herb doctor who claimed to be 99 years old:—

SIERRA LEONE, AFRICA, 1806.

I hereby set my hand and seal, in this year of our Lord, 1806, to write a diploma according to our rules and methods. This is granted to Dr. Delaney, after going to school from seven years old until twenty-one, then studied in Mondigo Herb College five years. This diploma was on him being a competent herb doctor. This is granted by the college, and signed by the Board of Health of the Mondigo Tribe.

[Signed] Dr. IVISON BURKE,
Dr. GEO. WASHINGTON,
Dr. SIDNEY SNYDER.

Dr. Delaney is now permitted to go in any part of this county or any other county to practice. [Signed] PETER HUANTY,
Clerk of the Mondigo College.

The document was written on elephant's skin, and had five United States postage stamps on it, for seals. The applicant was referred to the Secretary of Essex County Medical Society.

American Medical Association.

During the session of the American Medical Association, in 1881, a *daily edition* of the *Virginia Medical Monthly* will be issued, giving full reports of the Proceedings of the General Sessions and of the several Sections, as well as the Proceedings of other Associations that convene at the same time and place—such as the Association of Medical Colleges, etc. This daily edition will be printed with large-face type, in double columns, on quarto pages; and the number of pages will be limited only by the amount of material to be published.

The four daily issues (Wednesday, Thursday, Friday and Saturday) will be mailed to any address in the United States on receipt of forty cents, or ten cents a copy; to any address in Europe for fifty cents.

An abstract of the proceedings will appear as usual in the MEDICAL AND SURGICAL REPORTER.

Medical Geography.

Many interesting facts in reference to medical geography will be brought out by the new census. All physicians are aware of the numerous relations which altitude bears to the origin and progress of certain diseases. The new census will show that nearly one fourth of the people of the United States live on a level corresponding with that of Philadelphia, which is from thirty-two to one hundred and forty-three feet above sea level. Three fourths of the whole population of the United States live below the 1000 feet level, and only three per cent. above 2000 feet. The great settlements are almost of necessity directly on the seaboard or on the banks of navigable rivers, and it is this circumstance that puts such a large proportion of habitations less than one hundred feet above the sea level.

How Philadelphia Cares for its Foundlings.

The Society for the Prevention of Cruelty to Children have asked Judge Hare to have investigated, by the Grand Jury, allegations that nearly every foundling sent to the Philadelphia Almshouse dies within a short time after admission, the deaths being caused by improper food and unskillful treatment on the part of pauper nurses, as well as by the exposure to which the infants have been submitted. These charges are notoriously too true; but then, it would be highly immoral to establish such efficient Foundling Hospitals as they have in Paris—say the very good people.

American Medical Association.

The Pennsylvania Railroad having agreed to issue excursion tickets to Richmond, from Philadelphia, New York, and Pittsburg, all who desire to avail themselves of the reduction should apply at once, *with stamp* for orders.

W. B. ATKINSON,
1400 *Pine St., Phila.* *Permanent Sec'y.*

The Smallpox.

Sixty cases of smallpox are now reported in the Almshouse at Reading

Glover's Gap, a village in Marion county, West Virginia, is terribly afflicted with an epidemic of smallpox. and all the doctors there being sick with the disease, there is no one to attend to the stricken. The dead are left unburied, and all who could do so have left the place. The disease has spread to Burton, ten miles distant. The Governor was telegraphed to for help to bury the dead, and replied that the county authorities should attend to the matter.

Hospital Extensions.

New hospitals, one to be under the charge of the Little Sisters of the Poor, and the other under the Sisters of St. Francis, the latter a branch of St. Mary's Hospital, are to be erected this season, the former on Mill street, near Cedar, Germantown, and the latter on the west side of Broad, between McKean and Mifflin street. Additions are now being made to the Children's Hospital, the Pennsylvania Hospital, and the Philadelphia College of Pharmacy.

Hogs versus Babies.

The *Scientific American* thinks it a pity that babies have not a market value, like hogs. A death rate among the pigs less than one-third the death rate among children in our large cities, moves the Government to costly investigations of the cause, and to diplomatic correspondence with foreign nations, while Produce Exchanges get excited on the subject, and all the newspapers join in the discussion. The babies die by the thousand in New York and other overcrowded cities, and scarcely any notice is taken of the fact.

State Medical Society of Pennsylvania.

Excursion rates to the next meeting at Lancaster will be allowed by the Pennsylvania, Philadelphia and Erie, and the Northern Central Railroads.

Those who desire to avail themselves of these rates should apply at once, *with stamp*, naming the railroad over which they propose to travel, and the number of orders required.

W. B. ATKINSON,
1400 *Pine St., Phila.* *Permanent Sec'y.*

Personal.

—Dr. F. J. Baker has removed from Youngstown, New York, to Lockport, New York.

—Dr. Wm. Rutherford Sanders, of Edinburgh, died February 18th. He was an active writer for the medical press and a popular medical teacher.

—Dr. Lauderdale, of Hernando, Mississippi, and his daughter, were both fatally injured, April 12th, by a tornado which demolished his residence.

—Dr. Horatio N. Loomis, who recently died in Buffalo, New York, at the age of seventy-four years, was the oldest member of the Erie County Medical Society, having been enrolled on its lists for forty-five years.

—The hospital at York, Pa., opens April 28th.

OBITUARY NOTICES.

DR. R. O. COWLING.

Dr. Richard Oswald Cowling, A.M., Professor of the Principles and Practice of Surgery in the Medical Department of the University of Louisville, founder and editor of the Louisville *Medical News*, died suddenly, of rheumatism of the heart, April 2d, 1881. He was born near Georgetown, South Carolina, April 9th, 1839, graduated at Trinity College, Hartford, and took his diploma in medicine at the Jefferson Medical College, in 1867. He at once began practice in Louisville. In 1868 he was appointed Demonstrator of Anatomy in the University of Louisville, and in 1870 adjunct Professor of Surgery; in 1873 Professor of Surgical Pathology and Operative Surgery, afterwards Professor of the Principles and Practice of Surgery. In 1867 he was appointed Surgeon General of the Kentucky State militia, on the peace footing. In 1876 he founded the Louisville *Medical News*, and soon after associated Dr. William H. Galt in the editorial management.

About that time (1876–7) much complaint arose throughout the country against the policy and management of the Louisville Medical College and the Nashville Medical College, on account of the charge that these two institutions had been holding two graduating terms in one year, and on account of other matters not necessary to mention. The Louisville *Medical News*. with great vigor, began a series of the most severe criticisms of these schools, which resulted in a change in their course in this respect.

Dr. Cowling was of fine physical frame, genial manners, and possessed of a witty and pleasant literary style.

QUERIES AND REPLIES.

SIR—Will some of the numerous readers of the MEDICAL AND SURGICAL REPORTER give a cure for "Lithic Acid Calculi." Have used a great many remedies. They form and cause nephritic colic every two or three months. The patient, a male, aged 54, otherwise enjoys good health. G. B. S.

Constant Reader.—We know of no recent monograph on the subject of varicose veins.

W. S., of Pa., Asks for suggestions in a case of importance: the patient is temperate, and except flatulent dyspepsia, otherwise in good health.

A full array of the most reliable plans of treatment of this complaint is presented in Napheys' *Surgical Therapeutics.*

SIR—In answer to the query of Dr. D. Wood, in the last number of the MEDICAL AND SURGICAL REPORTER, concerning the significance of œdema of the face and œdema of the legs, I would state that the report of my clinic was not entirely correct; the statement made by me being that if œdema first manifest itself in the face it is generally of renal origin.

WILLIAM PEPPER, M.D.

MARRIAGES.

BIBBY—TURNER.—On Tuesday evening, April 5th, by Rev. A. J. Rowland, D.D., Walter E Bibby, M.D., and Miss Mary M. Turner, both of this city.

SARGENT—LEDYARD.—On Thursday evening, April 7th, at the residence of the bride's mother, in Brooklyn, by the Rev. Dr. Edward O. Flagg, Dr. Dudley Allen Sargent, of Harvard University, and Ella Fraser, daughter of the late Wm. S Ledyard.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1261.] PHILADELPHIA, APRIL 30, 1881. [VOL. XLIV.—No. 18.

ORIGINAL DEPARTMENT.

LECTURE.

CLINICAL CASES.

BY WILLIAM HENRY DRAPER, M.D.,

Professor of Clinical Medicine in the College of Physicians and Surgeons, New York City.

Gastric Ulcer.

GENTLEMEN:—This case is one of interest, and I am very glad indeed to show it to you, because it is a perfectly typical illustration of the disease from which the patient is suffering. The case is one of gastric ulcer. Gastric ulcer is not a very common disease. The point to which I wish particularly to call your attention in her history is the history of dyspepsia. A dyspepsia depending upon a subacute gastric catarrh. She has for seven years suffered from occasional nausea, vomiting, regurgitation of sour fluids into the mouth, sour and foul taste in the mouth, eructations and flatulency, all of which are symptoms of a kind of dyspepsia which depends upon a catarrhal lesion of the lining membrane of the stomach. I wish you to note this because it is commonly out of a condition like this, out of a gastric catarrh, that you will get ultimately, in many instances, ulcers of the mucous membrane of the stomach. There are divergent views in regard to the immediate cause of ulcer of the stomach, but the only one to which I will allude now, which it is important to allude to in connection with the clinical history of this disease, is that which holds that it is dependent upon the digestion of certain tracts of the gastric mucous membrane in consequence of the withdrawal of the circulation from those tracts. This withdrawal of the circulation is supposed to be accomplished through a thrombosis or an embolism of the ramifications of the gastric artery. A consequence of the withdrawal of the circulation from these patches in the stomach is, that they become exposed to the destructive action of the secretions of the stomach. You can readily understand how this accident is more likely to occur in a congested and catarrhal condition of the mucous membrane than in the perfectly healthy condition, though it is possible that a gastric ulcer may form suddenly and unexpectedly in a stomach which has not been the seat of gastric catarrh, in consequence of one of those accidents to the circulation to which we, under certain circumstances, are liable.

In connection with a gastric catarrh from which she suffered, the urine was frequently dark and thick. That is by no means an uncommon symptom in the history of this form of dyspepsia.

We come now to the history of her present attack. On the first of this month, on waking, the patient complained of *malaise* and complete anorexia. A little later she fainted. Shortly after this, on going up stairs, she fainted again. Now, these attacks of syncope were perhaps simply the result of want of food, but more likely the result of a small hemorrhage, which did not manifest itself by hæmatemesis, but the evidence of which might have been found in the discharges from the bowel. It was not long, however, before the evidence of gastric hemorrhage was sufficiently noticable. Two days later the patient suddenly felt weak again, and vomited considerable blood of dark hue, mixed with food.

The hemorrhages which occur under these

circumstances are sometimes very large. If it happens that a vessel of considerable size is opened in one of these ulcers you may get a very large hemorrhage, and the hemorrhage is accompanied usually by a well marked tendency to syncope, and by the vomiting of large masses of dark clotted blood changed by the secretions of the stomach. Occasionally, when the hemorrhage is excessive, you may get bright blood from the stomach, but the source of blood from the stomach can generally be ascertained by its dark hue and mixing of grumous matter, food, with the blood.

The patient remained quietly in bed until last Saturday, when she had a more severe attack of hæmatemesis; since then there has been no hemorrhage.

Now we come to mention another symptom which exists throughout the history, which may exist with a catarrh, and which ordinarily precedes it, and which very often is distressing; I mean pain. She had suffered pain some time before this hemorrhage. It would come and go. It would come almost immediately after eating. That is the history which these patients frequently give; that it is a pain that is paroxysmal, the paroxysms, however, very commonly started by the ingestion of food or fluid. And this pain, as I said, is sometimes extremely severe. It is commonly located in the epigastrium, and the patients will complain of pain in the back. It is a boring pain, and a pain that is aggravated oftentimes, or started, by the ingestion of food. With this pain she also had a good deal of flatulency. Flatulency is a symptom that is usually developed in its most severe degree two or three hours after the ingestion of food, and not immediately after. She also had what is not at all uncommon in connection with pain and flatulence, and distention, a great deal of cardiac palpitation. This is one of the most common of the reflex symptoms of gastric catarrh. It is not necessarily associated with ulcer, but is very frequently associated with ulcer, because ulcer is so commonly associated with a catarrhal condition. It is also noted here that the movements of the bowels following the first hemorrhage were dark and black and bloody. This is a clinical fact that is also often noticed in the history of hæmatemesis, and I have no doubt that many of her first fainting attacks unaccompanied by hæmetesis were due to hemorrhage, evidence of which might have been found in the presence of blood in the stools.

Now this history gives you a very fair, I might say a typical illustration of the evidences of gastric catarrh leading to ulcer of the stomach. You may ask whether it is possible to diagnose ulcer of the stomach where there has been no hemorrhage, the result of the opening of a vessel in the ulcer. I think it is extremely difficult. I think it is very difficult to determine absolutely that you have ulceration of the stomach unless an accident of this sort has occurred. If, however, you have a case in which the pain is paroxysmal, as it is here, in which the pain is aggravated by the ingestion of anything in the way of food or drink, if it is boring in character, if there is tenderness on pressure over the epigastric region, I think it is pretty safe to suspect very strongly the presence of ulcer. And yet, all the symptoms which I have mentioned may exist with a history of gastric catarrh. So that the diagnosis with absolute certainty of gastric ulcer where there has been no hemorrhage, and where there has been no evidence of perforation, is, in the majority of cases, impossible.

The prognosis in this case, you will judge from what I have said, affects certain accidents which are important in their results. If you have an ulcer of the stomach, there are the chances of the opening of a vessel of greater or less magnitude, and perforation, and consequently of peritonitis. This perforation of which I speak may possible lead into another part of the alimentary canal, but in the majority of instances into the peritoneum. The accidents which I have mentioned are sufficiently grave to make this disease one which should arrest your attention and lead to your best consideration in the treatment.

Now, what can be done in these cases? Much can be done to protect the patient from suffering, and also to bring about the healing of the ulcer. Various methods have been suggested in the treatment of this disease, but the principle which has found most favor within the last few years is that of rest. This is secured by relieving the stomach of all duty in the process of nutrition, by resorting to rectal alimentation, so that the stomach shall be absolutely at rest. This principle, if it can be applied, is certainly one which will give the patient the greatest amount of comfort, and I believe the very best chances of recovery. The principle of rest, gentlemen, is a very important one to consider in the management of many diseases, and it should be considered in relation to a department in which, I regret to say, it does not seem to have obtained sufficient attention, that is, in surgery. The principle of rest in the treatment of disease generally is very frequently ignored. The application of this principle in the treatment of ulcer of the stomach is, as you can see, a perfectly rational one. You have an ulcer which is irritable, which is painful, and which is constantly aggravated by the introduction of food and the consequent secretion of digestive fluids, and every time you put food into the stomach and arouse the organ into activity you give the patient great pain. You place the ulcer under conditions which necessarily increase it in extent, and you increase the chances of the accidents which your patient is constantly liable to meet with.

Now, is it possible to give the stomach rest? Recent investigations in the application of rectal alimentation as a substitute for gastric digestion would seem to show that the rectum is capable of doing to a certain extent the work of the stomach. At all events, you can bring certain kinds of food into contact with a very considerable tract of vascular mucous membrane, from which absorption of certain elements of food can be secured. There is considerable question among authorities as to whether the rectum is capable of digesting the albuminoids, and the enthusiastic advocates of rectal alimentation say that it is not necessary that they should be digested; that if you will use blood, for example, defibrinized, the blood-vessels will take up the blood corpuscles, they will swallow them whole and carry them into the circulation. The same enthusiastic advocates of rectal alimentation say that the mucous membrane will take up milk globules, or any other emulsionized fat. It is pretty certain that it will take up water, and that it will take up the salts in it; but, after all, the fact that a patient may be sustained for several weeks on food that is introduced into the rectum is the striking fact, and the one which justifies us in this kind of feeding, no matter what we may think as to special digestive powers of the rectum. That patients can be sustained in this way has been demonstrated over and over again. Therefore, I believe that we should continue to do it, and not allow our theoretical objections to influence us in the application of this kind of feeding. There are a great many cases of gastric ulcer on record which have been treated in this way and treated successfully. The usual result is that from the time that this treatment is inaugurated the patients cease to complain of pain and feel very much more comfortable than they had felt for a long time before they resorted to the treatment. They do not emaciate; they often retain their weight, and even gain in weight. Now, I have said that this is the case in those patients in whom this treatment is *applicable*. It so happens that it is *not always applicable*. It sometimes happens that in these cases we are not able to carry out rectal alimentation, not even by using opium in connection with the injections, as is commonly done, in order to make more sure of their being retained. This patient does not retain them. They are rejected, and we have been obliged to give this kind of treatment up. But ordinarily, in the majority of cases I think I may say, you can inject four or five ounces of milk, of defibrinized blood, of concentrated beef tea, with or without a few drops of laudanum, as often as once in four or five hours, and it will be retained.

Supposing you are not able to resort to rectal alimentation; then you have to feed the patient by the stomach and you have to choose for your food something most bland, unirritating. For this purpose there is nothing better than milk, or concentrated broths, especially broths of fowls, as chicken broth, and very little or no starchy food. If you use any starchy food you should use it in very small quantity, and for the purpose of forming large masses of coagulated milk. It is a very good plan in the feeding of children and in the feeding of invalids with milk, to introduce into the milk a certain amount of thin starch water, inasmuch as this has the property of separating and softening the curd, so that the gastric fluids can get more easy access to the whole of it. In those cases, therefore, of gastric ulcer, where you are obliged to use the stomach, it would be very well to adopt the same principle you would adopt in feeding an infant which had been taken from the breast and put upon cow's milk. The great trouble in milk feeding is that the stomach is liable to be irritated by the masses of coagulated caseine which the gastric juices cannot get at to dissolve; and it is a good plan, therefore, to resort to frequent feeding with milk which has a certain amount of starch water added to it, for the mechanical purpose that I described. It is a good plan, I say, to use milk in this way, and to use it in small quantities and frequently.

You may ask whether there is any medicine to be given to cure these ulcers? I do not know of any. You may be obliged to give opium, to control pain, but I do not know of any medicine which you can give which may be expected to exercise a local effect in the healing of these ulcers. I believe that your best success lies in rectal alimentation and in feeding with milk. There is one point, however, in the medical treatment of these cases to which I would like to call your attention, and that is the washing off of the mucus which embarrasses the digestive power of the stomach and intestines in those cases where they are complicated, as I told you they most commonly are, by a catarrhal condition; the washing off of this mucus every morning by means of the bitter waters. These patients are very apt to be much benefited, I think, by this proceeding. Where you have a simple case of gastro intestinal catarrh, alone or complicated with ulcer, your patient will find a good deal of comfort and decided benefit, according to my experience, from taking, every morning. or every other morning, a dose of these bitter salts, either in the form of one of the natural waters or in simple solution, in sufficient quantity to produce one or two watery evacuations. I have very great confidence in this method of treating the catarrhal conditions which are so common, and which may at any time be complicated by ulcers.

This is pretty much all the medication I have to commend to you in these cases—the use of the bitter waters, the washing off of the mucus which interferes with the functions of the stomach and intestine, opium to control pain, if necessary. You may ask whether there are any astringents to be given; any medicine which may be supposed to act upon the ulcer in the stomach as the medicines which you apply to act upon an ulcer of the leg? If you are sure of your ulcer, and if you are sure of getting at it with your application, I may say that it might be a very good thing; but, as I told you, in the majority of cases you are not sure of your ulcer, and then you are not justified in making use of so large a quantity of any local application, any astringent in solution, for example, that might be supposed to come in contact with the supposititious ulcer anywhere upon the coat of the stomach. So that there is nothing but empirical medication to suggest after the rational therapeutics that I have suggested. The rational therapeutics, you understand, consist in rest of the stomach, secured, if possible, by rectal alimentation, and a less measure of rest secured by giving the patient the most bland and easily digested food that is to be found, namely, milk and concentrated broths, and opium as a medicine, and the bitter waters as a means of washing off the catarrhal mucus.

You notice that this patient is extremely anæmic, and some of the very interesting symptoms of her anæmia are noted in this history. She has the anæmic murmur well developed in the præcordial region and in the course of some of the larger arteries. You can see, from her complexion, that she is anæmic. And in connection with this anæmia certain symptoms are noted here which are specially worthy of your consideration. It is stated that the patient is very sensitive to pressure in the umbilical region, and on moderately deep palpation a distinct heaving impulse is conveyed to the hand, synchronous with the heart's systole. On auscultation at the upper edge of the umbilicus you get a distinct, loud, systolic bruit. The sensitiveness to pressure and the pulsation are such as would suggest aneurism, and yet the fact that the patient has recently had severe hemorrhage, which is very apt to be followed by marked and perceptible pulsation, is, I think, the most probable explanation of this pulsation. She is young to have abdominal aneurism; she has not the diseased condition of the arteries which is apt to be found in abdominal aneurism; she is a woman, and so far is not likely to be subject to this disease, the majority of subjects of abdominal aneurism being men. Therefore, I am inclined to believe that we should exclude the idea both of heart disease and of aneurism which the murmurs heard in the region of the heart and the murmurs and the pulsation observed in the abdominal aorta might suggest.

The note made of this patient to day is that she is very hungry. This is a symptom which these patients not infrequently complain of, especially if they are (not?) nourished by the rectum, but you have to be very cautious. There is room for a vast amount of judgment and tact in the feeding of these patients. You can defeat your purpose very easily by over feeding them, and it is better that they should suffer a little from hunger than that you should overtax the powers of the stomach. If they are very hungry, or if they suffer pain, you are justified in controlling this pain by the use of morphine, and the best way of using morphine is to use it hypodermically. But it is better that the patient be allowed to suffer some than that she should be allowed to use morphia in any considerable quantity.

Grave's Disease.

This woman, gentlemen, has Grave's disease, the striking features of which consist of three symptoms which she presents, namely, an excessive degree of palpitation, a moderate amount of enlargement of the thyroid gland, and a moderate degree of exophthalmus. All these three symptoms are apt to coexist in this disease, the exact nature and cause of which is not comprehended, but these three symptoms are so frequently found associated that they were described long ago by Graves and Basedow almost contemporaneously, and the disease has since been known by the names of both of those physicians.

The pathology is probably connected with the vaso-motor system of nerves. This woman, when she came here, was so feeble, and suffered so much from the cardiac symptom, cardiac dyspnœa, that she was obliged to remain in bed, and she had once or twice very severe dyspnœa from œdema of the lungs, œdema being an incident which is not unlikely to occur where there is an extremely rapid and irregular action of the heart, such as occurs in this disease. But she has steadily improved under rest and cardiac stimulants, digitalis and iron, so that she walks about the ward and has a fair degree of comfort. She still has a rather rapid and irregular heart. There are cases in which the patient can hardly get along without rest. There are cases in which you would do well to put the patient to bed, and secure rest by artificial means if necessary. You may have to give rest to the heart by diminishing the frequency of its pulsations, and this, as you know, you can do by giving digitalis, and digitalis is vaunted by several distinguished authorities as the remedy par excellence in this disease. If you will read the account of it which Cruso (?) gives, you will be led to believe that digitalis is a remedy which is likely to cure all cases, or, at least, a majority of them, but, unhappily, I have not found in my experience that it has always acted satisfactorily. I think that, as a rule, it does give a certain amount of benefit; it diminishes the frequency and increases the force of the cardiac pulsations, and this of itself is an important factor in the cure of this disease. I have used another remedy, the iodide of potassium, under similar circumstances, with the most gratifying results in a few instances. It has been used here, and has contributed, I think, to the improvement which the patient enjoys.

Supernumerary Fingers.

Here, gentlemen, is a case of supernumerary fingers. The patient is a colored man. I will not call your attention to his disease to-day, but I simply show you that he has an extra little finger on each hand. He has no use of it. Other members of his family have the same, and it is not uncommon for supernumerary fingers and toes to be hereditary.

Pericarditis.

Here is a patient in whom you will hear a well marked friction murmur over the heart. In listening to it you will in the first place observe how superficial the sound is, and then you will observe how it is modified by the breathing, it being more distinct in expiration than in inspiration; then you will observe the creaking character of it. It is very like the creaking of new leather. You could scarcely mistake that for anything else than what it is, a pericardial friction sound. It is not smooth, like an endocardial murmur. It is varying in intensity, it is exceedingly rude, it is superficial, it is creaking in character, and it is most distinctly heard at the apex.

Now, this is another interesting example of pericarditis occurring independently of any complication, and yet it is probable the inflammation is of a rheumatic character. He says he has never had rheumatism; he is a pianist by profession. I say it is probable the nature of the inflammation is rheumatic, inasmuch as this is the most common cause of pericardial inflammation. And, remember, that in some of these cases the pericarditis is not only the first sign of rheumatic attack, but in some instances it may be the only sign, as was the case with a patient you saw before.

Pericarditis is one of the diseases for which the older writers were very much in the habit of giving mercury. It was thought that mercury was especially valuable as a means of preventing fibrous exudation and of absorbing it when it had occurred, so that in the time of Dr. Latham, and even in the time of Dr. Watson, the utility of small doses of mercury pushed to the point of ptyalism was considered as pretty well established. When mercury was banished from the pharmacopœia almost entirely, as doctors lost faith in its power over inflammations, it ceased to be used in this disease, and I think that very few, of late years, are in the habit of using mercury in pericarditis, or of treating it in any other way than they would treat rheumatism, by antiphlogistic remedies and by local counter irritation. The location of the disease is such as to lead one to expect a good deal from counter irritation, as by cupping and by blistering the præcordial region. Most of these cases, therefore, are treated by counter irritants, in the shape of blisters, cupping, etc., and for the rest, they are treated on general principles, according to the morbid condition with which they are supposed to be complicated. I have told you that pericarditis arises under various circumstances. It occurs, for example, in the course of some of the essential fevers. It is a complication, not infrequently, of scarlet fever; it is a complication of typhoid fever sometimes; it is a complication of rheumatism more frequently than of any other disease; and it is one of the issues of that condition of the blood which arises from protracted disease of the kidneys. It is one, that is to say, of the issues of the uræmic state, and not a very uncommon mode of termination in chronic renal disease. It also arises as a result of pyæmia.

Now, the treatment of pericarditis, so far as medicines are concerned, is based upon the condition which accompanies it. If it complicates a case of scarlet fever your treatment will hardly depart from the treatment which you had inaugurated for that disease. You might resort to counter irritation, but I do not think there is any special medication which you would resort to under these circumstances other than the medication which is appropriate for the disease with which it occurs. Then, again, where it arises as a complication of rheumatic fever, it has been thought of late years that the treatment which was indicated for the arthritic disease was the most appropriate for the pericardial complication. And so with the other conditions which are complicated by this disease. The idea that mercury has any specific effect in preventing the occurrence of excessive fibrous exudation, or in causing its absorption after it has occurred, is, I think, not tenable, and very few cases nowadays are subjected to the mercurial treatment.

The chances of recovery from pericarditis depend upon the condition under which it arises. In the rheumatic form it is almost invariably followed by a successful result. That is to say, it is very rarely a fatal malady where it is rheumatic in its origin. It is in pyæmia and chronic Bright's disease one of the modes of termination. In scarlet fever, where it seems to be associated most frequently with the acute form of Bright's disease, it is a very serious complication, though not necessarily fatal.

COMMUNICATIONS.

RŒTHELN, OR GERMAN MEASLES.

BY E. R. STONE, M.D.,

Of Philadelphia.

Read before the Northern Medical Association, of Philadelphia.

If I may be allowed a somewhat paradoxical expression, I would say, at the outset of these remarks, that the chief importance of rœtheln rests in the knowledge of the fact that it is not important at all. While the future welfare of our patients is in no wise jeopardized by an attack of this disease, we, as all-wise physicians, are expected to recognize all sorts of disease, even the most trivial, and form a diagnosis on sight. It is for the purpose of refreshing our memories on some of the prominent features of rœtheln, and to start a discussion upon it, that I have ventured upon these remarks.

It has been only of late years that observers have admitted the existence of an eruptive fever (separate and distinct), but having some likeness to scarlet fever, and especially to measles. Indeed, I presume that many still refuse it a place as a distinct disease, holding some one of the old ideas prevailing years ago. The chaos of conflicting opinions and theories is well reflected in the various names which have been given the disease from time to time. Thus we find it called "roseola" by the English, "rubeola" by the Germans, or "rœtheln," and German measles or bastard measles by those whose clumsy tongues fear to attempt the German diphthongs. It will be interesting to look for a moment at the history of the disease, and for this purpose, I will draw largely upon the article in Ziemssen's Cyclopedia.

More than a century ago, English and French observers described an exanthem similar to, but with many points dissimilar to measles and scarlet fever. This received the name of "roseola," and was soon afterward described by the Germans under the name of "rubeola." This latter name was particularly unfortunate, because in English speaking countries, at least, this name had already been appropriated for real measles. Perhaps this latter circumstance assisted in creating confusion as to the nature of the disease, for we find many competent men confounding rubeola with measles and scarlet fever, and even teaching that an attack of it would protect from the more dangerous exanthem.

Even as late as the middle of the present century many looked upon it as anomalous measles or scarlet fever, and some even brought forward figures to show that it destroyed more lives than either of the more common fevers.

Others allowed a "certain individuality" to the disease, as a hybrid or cross between measles and scarlet fever. Others, like Willan, Hebra and West, refused to give it place as a specific disease, regarding those cases which could not be classed as anomalous measles or scarlet fever, as simple roseola from ordinary causes. Later observers have, however, discarded all of these views, and have been led to look upon it as a separate disease, chiefly because it presents several features of its own, and especially because it has been observed to occur in persons who have already had measles and scarlet fever, and also that it carries with it no immunity from the latter diseases. These facts, I think, give a quietus to all theories which seek to class rœtheln with measles and scarlet fever, while its epidemic nature and undoubted contagiousness will not harmonize with the idea of a nonspecific disorder.

If, then, we assign to rötheln a place of its own in the list of eruptive fevers, we have a contagious, self protecting disease of slight severity and short duration, with an eruption which, in the majority of cases, has a decided resemblance to that of measles, although it is said in some cases to be more like that of scarlet fever. But in searching the literature of the subject I have not been able to find the record of any cases of a scarlatina-like eruption. They have all been a measly rash, and the number of cases which I have seen in the last few months have all been of the latter character. Rötheln has a decided epidemic tendency, and several epidemics of it have been carefully observed and described. It is said to have an incubative period of about fourteen days, although a sufficient number of facts are wanting to substantiate this point. It has an undoubted preference for children and young adults, and we have no record of second attacks. The onset of the disease is usually quite sudden, and there is no period of invasion, such as is so well recognized in ordinary measles. The eruption appears coincident with, or very shortly after, the development of a slight catarrhal condition of the eyes and naso pharyngeal mucous membrane. In many cases there is absolutely no fever, even at the invasion of the disease, a fact which I have had several opportunities of verifying. In other cases there is a slight rise in temperature, which is often accompanied at first with some chilliness. It is also stated that the glands of the neck are often somewhat swollen. I have noticed in several cases swelling and tenderness of one or two post-aurieular glands. The eruption of rötheln deserves careful study to distinguish it from that of measles. It first appears on the face as small, elevated, rose-colored points, about the size of pin-heads; these appear in round or oval groups, not generally confluent, smaller than those of measles and not crescentic. The eruption spreads rapidly from the face, consuming from one to two days in covering the surface of the body. It remains but a few hours well-marked, and has already begun to fade on the face before it has reached the feet. In the majority of cases no desquamation can be detected. I have noticed, however, a slight staining of the delicate skin of the face, lasting for two or three days after the disappearance of the rash. There seems to be no disorder of the digestive organs, and no tendency to bronchitis or kidney involvement. Indeed, if, as often happens, there is no fever, the patient is not considered sick enough to keep the bed. I have always noticed some congestion of the throat and slight swelling of the tonsils, but very little of the coryza usual in measles. In the case of a young lady, the throat trouble remained obstinate until some astringent application dissipated it. It will be remarked that this account of symptoms has many points of likeness to the features of common measles, and, undoubtedly, a sporadic case of rötheln might easily be mistaken for an anomalous case of that disease; but a succession of similar cases of this kind, and none of ordinary measles, would decide in favor of rötheln, for measles masked and ill-defined in one will almost certainly show itself plainly in another patient exposed to the contagious principle.

Allow me to emphasize briefly the points of importance in differential diagnosis. In measles there is a well-marked prodromal stage of catarrh; in rötheln the eruption appears at the same time as the catarrh. The papules of measles are larger and more red, and arranged in a crescentic form; those of rötheln, smaller, paler, and grouped in round or oval spots. The fever of measles is marked and persistent until the fading of the eruption; of rötheln absent, or slight, subsiding in a few hours. There is well-marked desquamation in one, very little, if any, in the other. The eruption of rötheln disappears in from one to two days, that of measles lasts for four days. The distinction from scarlet fever is plain, for, at least at this time, rötheln has no marked similarity to it.

The clinical history of the disease in a household where I had opportunities of studying it will be interesting in this connection. It was first noticed in the latter part of November, affecting a boy aged twelve years, who had the eruption marked on the face, trunk, and arms, but scarcely visible at all on the lower extremities. He was said to have had slight fever at the onset, but none was found on my visit, three or four hours after. The tongue was slightly coated, eyes red, and some difficulty in swallowing, due to some redness and swelling of the mucous membrane; a post-auricular gland on the right side was enlarged, other lymphatics apparently normal. I had previously attended him with undoubted measles, and by one of those happy accidents of inspiration, I blundered upon the diagnosis of German measles, the correctness of which I think was proved by subsequent events. In between two or three weeks a little girl aged five years was attacked with almost identical symptoms, the only difference being that the rash was even less plentiful than in the first case. Cases three and four occurred in about one week after the second and four after the first. The disease this time attacked a light-colored woman of about thirty, and her son of ten years. In them there was no fever or indisposition sufficient to put them to bed. Finally, three others in the family were seized during the last week in January. These were all females, æt. respectively fourteen, twenty-four and twenty-nine. The last mentioned, a married lady and mother of Case two, was much more ill than any of the others. The eruption came out confluent on the face, which, with the injection of the eyes, gave her a decidedly bloated appearance. And the small round groups of papules on the wrists and neck, at first glance, looked uncomfortably like smallpox, a similarity which would not, however, stand the test of close examination. Tongue white, throat considerably inflamed. The thermometer marked one hundred and one degrees in axilla, and there was premature menstruation. In less than twenty-four hours the rash had covered the whole surface and was beginning to fade on the face; temperature ninety-nine and a half. At forty-eight hours a mere trace of eruption was all that remained, and the fever had entirely disappeared. During the height of the disease painful and swollen glands were noticed behind each ear. In this case, in spite of the severity of the skin involvement, no desquamation could be detected. The only abnormal sensation complained of in the skin was a sense of tension and slight burning.

The history of these cases is important as evidence of the contagiousness of the disease Whence the first case came I am quite in the dark, without it can be charged to that alleged disseminator of disease, the public school. That this first case infected the others I feel convinced, in spite of the opinion of a medical friend, who would explain them all on the theory of roseola from ordinary causes. This view, it seems to me, is untenable, because the eruption was not like an ordinary roseola, and it is surely charging too much to the account of that much abused organ, the stomach, to suppose a skin eruption would follow indigestion successively during two months, in seven members of one household, and that without the slightest evidence of indigestion, except the rash. Another fact is noteworthy—the disease attacked all the children and young adults living in the house, thus consuming all the material which we are taught it is wont to feed upon. No efforts at isolation were attempted after the trifling nature of the disease was explained, so that abundant opportunity was afforded for its spread throughout the family.

TRAUMATIC TETANUS—RECOVERY.

BY M. C. BU DRIDGE, M.D.,

Of Huntsville, Ala.

Jesse Jordan, colored, laborer, aged about 25, while cleaning the saws of a cotton gin when in motion, November 19th, received on the dorsal aspect of the forearm a severe wound, which was inflicted by four saws, cutting as many parallel lines, from one-fourth to one-half of an inch in depth, beginning at a point two inches below the elbow, and terminating at the metacarpophalangeal articulation. Two of the extensor tendons were divided and the third metacarpal bone well nigh severed. Intense pain and considerable hemorrhage were present. The wound was thoroughly cleansed with cold water, the incisions were dusted with salicylic acid, the divided tissues were brought as nearly together as possible by adhesive plaster, then dressed with carbolized oakum, over which a thin roller was loosely applied. A full dose of opium was then administered, and instructions given to continue the opiate as often as necessary to relieve pain and promote sleep. Patient reported at my office on the 22d, being the third day after the accident. The dressings were removed, the wound thoroughly cleansed, when salicylic acid, adhesive plaster, carbolized oakum and roller were applied, as in the former dressing.

25th. Wound dry and hot, but little suppuration. Cleansed with warm water, and changed the salicylic acid for Peruvian balsam, which was freely applied with oakum and plaster as before.

28th. Wound very much improved, suppuration and granulation going on well. Continued treatment.

30th. Wound nearly closed throughout from above downward to a spot on the dorsum of the hand, spot not larger than half a dollar. Ordered a continuation of the balsam and oakum dressing until cured.

Dec. 15th. I was summoned to see my patient, and was informed by the messenger that patient thought he had taken cold; his side pained him, could not bend his neck, nor could he swallow as usual.

I at once suspected trismus, and advised the messenger to have another doctor to see the patient, as I was engaged for the night, and could not see him for several hours at least. Failing to secure the services of a physician, I prescribed chloral hydrate in thirty-grain doses, to be given in syrup lemon, every two hours, until pain was relieved and sleep induced.

December 16th. On visiting my patient I found him suffering from tonic spasm of the post-cervical muscles and muscles of the back; could not bend his body nor open his mouth sufficiently to protrude the tongue, nor could he swallow solid food, an effort to do so would instantly provoke a convulsion. The wound, on examination, I found healed entirely, except a small spot immediately over the third metacarpal bone. The wound had not given him any trouble for more than two weeks; his bowels were confined, had not been opened for three or four days; pulse about natural; temperature normal; urine normal. He complained of periodical paroxysms of pain and spasm recurring at intervals of twenty or thirty minutes. The pain was referable to the epigastric region, and extending to the back.

On inquiring I found he had taken the chloral as directed, during the afternoon and until midnight, when he felt relieved and discontinued the medicine. I then gave twenty grains of calomel and directed a clyster to be given in three hours. Ordered patient to be placed into a water bath as warm as he could bear, and kept in the same for four or five hours, frequently adding warm water:—

℞	Chloral hydrate,	grs. xv	
	Potassi bromidi,	grs. xv	
	Fl. ext. Calabar bean,	gtts. v.	M.

in simple syrup every two hours, to be continued until spasms and pain were relieved.

17th. Patient rested much better during the afternoon and evening of the previous day, but did not rest well during the latter part of the night. Bowels had moved freely. Pulse 100; temperature 99°; urine scanty. He had not taken any nourishment save a small quantity of sweet milk. Continued treatment, with positive instructions to keep up the use of the medicine every two hours until its full effects should be realized.

18th. Patient slept about three or four hours during the afternoon, and about the same during the night. Pulse normal in frequency, but not so full. Temperature 99°; urine not so scanty; has taken beef tea and milk punch. Continued treatment, but did not require the bath to be taken so often.

19th. His condition much better, though opisthotonic spasms continue, with paroxysms of pain every two or three hours. Has slept some during the night. Took medicine regularly until midnight, and took one bath. Calls for chicken broth and milk punch. Continued treatment.

20th. He is very much better, though sudden noise or surprise will provoke a spasm, well marked, but short and slight. Discontinued the bath. Ordered beef tea and milk punch to be freely given. ℞. Bromidia, ʒj, prepared by Battle & Co., St. Louis, with the usual amount of Calabar bean; dose three or four times daily, according to symptoms, with instruction to keep patient quiet and warm. Treatment continued until the 25th, when it was discontinued entirely, and patient discharged cured.

The points of special interest in this case are, first, the length of time which elapsed after the injury was received until the development of tetanus, the time being twenty-six days.

Secondly, the duration of the tetanic seizure, that being about twenty days. Thirdly, the large amount of chloral hydrate and potassii bromidi which was taken, about one and one half ounces of the former and one ounce of the latter, together with not less than one-half ounce fluid extract Calabar bean. Most of this medicine was taken during the first five days.

Lastly, the marked benefit which was derived from the use of the hot baths. This was, in my opinion, incalculable. The bath did not only have a decided relaxing effect, but in a marked degree tranquilized the nervous system, thereby assisting the Calabar bean to relax the tonic muscular rigidity, while at the same time it assisted the chloral and bromide in controlling the nervous system.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. JAMES H. HUTCHINSON.

Reported by Dr. George F. Souwers.

A Case of Myelitis Following Caries of the Spine.

Gentlemen:—The patient I shall bring before you this morning is S. W., aged 34, a machinist by trade, who was admitted into the hospital on February 9th of the present year. His family history shows that his father died of dropsy, his mother of some injury the nature of which he does not know, and all his brothers and sisters are living and in good health. Three and a half years ago he had an attack of quotidian ague, which lasted for two months, and which has not since returned. Before this, however, he noticed that when he sneezed or drew a full breath he could feel a sharp pain in the region of the stomach. Lately these pains have become more severe and are now caused frequently by the act of coughing. About three years ago, after having been working in the rain and in consequence having got thoroughly wet, he was seized with a sharp burning pain in the small of the back (low down in the lumbar region), which lasted about a week. From that time he was subject to recurring attacks of pain, which not only gradually increased in severity but also in frequency and duration, until early in the summer of 1879, when the attacks became less severe, and after a time ceased to recur. During one of these attacks of pain, while he was having his back rubbed, it was noticed for the first time that there was a curvature of the spinal column, low down in the dorsal region. It was very slight at that time, but has since gradually become more marked. He has never suffered pain in the curvature itself, all of his pain being at first referred to the small of the back.

After the cessation of these lumbar pains, in August, 1879, he felt almost perfectly well, until the following January (about one year ago), when he began to suffer from sharp shooting pains in the legs, and noticed that they would feel tired after a slight exertion; this feeling of fatigue was shortly followed by one of weakness, and he soon afterward observed that he dragged his toes in walking. This caused him to stumble frequently. The loss of power gradually increased, and during last summer became associated with a decided diminution of sensation in the same parts. Last September retention of urine and constipation were added to the other symptoms, but during the past two months the retention of urine has given place to incontinence of urine. In December last he had a recurrence of the pain in the back, and for several weeks past he has suffered from spasmodic twitchings of the muscles of the lower extremities, which gives rise to severe pain, especially at night. He has never had any feeling of constriction around the body, in other words, he has not suffered from the "girdle sensation." So far as we can discover, he has never received a blow or other injury of the back, but he thinks he has frequently strained it in lifting heavy weights. He admits that he has had an attack of gonorrhœa, but denies ever having had syphilis, and, moreover, does not present any evidence of having suffered from specific disease. I accept his testimony on this point, as he appears to be a truthful man. Until last fall he was able to walk on crutches, but at that time the twitchings of the muscles of the legs became so violent, and was so much increased whenever his feet touched the ground, that he was obliged to give up all attempts at walking. Indeed, he says that he was sometimes thrown down by the violence of these muscular contractions. About two months ago the paralysis became complete, and he has since been confined, most of the time, to his bed. Headache has been present only for the last two weeks. His appetite has always been good.

I have culled the foregoing facts for you, gentlemen, from the statements made by the patient, and entered, upon his admission, into the hospital register. On referring to the notes of the resident physician, I find that upon admission the patient was free from fever and anæmic, that the bowels were constipated, and that, though able to tell when he was about to have a passage, yet he was unable to control it; that incontinence of urine was still present; that the tongue was clean and the appetite good.

He has a marked posterior curvature in the neighborhood of the tenth dorsal vertebra; both legs are completely paralyzed, the muscles being quite rigid and somewhat wasted. The patella reflex and ankle clonus are well marked, especially on the left side. The urine is slightly albuminous, which is probably owing to its containing a good deal of pus.

We have now the history of the case, and so our next step must be the consideration seriatim of all the issues involved. On examining him I find a curvature below the middle of the dorsal region, but he insists that the pain has always been lower down than this; in fact, there is not much tenderness even on forcible pressure over the curvature. Upon the back there are a few points of superficial ulceration, which shows that there is a tendency to the formation of bed-sores. This, as you are aware, is not an uncommon occurrence in certain spinal affections, and indicates that the nutrition of the parts is in a depressed condition.

On examining his legs we find them flexed, and, as you see, requiring the exercise of considerable force on the part of my assistants to straighten them. The slight movement of the lower extremities which the patient is able to produce is due entirely to a feeble contraction of some of the muscles in the region of the hips. But while, as I show you, reflex action is enormously increased, he is unable to move even his toes, much less to raise his feet from the bed. A pin thrust deeply into the skin of any part of his legs always gives rise to the sensation of heat, which is at times very painful to him. He does not feel the same pin if the skin of the leg or thigh is lightly touched with it, but normal sensation is found to exist above the level of the umbilicus.

If the feet are forcibly and rapidly flexed, decided convulsive movements of the muscles of the calf are produced. This is technically known as the ankle-clonus, and is more marked in the left side. If the patella of the same side is drawn down rapidly, the quadriceps femoris is in the same way thrown into clonic spasms. The patella tendon reflex is also increased. This is the name given to the contraction of the same muscle produced by striking the tendon of the patella, when the leg is flexed and allowed to hang loosely over the arm of the operator, or crossed over the opposite knee.

I have alluded to the fact that after retention of urine had existed for some time it was replaced by incontinence.

It frequently happens in these cases that the incontinence is only apparent, and that the condition really present is retention, the over-distended bladder relieving itself by a constant dribbling from the penis, just as it does occasionally in typhoid or other fevers. It is not an unusual circumstance for the nurse to assure the physician, in such cases, that the patient has passed his water freely, and to point to the soiled bed in confirmation of his statement. Yet, on examination, the bladder may be found greatly distended. Consequently, you must, in all spinal and febrile affections, watch closely the condition of this organ. In this case I have satisfied myself that retention does not exist.

The upper portion of the body seems to be free from any nervous trouble, the grasp of the hand being almost as strong as in health. All the symptoms, therefore, point unmistakably to disease of the cord seated at or near the position of the curvature of the spine. Further, you will recollect that the patient insists that the first symptom he noticed was pain on sneezing, referred to the region of the stomach and umbilicus. His pain was sometimes caused even by a deeply drawn breath. It undoubtedly indicated the existence of serious disease of the vertebræ, and of commencing disease of the cord or of its membranes. It was a warning which, unhappily for the patient, was unheeded, for at that time proper treatment would have prevented, in all human probability, the occurrence of the serious disease of the cord from which he is now suffering. There can be no doubt that in this case the parts first diseased were the lower dorsal vertebræ; that from them the inflammation has extended to the spinal meninges, and that finally the cord has become involved. Pain in the epigastric region is not infrequently one of the first symptoms of caries of the vertebræ, and is probably due to irritation of the posterior roots of the nerves. The pain in the back was unquestionably largely caused by the disease of the vertebræ; but the pain in the legs, which occurred later, was probably chiefly due to spinal meningitis. The twitching of the muscles, the anæsthesia, and the paralysis, we must, of course, refer to implication of the cord itself.

The convulsive twitching of the muscles and their rigidity is one of the most remarkable phenomena of the case. You will rarely see one in which the ankle and the patella clonus and the tendon reflexes are so well marked as in this. These are symptoms which have been recently referred to disease of the lateral columns of the cord. This is, however, a hypothesis merely, supported rather by physiological than pathological researches. The alterations of sensation indicate the existence of disease of the gray matter of the cord. These alterations of sensation are very peculiar, and I will call your attention to them more particularly than I did in the early part of my lecture. A light touch with the finger or a pin the patient does not feel at all anywhere below the level of the umbilicus. If, however, the pin is thrust deeply into the skin of the foot the leg is instantly jerked away with a good deal of force, and he complains of a burning pain. The same effect is produced by a lump of ice, or by heated metal. I have spoken of the force with which the foot is jerked away when a pin is thrust into it, and I shall tell you presently how I was able to make a rough estimate of the amount of this force. These contractions are caused by a much slighter irritation than the insertion of a pin into the flesh. Thus, the weight of the bedclothes resting on the feet and the passage of the fæces are sufficient to cause them. Wishing to prevent them, or at least to moderate their violence, I attached weights to his feet, just as is done in making extension in the treatment of fracture of the thigh. The experiment, however, failed completely, and was soon abandoned, sixteen pounds being raised a considerable distance almost as easily as I could lift them from the floor. There is little wasting of the muscles of the lower extremities, which would seem to indicate that the anterior cornua of the gray matter are not largely involved in the disease.

I have already said that the time for an efficient treatment of this case has been allowed to pass. Unfortunately, the physicians who first saw him mistook the nature of his malady, and addressed their treatment principally to a gastritis which they believed to be present. Is all treatment at the present time, therefore, useless? I think not, for although it would be unreasonable to expect a restoration of power to his legs, yet something may be done to migitate his suffering. We have here, unquestionably, myelitis to contend with, and we should therefore employ those remedies which experience has shown to be useful in this disease. I prescribed for him, upon his admission, large doses of ergot. I cannot see that any material improvement in his condition has followed the administration of this remedy, so I shall, therefore, discontinue it, and order for him twenty grains of iodide of potassium and one eighth of a grain of extract of belladonna three times a day, and shall direct that the dose of the latter drug shall be rapidly increased so as to bring him quickly under its influence.

As you are aware, electricity in its various forms is used in the treatment of almost all forms of paralysis, but in the present case, in which the irritability of the cord is so much increased I believe that it would only do harm, and have, therefore, not had recourse to it even for the purpose of testing the condition of the muscles. I am more in doubt in regard to the propriety of employing another remedy. I mean the plaster jacket of Professor Sayre. Unquestionably the disease has gone too far to allow us to hope much from it; but it might possibly, by causing a diminution of pressure upon the cord, favor the operation of the medicines I have prescribed, and I have therefore determined to resort to it. It is only fair to say that he has already had one applied and that it gave rise to pain and inconvenience rather than to relief from distressing symptoms. This may have been owing, however, more to want of skill in its application than to the remedy itself. The experiment is, I think, worth trying, and if it fails, it will at least do no harm.

Some of you may be inclined to attribute all the patient's symptoms simply to pressure, believing that this is alone, and in the absence of inflammation of the cord, sufficient to produce them. Although the sudden displacement of a vertebra, or the occurrence of an intra-spinal hemorrhage, is at once followed by paralysis, experience has shown that the cord accommodates itself to the more gradually occurring pressure occasioned by caries of the vertebræ, or by an intra-spinal tumor, and that paralysis does not usually occur until these sources of irritation have given rise to myelitis.

NOTE, March 29.—The plaster jacket was soon after the delivery of this lecture, applied by Dr. Charles T. Hunter, Surgeon to the Out door Department of the Pennsylvania Hospital. Up to the present time no good results have followed its application, and it will shortly be removed. The patient, perhaps, suffers less pain than when first admitted, but, with this exception, there is little or no improvement in his condition.

MEDICAL SOCIETIES.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

The President, Dr. J. B. Walker, in the chair.

Dr. E. R. Stone read a paper upon Rœtheln (see page 482). The Secretary then read a communication from Dr. W. B. Atkinson, who said: The subject is important because so constantly is this disease taken for measles, scarlatina, and even smallpox. The point which I desire particularly to impress is that the diagnosis is made by the *rapid extension* of the eruption from the face and neck over the body and extremities, and its *equally rapid disappearance.*

It is really harmless, never leaving any sequel, rarely requiring treatment. It is highly contagious. The eruption in various cases resembles measles, but without the crescentic appearance, or is efflorescent, like scarlatina.

An additional reason for an early and positive diagnosis is the relief thus afforded to all when the mild nature of the disease is known.

Dr. Wittig said that the treatment of all these slight fevers of childhood was chiefly the relief of symptoms, and that no mistake could be made even though a wrong name should be applied.

Dr. Hess had never before had his attention called to this disease, but now recognized it in two cases now reporting at the dispensary, and which he had thought to be measles in an aberrant form.

Dr. Welsh had seen several cases of the so-called German measles. About a dozen have been sent, this winter, to the Municipal Hospital, as cases of smallpox. The eruption resembles that of ordinary measles, except it lacks the crescentic form of the patches; had seen a similar eruption follow vaccination, especially when the *bovine* virus had been used. He had also seen such an eruption immediately precede that of variola. There is always a doubt about the diagnosis. Had seen nothing to show its contagiousness, no second case appearing in the families under his care. No particular treatment required.

Dr. Montgomery reported three cases in which the eruption covered the whole body, being confluent in places; where discrete the patches were circular. None of them were sick, except the alarm caused by the appearance of the skin. They had not been vaccinated, and had all had the measles previously.

Dr. Beates had seen eleven cases this winter, two of which were attacked seven and nine days, respectively, from the time of their exposure. Two of them had measles previously. He had noticed no coryza or fever, but had observed an enlargement of a post-auricular gland, and slight inflammation in the throat. He understands that there is an epidemic now in progress in the Girls' Normal School of this city.

Dr. Heilman reported one case that he had attended in measles one year before. He understood that the disease spread through the family, but no physician was called.

Dr. Walker had seen one case upon a colored person, where the eruption so resembled smallpox in its first stage that he refused to give a diagnosis at the first visit; it disappeared, however, in two days.

Dr. Stone said he was very glad to hear many of the members say they had recently seen cases of rötheln, because so many others had cast a doubt upon the existence of the disease. For diagnosis the main points, he thought, were the absence of prodromes and of coryza; the rapid spreading and equally rapid fading of the eruption. There are no complications.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Delirium Tremens.

Dr. Chancellor gives his treatment in the St. Louis *Medical and Surgical Journal*, as follows:

In recommending the plan of treatment to be described, the results for the past years clearly prove that no method can yield a more successful issue. I am aware that I do not agree with some of my professional friends, for whom I entertain the highest respect, but the evidence of its effects has been of a nature which I cannot refuse to admit and adopt. I lay no claim, of course, to originality in advising a treatment which has been often used, for the disease tends to a natural recovery, and it may be possible that other methods prove equally successful. In estimating the value of remedies in delirium tremens, we should recognize the fact that slight cases get well spontaneously, or a simple palliative treatment may diminish the suffering of a patient. First, we should place the patient in a dark, quiet room, well ventilated, and exclude all but the attendant nurses; when the disease comes on during a debauch, or shortly after, and there is reason to believe the stomach contains alcoholic or malt fluids, an emetic should be prescribed; the best for this purpose is warm water, mustard or ipecac, or if necessary, the stomach pump may be used. Emetics, as they are generally supposed to act chiefly upon the stomach, do not produce by their local action the most beneficial effects; it is their general influence that the languor and relaxation which follows emesis calms the nervous agitation and disposes to a healthy sleep; if the emetic has not acted on the bowels, which it often does, a brisk purgative may be given (though not advisable in all cases), as it is a safe way of getting rid of the alcohol, which impedes the absorption of food. The patient is thus put to bed in a quiet room, under the care of a skillful nurse, who gives by direction—

℞. Tinct. digitalis, ℥ ss. ʒ vj
Tinct. capsici, ʒ ij
Spt. ætheris comp., ℥ ss
Aq. camph., q.s ad. ℥ ij. M.

Sig.—Two tablespoonfuls well diluted with water, at intervals of three or four hours.

Should the first dose not pacify the patient, a second should be given, but seldom is it necessary to administer a third, but if it be required, give only one tablespoonful; the patient will now rest quietly for eight or ten hours. This should be followed by nutritive food, milk, soups, beef tea, eggs; but if there is much sickness or nausea, an effervescing mixture, Horsford's acid phosphate, soda water, milk with lime water, may be given; if patient refuses food, nutrient enemata must be employed. Stimulants now become absolutely necessary, but many physicians will hesitate, on moral considerations, from a dread of either seeming to give countenance to the habit of spirit drinking, or from fear of adding "fuel to the fire." It is true, that the majority of cases of delirium tremens do not require stimulants, for a variety of methods will cure the disease, or it will, in a greater number of cases, get well itself. Stimulants are absolutely necessary if the patient is a habitual drunkard, old or feeble, or if there are signs of adynamia. The most serviceable and popular are brandy, porter, cider, etc., which should be administered as the symptoms require it, or the judgment of the physician may dictate.

Ocular Symptoms in Different Diseases.

Dr. Gorecki, as quoted in the Glasgow *Medical Journal*, has tabulated his views as follows:—

Blepharoptosis, or the falling of the upper eyelid, indicates paralysis, complete or incomplete, of the third pair.

Lagophthalmos, or inability to close completely the palpebral fissure, is a sign of facial hemiplegia, idiopathic or a symptom of cerebral disease.

Strabismus occurring suddenly, and accompanied by diplopia, is most frequently the result of some cerebral affection.

Xanthelasma (a yellow lamina sometimes met with in the skin) of the eyelids, occurs in certain alterations of the liver.

Sub-conjunctival ecchymoses are frequent in whooping-cough, and may sometimes, at the beginning of the complaint, clear up a difficult diagnosis.

Redness of the conjunctiva, watering of the eye, etc., indicate in the child the outbreak of some eruptive fever, particularly measles. The prognosis is favorable if the tears come when the child cries, but fatal if the secretion of the tears is arrested.

Spots on the cornea are often the indication of a strumous constitution.

Dilatation of the pupil, or mydriasis, indicates excessive fatigue, the existence of intestinal worms, meningitis in the second stage, or a true amaurosis. The dilatation is most frequently connected with atrophy of the optic nerve. It is seen also during an attack of epilepsy, on coming out of chloroform, after belladonna poisoning, etc.

Unequal dilatation of the two pupils points to the onset of general progressive paralysis.

Contraction of the pupil is one of the early symptoms of *tabes dorsalis.* It is met with also at the beginning of meningitis, in opium poisoning, and in the first stage of chloral poisoning.

Deformation of the pupil, particularly after the injection of atropine, indicates an old iritis, in nine cases out of ten, of syphilitic origin, if not depending on some disease of the neighboring parts.

Cataract in subjects under say forty or fifty, is frequently of diabetic origin, and constitutes soft cataract.

Finally, the ophthalmoscope enables us to recognize the retinitis of albuminuria in Bright's disease, of simple polyuria, and sometimes in the case of women during pregnancy. Retinal hemorrhages, œdema of the retina, and embolism of its central artery, are sometimes met with in organic affections of the heart. Optic neuritis and perineuritis and atrophy of the disc are symptoms of syphilis, or of tumors in the neighborhood of the cerebellum or the *corpora quadrigemina.*

On Herpes Facialis.

The following extract is from a lecture by Dr. J. M. Finny, published in the *Medical Press and Circular*:—

Herpes facialis—a better name than *herpes labialis*—is met with most usually on the lips, at the muco-cutaneous juncture; but it occurs also on cheeks, ears, and nose. Though an accompaniment of an ordinary cold or dyspeptic attack, *herpes facialis* is present in pneumonia, cerebro-spinal, intermittent, and scarlet fevers. During the present session you have seen it in both scarlet fever and pneumonia, and you will recollect the different significance which may be attributed to it in these two diseases. In the latter, so usually do the patients who present it recover that some authorities consider it a most favorable prognostic; while in scarlet fever it is an omen of a severe type, in which nasal discharges, arthritic complications, and a prolonged fever may be expected. The late Dr. Stokes used to lay down, as a maxim worthy of note, that a vesicular complication of fever was ever one of serious import.

The most extensive case of facial herpes I ever met with occurred in a patient, aged sixty-six, who was admitted to this hospital in 1879, for pneumonia, as the whole of his right cheek, extending from the zygomatic arch to the nose was one mass of herpetic clusters, which became confluent. He made a rapid and good recovery. Notwithstanding the frequency of the favorable issue of pneumonia attended by herpes, I would not have you lay too much stress upon the value attaching to this symptomatic rash, inasmuch as most cases of sthenic pneumonia have a tendency to recovery, and many cases in which herpetic rashes are absent do equally well.

The ordinary cases of facial herpes present no difficulties of diagnosis, but you should remember it may attack the mucous membrane of the mouth and palate. Should it be confined to these places, you may find some difficulty in recognizing the disease.

Within the last couple of months I came across a rather puzzling case of herpes, in consultation with Dr. William Lane, in the person of a well-known clergyman of this city. The whole soft palate, uvula, and arches of the palate were studded with vesicles standing on a reddened base. At first sight, scarlatina or diphtheritic inflammation passed through my mind; but the absence of the characteristics of those diseases, and the presence of a most copious vesicular eruption on the alæ and dorsum nasi, the upper lip, and the adjoining surfaces of the cheeks and chin, made the diagnosis easy.

Constitution of Human Milk.

F. Hoppe Seyler's "*Zeitschrift für Physiologische Chemie*" contains a valuable paper by Dr. P. Radenhausen, on human milk as compared with the milk of the cow, quoted in the *Chemist and Druggist.*

The author, after alluding to the importance of the subject from the point of national economy, by showing that the great mortality of infants under one year of age is chiefly owing to the substitution of cow's milk for that of the mother, especially in Paris, where the mortality of infants of the age mentioned has been as high as eighty-five to ninety-two per cent. of the births, gives the following account of his investigations:—

HUMAN MILK.

Specific Gravity.—The specific gravity of human milk varies according to the quantity drawn, between 1.028 and 1.084. Upon allowing the milk to collect for some hours in the mammary glands, the first portion drawn shows a higher specific gravity with little fatty matter, the further portions a constantly decreasing specific gravity with increase of fatty matter.

Milk Globules.—The milk globules are for the most part free from fatty globules.

Chemical Nature.—Human milk contains no caseine, but a kind of albumen with a small quantity of proteine and peptone, as found in blood. Human milk is alkaline, and contains far more sugar in proportion to the albumen than cow's milk.

ESSENTIAL DIFFERENCES BETWEEN HUMAN AND COW'S MILK.

Human milk is always alkaline, cow's milk nearly always a little acid and easily turns sour, which human milk does not so readily do. Cow's milk contains a larger proportion of proteine than human milk, and more albumen in proportion to saccharine matter, which is the converse of human milk.

A glance at the differences between human and cow's milk shows how well nature has provided for both man and beast. The young calf, which very soon skips about after parturition, requires more albumen and less sugar than the young child, whose tender stomach requires a milk which will not easily turn sour, which contains less albumen and more calorific matter, which it then actually finds in the greater proportion of sugar.

The author hopes that a due consideration of the facts he has here brought to light will enable the chemist to propose a fit substitute for human milk for children that cannot be nursed by their mothers or wet nurses.

The Salicylic Treatment of Typhoid.

Mr. Tomkins reports, in the *Lancet*, that he has tried, in the Manchester Fever Hospital, with some success, the treatment of typhoid fever with sodium salicylate. He says:—

The number that I have treated with salicylate up to June, 1880, is forty-six, twenty-eight males and eighteen females, varying in age from seven to fifty-six years, the larger proportion being between fourteen years and thirty five. They represent only the more serious cases received into this hospital, and are about one-third of the whole number admitted during the time over which the treatment extends. In no case was the soda given when the temperature in the axilla was below 102°. The general treatment, in addition to the special, may be summed up thus: perfect rest, milk diet, with small quantities of beef tea, acid and opium when diarrhœa is excessive, acetate of lead or turpentine, with iced injections, for hemorrhage. Alcohol was never given unless the state of the circulation decidedly demanded it, except, in the convalescent stages of some few cases, in the form of wine. It should be noted that in the whole of these the temperature was taken every two or every three hours, night and day, while the salicylate treatment was being pursued, so that its effect, hour by hour, could be distinctly watched.

The routine practice has been this: As soon as it was certain that there was a continuous temperature of more than 102° in the axilla, fifteen to twenty grains of the soda were given every two hours. This, after about six doses, usually reduced the temperature two to three degrees; if not, the same dose was continued a few more hours until it had done so, this seldom exceeding twenty-four hours from the commencement. The dose was then diminished one-half, and given every two or three hours, increasing it through the day, if there was much tendency to exacerbation towards night-time. This was carried on for a period varying from three or four to nine or ten days, seldom exceeding the latter time, when the temperature would usually be fairly normal, with a little inclination to an evening rise, in many cases, for a few days after the salicylate was entirely discontinued. In most of the cases the usual physiological effects were observed, and in several alcohol was freely administered with the soda, in the form of brandy, whenever the pulse was feeble or the weakened action of the heart appeared to be becoming dangerous.

REVIEWS AND BOOK NOTICES

BOOK NOTICES.

Hydrophobia. By Horatio R. Bigelow, M.D. etc. Philadelphia: D. G. Brinton, No. 115 South Seventh St., 1881. 1 vol., pp. 154. Price $1.00.

Of all the diseases to which modern communities are liable, there is, probably, none with greater terrors than that which this volume treats of. The fearful suffering and the generally accepted absolute hopelessness of the attack make it appalling in the highest degree. It is, moreover, widely prevalent, and there is hardly a village in our land but that some time during the year it is not thrilled by the fearful cry "Mad Dog!" For centuries it has been the *opprobrium medicorum*, and the latest investigations of its pathology and treatment, the latest advice as to its prophylaxis and prevention, are far from being either satisfactory or unanimous.

This is not attributable to a lack of study of the subject. Dr. Bigelow tells us that the library of the Army Medical Museum at Washington, alone, contains over *three thousand* monographs, treatises and articles bearing upon it. Being a resident of Washington himself, Dr. Bigelow has enjoyed these exceptional advantages to familiarize himself with the labors of his predecessors, and his monograph is a scholarly and masterly exposition of all that is known on the subject. His abilities as a linguist, as well as his thorough medical knowledge, are conspicuous in every chapter.

The first two chapters are occupied with the nomenclature and history of the disease. It appears always to have been rare in Syria, as, from contemporary travelers, it is said to be at the present day. No definite reference to it is made in the Old Testament, but nevertheless its antiquity is undoubted.

> The earliest distinct mention of the disease occurs in a Hindoo medical work of great antiquity, dating probably as far back as nine or ten centuries before Christ, written by a renowned physician named Susruta. It is observed therein that when dogs, jackals, foxes, wolves, bears or tigers become rabid, they foam at the mouth, which remains open, and from which flows saliva; their tails hang down; they do not hear or see well; they snap at and bite one another, and thus communicate the same malady. The symptoms of hydrophobia in human beings who have been bitten are likewise detailed briefly, and are said to terminate in convulsions and death.

Homer and Hippocrates appear to have known it, and Aristotle certainly did; the physicians Galen and Celsus have considerable to say about its treatment. It appears at certain times, under conditions not easily determinable, to have prevailed in an actually epidemic form. One of the most extraordinary of these epidemics was that which occurred in Peru in 1808–4, which Dr. Bigelow describes from a contemporary account:

> The disease became general among quadrupeds, attacking them indiscriminately, but fixing itself especially upon dogs. The dogs exhibited the ordinary appearances of the affection. The cats ran about with hair erect. The horses and asses were arrayed against each other. The cattle leaped furiously, and engaged in hostile encounters. The disease, engendered, as the professor believed, by atmospheric conditions, was subsequently propagated by specific contagion, spreading into the interior of the country. It proved fatal to many of the inhabitants of Arequipa and Ica, carrying off forty-two persons in the latter town alone. In one instance, twelve fell victims out of fourteen bitten by a single dog. The largest number of deaths occurred in from twelve to ninety days after the bite. The affection would, therefore, appear to have been of a more virulent character than usual. It is likewise related that a number of slaves upon a sugar plantation contracted the disease by feeding upon the beef of rabid cattle, a statement which we can hardly accept as true.

The pathology and morbid anatomy of the disease are treated with fullness. The author states his dissent from Dr. Hammond's researches and opinions, and reaches the conclusion that the primary exciting factor of the disease is a "blood ferment," of a nature to inhibit the functions of the oxygen carriers of the blood, altering the red corpuscles, and interfering with the integrity of the blood plasma. Speaking of the pathological appearances recorded by Hammond and others, he says:—

> The conclusion, therefore, seems irresistible, that the morbid changes noted are not *essential* and *primary* factors in developing the train of symptoms, but are, in all probability, *secondary lesions*, resulting from the terrible disturbance which the disease causes in the functions of the respiratory, vascular and nervous systems. Such phenomena could hardly, therefore, be of any value in determining the pathogeny of the affection, any more than are a thousand and one other morbid changes seen in various organs after death by hydrophobia, and which are well recognized as being merely *consequential* and non-uniform lesions.

The much debated question of incubation and the influence of age, sex and climate, are considered in chapter iv. The writer quotes numerous examples where the period of incubation seems to have extended over a year—even as long as fourteen years—and inclines to adopt Watson's theory, that the virus may become encapsuled in a nodule of lymph and there lie latent for an undetermined period, until some exciting cause shall set it free. Yet he appears to quote with approval Dr. Dolan's opinion that after a lapse of a year there is a "scientific certainty" of the patient's safety.

Contrary to the general opinion, Dr. Bigelow maintains that mad dogs are about as numerous at one season as at another. The evidence he adduces is exclusively from European authorities, and we cannot but entertain some doubt as to its applicability to this country, where our seasons are so much more extreme than in central Europe. The following are the conclusions of the leading French official investigations on this point.

> 1. That there is no great difference between the seasons; 2. That the danger from mad dogs in the winter season is about the same as in the heat of summer; 3. That in the spring cases are most frequent, and in the autumn least frequent; 4. That the public opinion which regards winter as free from the curse of hydrophobia, and inculpates summer as causing the disease more than any other season, has no foundation in fact.
>
> "This brings us to a conclusion of great importance, namely, that, so far as sanitary measures and the protection of the people is concerned, at all times and in all seasons we should be equally on our guard, and take efficient measures of protection against dogs. We must, however, observe that although the actual statistics furnish figures indicating an almost parallel number of cases for the seasons of extreme heat and extreme cold, it is due to the greater care in carrying out sanitary measures in summer than in winter."

The chapter on the symptoms, diagnosis and prognosis gives a vivid picture of the early symptoms and progress of a typical case, and the differential signs between such a one and the diseases with which it is possible to confound it, as tetanus, œsophagitis, etc. In prognosis, the author is hopeful, and condemns that despair of the resources of medical science which is too apt to possess the mind of both physician and patient in these cases.

In speaking of treatment, it is divided into the preservative, the curative, and the preventive. Of the innumerable and often absurd means popularly resorted to, or suggested by, writers, the author selects those which appear to be the most scientific, and to have the most evidence in their favor, such as curara, oxygen, the vapor bath, etc. Three chapters are devoted to this most important branch of the subject, but we cannot do justice to their contents by extracts.

The final chapters are entitled "How to recognize a mad dog;" "Emergencies, and how to treat them;" "Curiosities of the literature of hydrophobia," and "The most recent views of the pathology and treatment of hydrophobia."

The space to which this notice has already extended prevents us from continuing our quotations. To those who would make themselves familiar with the character and history, the prevention and the treatment of this dreaded disease, we unhesitatingly recommend this work as, for its compass, the best we have seen on the subject.

An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M.D., Lond. Fourth American, from the fifth English edition. Philadelphia: Henry C. Lea's Son & Co., 1881. Cloth, 8vo. pp. 347.

For a brief treatise on pathology—an "introduction" to the subject, as the author properly calls it—this volume has attained a merited popularity on both sides of the ocean. It is judiciously arranged, lucidly composed, and amply illustrated. Without fatiguing the reader with excess of detail, it presents a sufficiency of information on the various degradations of tissue to make their nature and appearance familiar.

Considerable new matter has been added to this edition, and the text throughout has been subjected to a careful revision. Some new wood-cuts have also been added, drawn from the author's microscopical preparations. The cuts are well printed, and number in all 138. The volume is printed and issued with the care characteristic of the well-known firm who publish it.

First Biennial Report of the North Carolina Board of Health, 1879-1880. Raleigh, 1881. pp. 201.

With a wise understanding of the advantages of health to a community, the State of North Carolina created, a few years ago, a Board of Health, the first report of which is before us. The efficient Secretary, Dr. Thomas F. Wood of Wilmington, was active in organizing county boards, subordinate to that of the State. The subjects especially to be investigated were the death rate, medico-legal examinations, drinking water, epidemics, vaccination, abatement of nuisances, etc. All physicians were supplied with blanks to be filled, etc. The results are detailed to a certain extent in the volume before us, in the form of statistical bulletins, etc.

A number of papers are added in the Appendix. The most important of these are a circular on ventilation, drainage, drinking water, and disinfectants, sanitary engineering, by Prof. William Cane, C.E., and the limitation and prevention of diphtheria, by Dr. R. L. Payne.

The start made by the board is a good one, and we have no doubt will be followed by positive and great benefit to the public.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium,	**7.00**
Physician's Daily Pocket Record,	**1.50**
Reporter and Pocket Record,	**6.25**
Reporter, Comp. and Pocket Record,	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS.—MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS.—SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

SOME RECENT VIEWS OF LIFE AND ITS FORCES.

Science to-day discards the distinction between Matter and Force, pronouncing it an artificial one, resting on imperfectly understood observations. Motion and Energy are the two factors of the universe.

When we come to apply this general law to the phenomena of Life as exhibited in organized beings, we find that there are two fundamental processes which constitute the primitive forces of living matter. They are, 1. The transformation of kinetic (living or active force) Energy into potential Energy (latent force). 2. The transformation of potential into kinetic Energy. The former may be called an "anenergic," the latter a "katenergic" process.

Plants store up sunlight in the form of potential energy; hence they are chiefly occupied in anenergic processes; but not exclusively, for they also evolve carbonic acid, and thus develop kinetic energy.

Animals, on the other hand, are almost entirely occupied with katenergic processes. They are constantly seizing substances and evolving their stored up energies in the forms of active force.

These two principles suffice to explain the purely chemical phenomena of life. But there are facts which they do not explain, especially the tendency to assume definite forms. The atoms of a molecule cannot be supposed to act preferentially in any one direction. Whence then comes Form?

There are a group of secondary forces called "contact forces," developed by contiguity; they are adhesion, friction, diffusion, electrical tension, attraction, repulsion, and the like. They are the forces of association, and in the inorganic world they determine the phenomena of crystallization. There are many reasons to believe that the ultimate molecule is itself a crystal. The materials furnished by the purely chemical processes become subject to these secondary forces, and thus the origin of Form is explained.

Such is the explanation of this vast question offered by Dr. J. Bernstein, of Halle, in a recently published monograph.

Can the explanation of the forces of living matter be extended to a resolution of the problems of sensation and consciousness? He thinks not. There is a chasm, a sheer gulf, between the last acquisition of physiological chemistry and the first step ot psychology.

How the physical impression excites or becomes the mental sensation, completely eludes our researches. How Consciousness—that fundamental condition of psychical activity—is related to chemico-vital changes, he gives up as an inquiry at present wholly out of our reach.

A contribution to this has been made by an eminent Scotch writer, Dr. John Cleland, in a work published this year, entitled "Evolution, Expression and Sensation." It contains one chapter on the Physical Relations of Consciousness and the Seat of Sensation. The difficulties in the way of the present generally received theory of sensitive conduction and of sensation are forcibly pointed out, and a means of escape from them indicated. It is supposed that when the extremity of a nerve is stimulated the whole nerve and the portion of the brain with which it is in continuity enter into the impressed or active condition, which condition is not conducted from one part to another of the tract, leaving one region as it affects another, but, at all events, for a time, exists simultaneously throughout, and that the consciousness extends from its special state, so far as there is continuity of the impressed condition.

He goes on to say:

> "Let it be distinctly understood that I do not say that consciousness resides in the nerve extremities, but only that when the nerves are in the active or impressed condition in their whole extent up to the brain, the consciousness is affected directly by the irritation applied to their extremities. The relation, then, of consciousness to the brain remains totally different from its relation to the nerve. The impressed condition of the cerebral corpuscles produces only excitement of the mind; the impressed condition of a peripheral nerve or its extremity continued up to the brain brings the consciousness into communication with the irritation applied."

The explanation of Form which Bernstein gives would not satisfy the Scotch physiologist. He is not willing to grant that any blind secondary forces can so direct and modify each other as to evolve definite and predetermined shapes. There must be something back of them, some directive intelligence.

In his chapter on the Evolution of Organization, it is contended that evolutions are definite; that "there is morphological design, and when in any line of development the design is completed the evolution ceases, although by the operation of environment or external circumstances variations may continue to occur, and degenerations of diverse kinds may take place. Such views demand for the universe a background or underlying element of spirit."

Probably, were a unity of opinion as to the meaning of this word *spirit* reached, the two writers might be found to agree after all. There is no necessity in assuming that Energy is and must be unintelligent. What is Intelligence itself but Energy?

THE CAUSES OF SUDDEN DEATH IN DISEASE.

The ordinary course of a disease, acute or chronic, is sometimes put a stop to by the immediate, sudden death of the patient, in a manner as unexpected to the physician as it is disagreeable to him. Such cases are pretty sure to be quoted against his skill and foresight, and it is well for him to have ready the explanations which accurate studies of these cases have suggested as likely to explain them.

Some observations on such accidents were published in the Birmingham *Medical Review*, about a year ago, by Dr. W. Hunt. He ascertained that a very common cause was degeneration of the parietes of the heart associated with cardiac dilatation. There is the feeble cardiac impulse, the irregular and intermittent pulse, etc., indicative of the impaired muscular power of the heart, till on some sudden demand, perhaps, on its strength, "it ceases in diastole, and the patient is dead." Our obvious duty in such a case is to guard against any sudden exertion. So, in dilatation of the heart, where the probable compensating hypertrophy is neutralized by further dilatation—the result of a secondary degeneration in common with the other tissues of the body. A similarly dangerous degeneration of the cardiac walls occurs in certain fevers, especially in diphtheria. **Lenker** has described two forms—a granular and a fatty. It is also met with in some non febrile diseases, as delirium tremens, acute mania, tetanus, etc.

Again, the heart may fail when it acts, so to speak, at a disadvantage, as in pericardial and pleuritic effusion. Valvular disease, particularly if it leads to aortic regurgitation, may paralyze the heart by over distention, when it will stop in diastole.

Another mode of cardiac death is that from *anœmia.* Here the heart stops in systole, and is found firmly contracted after death. There may be no blood for the heart to propel, as in the rupture of an aneurism, or it may be drawn away from the heart, as occasionally happens in paracentesis of the peritoneum for large effusions, when the removal of the pressure leads to a sudden rush of blood to the part.

In other diseases there is a liability to sudden death from *asphyxia.* Hæmoptysis, spasm of the glottis, etc., may produce death in this way. In embolism and thrombosis of the pulmonary artery, the asphyxia or apnœa is caused by an obstruction to the entrance of blood into the lungs, not, as in the former cases, from obstruction to the entrance of air. Really, sudden death due to affections of the nervous system is rare. It is usually owing to a large amount of hemorrhage in some important part of the brain, as the *pons* or *medulla.*

Interstitial nephritis is a disease liable to be interrupted by sudden death without decided pathological lesions. Some cases were recorded last year in *La France Médicale*, by Drs. **Debool** and **Capitan**, going to show that the cause was fatal *syncope.*

Both of the sufferers had been in good health up to the time of death, which was not preceded by any morbid phenomena. A third patient had been subject to attacks of suffocation, in one of which he died. There was no trace of valvular lesion in any of these three cases, but the cardiac muscles prevented sclerotic alterations. In discussing the paper, M. **Landouzy** stated that he had made a necropsy a few days before, on a woman who had died suddenly. The brain was normal, but he found considerable hypertrophy of the left ventricle of the heart, and signs of advanced interstitial nephritis. M. **Dujardin Beaumetz** drew attention to the fact that medical literature contains a number of cases of very rapid deaths of persons affected with interstitial nephritis, after the hypodermic injection of even very small doses of opium.

Dr. J. **Parise** has lately attempted to show that one of the causes of death in cases of moist gangrene is the entrance of putrid gas into the veins, and its rapid passage towards the heart. To support his proposition, he has placed on record two cases of sudden deaths during gangrene of the leg, in which, very shortly after death—an hour and a half and two hours respectively—gas was found in the large venous trunk and in the heart. There is not here any decisive proof that this gas was present before death; but from the great development of gas which is known to take place in the soft tissues in a state of moist gangrene, there is some probability that this is so, and then, if in sufficient quantity, it might in reaching the heart cause sudden death, like air drawn into veins during operations close to the heart. **Parise** maintains, that it is thus, and not by any special toxic effect of the gas, whose nature he does not record, that death is produced.

NOTES AND COMMENTS.

Urticaria Produced by the Use of Tinct. Pimpinellæ.

Dr. C. Kaufmann, of Frankfurt am Main. relates a case of which a brief account is given in *Allgemeine Medicinische Central-Zeitung*, February 26th, 1881, in which he ordered twenty drops of tinct. pimpinellæ every three hours, in sweetened water, for the relief of a slight angina. The patient, a girl of sixteen, complained the following day that she had been unable to sleep all through the night, on account of an uncomfortable burning and itching of the skin, and also stated that there was an eruption. Upon examination it was found that the arms, hands, chest, back and abdomen were covered with a rash, while the lower extremities were entirely free. There was no general disturbance and the urticaria disappeared by evening, upon the withdrawal of the medicine and dusting the parts with starch powder. Two days later the medicine was again administered, with the same result as before.

The Life of Plants.

In his late work on *The Power of Movement in Plants*, Mr. Darwin observes, it is impossible not to be struck with the resemblance between the sleep movements of plants and many of the actions performed unconsciously by the lower animals. With plants an extraordinarily small stimulus suffices; and even with allied plants one may be highly sensitive to the slightest continued pressure, and another highly sensitive to a slight momentary touch. But the most striking resemblance is the localization of their sensitiveness and the transmission of an influence from the excited part to another, which consequently moves. Yet plants do not, of course, possess nerves or a central nervous system; and we may infer that with animals such structures serve only for the more perfect transmission of impressions, and for the more complete intercommunication of the several parts.

Tattoo Marks as Anatomical Guides.

A Paris letter gives this item :—

Henceforth, be it understood, the dermographic artists will be looked upon as valuable auxiliaries to surgery.

"Why is it," asks Dr. le Comte, who is physician to a regiment of dragoons, "Why is it that such quantities of soldiers die upon the battle field?" And then he replies, confidently: "Simply because of the difficulty which arises in regard to arresting hemorrhages."

The compression of an artery being the best mode of stopping profuse bleeding, Dr. le Comte proposes to teach each soldier first where these vessels are situated, so that he may assist himself while waiting for the surgeon. Therefore, he tattoos an image of some kind upon every portion of the soldier's body where there is an artery.

Injurious Effects of Smoking.

Among other charges brought against the weed should be mentioned one by Dr. Edward Woakes, in an article on goitre, in the *Lancet*. He observes :—

There can, I think, be no doubt about this fact, that goitre prevails in a mild form among all classes, to a largely increased degree over that which has hitherto obtained. The same may be said of other diseases of a vaso-motor origin, presided over by the sympathetic centres of the cervical region, among which I may mention diphtheria, and laryngeal and nasal affections generally. I am bound to confess it, though I do so with reluctance, as the result of long study of the physiological effects of tobacco, that smoking is largely responsible for this result. Its effects are constantly manifested in the smoker himself, in the form of weakened inhibitory force in the centres primarily influenced by the drug; and, secondarily, the offspring of great smokers exhibit a like impairment of the same centres. Probably, the most inordinate smokers are young men, prior to marriage.

Elongation of Nerves in Tetanus.

At a recent meeting of the Soc. de Biologie, of Paris (Feb. 26th), M. Poncet presented an observation of a case of tetanus, terminating in death, notwithstanding the administration of twelve grams of chloral per diem. No neuritis of the collateral nerves of the injured thumb or of the median nerve of that arm could be found by M. Poncet or M. Mathias Duval, and they were unable to find any trace of the bulbar degeneration noted by M. Amidon in such cases. Elongation of the nerve, successful in a few cases, is generally without avail, and in a case of Clark's, which terminated happily, the tetanic symptoms persisted after the operation. In two cases of Eben Watson's, in a case of Hutchinson's, and another reported by Morris, the elongation was unsuccessful, and this last author considers it dangerous, as augmenting the frequency and violence of the spasms. The recent experiments of Laborde have demonstrated that elongation arrests the sensitive, but not the motor, current in the elongated nerve.

The Synthesis of Quinine.

Hardly any discovery in chemistry would yield grander pecuniary results than an economical formula for the synthesis of morphia or of quinine. About two million dollars' worth of cinchona bark is imported annually, and of the enormous consumption of morphia we have recently spoken. If the exact composition of the cinchona alkaloids was known a great step would be gained. There is a rumor that a process has actually been perfected to manufacture quinine from coal tar, which is theoretically possible enough, but probably not yet an actual fact.

SPECIAL REPORTS.

NO. X.—GONORRHŒA.

Various efforts have been made to discover the supposed specific germs which impart its virulence to the discharge from gonorrhœal surfaces. In 1879, Dr. ALBERT NEISSER, and last year Drs. A. BOKAI and A. FINKELSTEIN, reported a number of observations of a peculiar micrococcus found in gonorrhœal pus, whether taken from the urethra or the eye. An abstract of these researches may be found in Schmidt's *Jahrbuch*, January, 1881. Experiments in cultivating these organic forms, and subsequently transplanting them to mucous membranes, seemed to show that they had the power of originating or conveying the disease. Of course, in these, as in all similar experiments, not only are there various liabilities to error of observation present, but even if all these are excluded there remains the uncertainty whether the organic form, the micrococcus itself, is the active agent, or whether it is not, after all, merely the carrier, the means of transportation of a poison in itself strictly chemical and inorganic.

Gonorrhœal Rheumatism.

This obstinate and not infrequent complication should not be mistaken for any other form of rheumatic complaint. There are, perhaps, a few distinguishing points which enable an accurate diagnosis. We may compare two recent portraitures of the disease, to illustrate this. One is by Dr. CAMERON, in the *Glasgow Medical Journal*, February, 1881. He writes—

> Gonorrhœal rheumatism is most frequent and obstinate in the knees and the smaller joints of the extremities. The accompanying fever is not usually great, while chills are seldom complained of. The pain is often extreme, and effusion takes place rapidly, and sometimes, especially in the knees, in great quantity. In certain cases, the subcutaneous bursæ and the bursal sheaths of tendons are the seats of effusion, as well as the joints. Treatment produces little or no effect; the disease, when severe, is always very chronic, and marked throughout by a disposition to occasional amendments, followed by disappointing relapses. It is not surely assuming too much to say that the articular affection is probably excited by the absorption into the system of some form of septic poison.

The second portraiture is from Prof. WM. HENRY DRAPER, of New York, given in a lecture reported in the *Detroit Lancet*, Feb., 1881:—

> This disease is accompanied with moderate fever. The fever, as a rule, does not run nearly as high as it does in acute inflammatory rheumatism. It has not the same tendency to acuteness of symptoms in any respect. There is great tenderness and great pain on any attempt to move the joints, and the joints may present exactly the same appearance which you find in ordinary acute inflammatory rheumatism, though, as a rule, I think there is not the same tendency in gonorrhœal rheumatism to synovial distention. The disease appears to be confined to the fibrous structures around the joint, and not, in the majority of cases, to present such an intense degree of synovial distention.
>
> The disease, from what I have said of its general characteristics, is a subacute disease; it is a subacute rheumatism, and I do not know how we would distinguish it from an ordinary case of subacute rheumatism which was not associated with gonorrhœa. It has one peculiarity which I would advise you to fix very strongly in your minds, for it will certainly be fixed there when you come to have any experience with the disease, and that is its chronicity. It is the most obstinate, the most rebellious to treatment of all of the forms of rheumatism; the most discouraging. You know that we do not hesitate, now a-days, to make a pretty favorable prognosis of rapid cure in a case of acute articular rheumatism. The success which is met with with the alkaline treatment, and especially with the salicylic acid treatment, leads us to anticipate, in the great majority of cases of ordinary acute rheumatism, a very good result within a week or ten days from the time the treatment is adopted. But I regret to say that neither alkalies nor salicylic acid, nor iodide of potassium, nor colchicum, nor actea, nor any of the remedies that have been used in the treatment of rheumatism seem to have any effect upon this most rebellious form of rheumatism. There is one thing that does cure it, and that is time. If there is any truth in the old adage, that six weeks will cure rheumatism, it is very frequently illustrated in this form of disease, for it will get well as time progresses. And there are a great many remedies, I suppose, that have got the credit of curing the disease, provided they have had the good fortune to be administered during the decline of the disease.

Occasionally abscesses and pyæmia may follow this variety of rheumatism. Dr. CAMERON, in the article above quoted, narrates two, one with a fatal termination.

> In the first of these, occurring in a gentleman of middle age, recovery only took place after a long continued and most serious illness, accompanied by the formation of several large abscesses in thigh, testicle, and foot. In the second case a fatal result occurred. A young man was admitted a few years ago into my ward with retention of urine, caused by an acute gonorrhœa. The house surgeon relieved him by the use of the catheter. A few days afterwards he complained of "rheumatism" in several joints, and, under the belief that it was a case of gonorrhœal rheumatism, he was received into one of the medical wards, under the care of Professor Charteris. The case developed into one of acute and rapidly fatal pyæmia. On post-mortem examination, numerous abscesses were found in the joints, in the sterno-mastoid muscle of one side, and in the lungs. The urethra was entirely

uninjured by the catheterism, and showed no lesion except the urethritis.

Three cases are reported by Dr. E. FINGER, (*Wiener Med. Presse*, 48, 1880), where *purpura rheumatica* was associated with gonorrhœal cases presenting rheumatic symptoms. The connection of the pathological processes was quite clearly made out.

Cardiac Complications of Acute Gonorrhœa.

The complication of gonorrhœal endocarditis is rare. In 1878 (*Deutsche Zeitschrift für Prak. Med.*, No. 50) a collection of seventeen reliable cases, from French sources, was made by Dr. PFUHL, who added one, fully detailed, to the number. This was a healthy young soldier, 23 years of age, who contracted gonorrhœa May 9, which was followed by gonorrhœal ophthalmia, rheumatism, cystitis, etc., and on June 15th by a continuous sound at the apex of the heart during systole, a feeling of fullness and oppression about the heart, and, on motion, palpitation and local pain.

Dr. CIANCIOSI records another case of this rare complication in *Bulletino delle Scienze Mediche*, September, 1880. The patient, whose family history was good, contracted a gonorrhœa, which was checked almost immediately by strong astringent injections. The disappearance of the discharge was, however, quickly followed by an undefined feeling of malaise, which became aggravated, and finally accompanied by intense cephalalgia and pyrexia. Auscultation showed at this period a systolic murmur, most distinctly heard at the apex. Respiration 28; temperature 39 Centigrade (102.2 Fahr.). The diagnosis of endocarditis was arrived at, of which no other explanation seemed possible than that it was dependent on the suppression of the gonorrhœal discharge. This shortly afterwards became re-established, and the patient eventually recovered. The author, in explaining the etiology of the attack, exhausts various hypotheses, but eventually adopts that suggested by Klebs in certain cases of rheumatism, viz., an actual emigration of micro-organisms. In this case such organisms found their way into the blood, whence they may have been deposited on the valves of the heart, or in its stroma, with the result of exciting interstitial inflammation, accompanied by the usual train of symptoms.

Pathology of Epididymitis.

Le Progrès Médical, January 29th, contains a report of a communication made to the Société de Chirurgie, by M. Terrillon, on the pathological anatomy of blenorrhagic epididymitis. His conclusions were drawn from a study of eighteen reported cases from experiments on dogs. The important point that these researches develop is that the inflammation is principally in the cellular tissue around the epididymus, rather than in the tissue of that substance itself. A more exact name for the attack would be *peri-epididymitis*. The body of the organ is rarely involved, while the vaginal tunic is always inflamed and often contains liquid, the evacuation of which calms the pain of the disease in a notable manner. Resolution takes place from the periphery toward the centre, but the vas deferens remains for a long time lax and enlarged, and yielding a purulent discharge. M. Terrillon is also of the opinion that the testicular secretion is impaired in quality, and so continues for an indeterminate period.

Gonorrhœal Cystitis.

The *Allg. Wiener Med. Woch.*, No. 45, 1880, gives a discussion at the Vienna Medical Society, in the course of which, referring to the influence of chlorate of potash taken internally, Dr. MRAZEK stated that when he was clinical assistant in the department for syphilis he had administered the chlorate in cases of *cystitis* and *cysto pyelitis* arising from gonorrhœa. Altogether there were forty hospital and thirty out-patients who took daily five grams, dissolved in 100 grams of water, with two drachms of cherry-laurel water added to it. Most of these persons took it for twelve to fourteen days, and several for a longer time, so that in most cases as many as sixty grams were taken. Acid reaction commenced in the urine from the second day, and the triple phosphate disappeared from the sediment, which became diminished in quantity and less viscid. The quantity of the urine remained the same, but the urgency for passing it was diminished. When it contained blood at the time the chlorate was given, the quantity of this was increased. No ill consequences resulted from the use of the chlorate, in spite of the fact that most of the patients were in a bad condition of health, and some of them the subjects of tubercle and syphilis. The chlorate must, therefore, be regarded as a valuable aid in treating this form of cystitis and cysto-pyelitis. Of the forty cases treated in hospital, twenty-eight completely recovered, and several others were much improved.

Retention of Urine in Gonorrhœa.

M. Mauriac, in a lecture at the Hôpital du Midi, Paris, recommends that in retention of urine, which is a grave and painful complication, when the stricture occurs gradually and is never complete, a calming and antiphlogistic treatment is best adapted. For this purpose fifteen or twenty leeches should be applied to the perineum; the patient should also be ordered to remain in a lukewarm bath for one or two hours, and if this does not enable him to micturate, he should be given starch lotion containing a considerable quantity of morphia. Warm and very moist poultices may also be applied over the whole perineum. If these methods are unsuccessful, and if after their employment the retention still continues, recourse should be had, without hesitation. to the catheter.

In the most favorable cases a single evacuation of the bladder by means of the bougie is sufficient to effect a cure. But it is generally necessary to pass this instrument three or four days in succession. In no case should the urine be left until it again distends the bladder and dulls its power of contraction. In fine, then, since the patient cannot void his urine as he could if he were in health, and as he will only imperfectly empty his bladder, he ought to be assisted with the catheter. Baths and soothing applications should also be adopted.

(*To be continued.*)

CORRESPONDENCE.

Operations on the Extremities.

ED. MED. AND SURG. REPORTER:—

I beg leave to report the following operations, which, I trust, will interest some of your many intelligent readers:—

The first one was on Emma K., aged 11 years. During the month of August, 1878, I was requested to examine her. I found her sitting on a chair, with her right limb very much adducted, the left thigh resting on top of the right. She was unable to walk. The pelvis was elevated on the right side. The body presented a peculiarly bent position, somewhat leaning to the left. The patient was very much emaciated, her appearance betraying that peculiar haggard condition generally resulting from long continued suffering.

I discovered four sinuses in the left heel, one on each side, near the external and internal malleoli, and two further back. After a careful examination I concluded that it was a case of coxalgia of the right hip, and necrosis of the os-calcis, with a probable involvement of the astragalus of the left foot.

On September 10th, 1878, assisted by Drs. Spotts, Detweiler and Bowman, I operated, and, following the method of Erichsen, so highly admired by the eminent Professor of Surgery in Jefferson College, Dr. S. D Gross, I made a horseshoe incision, beginning in front of the calcaneo-cuboid articulation, around the heel, along he sides of the foot, to a corresponding point ont the opposite side. I dissected up the flap thus formed, carefully carrying the knife close to the bone, the entire inferior surface of which was thus exposed. I then made a perpendicular incision of 1¼ inches in length, over the tendo-Achillis, into the horizontal one, and dissected up the two lateral flaps. The os calcis and astragalus both were so much involved that their removal was absolutely necessary, including the external and internal malleoli. The knife, gouge and pliers were the only instruments used.

No arteries having been severed by the operation, the loss of blood occasioned no trouble. The wound was sewed up, a felt splint applied, and drainage was easily effected. The wound was thoroughly cleansed every alternate day, with a solution of permanganate of potash or tincture of calendula, two drachms to one pint of water.

Six weeks after the operation the patient was removed to her home, twelve miles from Reading. The motion of the joint is normal, and the patient able to walk on the foot. After the foot was healed I applied a Day's splint for fracture of the femur, to the right side of the body, from the axilla down, being particularly careful to have it well padded over the hip. To the foot board I attached a strong strip of muslin, which extended across to the foot, where it was carefully fastened. Thus, by lengthening the splint by means of the screw, an extension and counter extension effect was produced, and the limb very much abducted. By these means I finally succeeded in getting the limb in a much straighter line with the body. By applying the weights I succeeded in straightening the limb. Subsequently several sinuses formed below the great trochanter, from which I removed some small spicula of bone, after which the sinuses healed. The patient is enabled to walk from eight to ten squares at a time, by the aid of a cane.

The second patient was Malinda U., aged fifteen and a half years, and weighing fifty-four pounds.

On examination, in February, 1879, I discovered that this patient suffered in the left knee and femur. The leg was completely flexed upon the thigh, standing nearly at a right angle with the thigh. In flexion and extension it would admit of only two inches of motion at the foot. I found two cicatrices, one over the region of the external and the other over the region of the internal condyle of the femur, where formerly there were openings from which a thin watery matter oozed out continually for a long time, which finally ceased, and the openings healed spontaneously. One opening or cloaca remained, however, in the popliteal space, from which a thin, almost transparent. pus flowed incessantly. On inserting a probe I readily discovered a sequestra, and after a thorough examination, I felt convinced that it was necrosis of the femur, and that the patella having been drawn backward by its ligamentous attachment with the tibia during flexion of the leg on the thigh, united in that position with the femur, thus preventing extension of the leg.

On April 5th, 1879, assisted by Drs. Spotts. Detweiler, Bowman, and Y S. Ammon, I performed the following operation: I made a semicircular incision, beginning at the outer side of the thigh, about three and a half inches above the knee joint, and extended it downward and transversely across the tibia, a short distance below the patella to the inner side of the limb. then upward to a point corresponding with the beginning of my incision on the outside of the thigh. Then, dissecting up the flap, I found the patella firmly united to the femur, and extending back ward to the front of the head of the tibia. A part of the condyles, including the patella, was sawed off. The articular cartilage of the tibia was removed, and the femur trephined three inches above its extremity where it was sawed off. This, with a longitudinal piece of bone removed, opened access to the inside of the bone, from which a sequestra, 2⅝ inches in length, and several smaller pieces, were removed. The wound was carefully dressed and placed in an instrument somewhat resembling that of Dr. Price's for excision of the knee-joint. The wound is healed, the femur and tibia have united, and the limb is almost straight, care having been taken not to straighten it entirely.

This patient has since learned a trade, and is now, against my advice, living with her parents. on a farm of 160 acres, where she has been obliged, within the last six months, to hand all the grain raised on that farm in 1880 to the feeder of the threshing machine, to husk corn, milk cows. and perform other hard labor.

Before the operation she had never menstruated, but is regular now. Her general health is very good, and her present weight eighty pounds.

In the after treatment of these cases aconite, veratrum viride, arnica, and a combination of lime, iron and cod-liver oil were prescribed.

Reading, Pa. A. C. DETWEILER, M.D.

Treatment of Pneumonia.

ED. MED. AND SURG. REPORTER:—

A recent article, "Treatment of Pneumonia," W. C Wile, M.D., (MEDICAL AND SURGICAL REPORTER, March 26th. current volume, pages 360 and 361) has induced me to write and to offer an expostulation against not only an indiscriminate use of the lancet in the treatment of said disease, but also against this thing of blindly following the teachings of a friend or favorite, even against the teachings of the leading minds of our day. Now, Dr. Wile, because Dr. Corson gave such valuable advice concerning ice in the treatment of the eruptive diseases, measles and scarlatina, and also advocates bleeding in pneumonia, does not stop to consider whether bleeding is indicated or not, but plunges the lancet into the arms, or elsewhere, of all persons afflicted with a certain lung trouble that he (Dr. Wile) pronounces to be pneumonia. He cites five cases, three of which were under thirty years of age, one seventy-three, and the other eighty-two years of age. His cases of pneumonia, before Dr. Corson's articles were published, were very fatal, indeed, so much so, that he had a dread of treating it. Now he had Corson's articles to draw from, and of the five cases mentioned, two were in their shops at work in one week, while with the other three the disease "ran a mild course and made a rapid recovery." Do these writers put themselves on record as advocating such a procedure without thinking of what the result may be among a certain class of beginners who must have others think, to a greater or less extent, for them? Are the finger posts our fathers erected for our guidance lost, or do we not yet possess a sufficient number to conduct us safely through? Must we neglect entirely the exhausted condition of a certain class of our patients, and bleed them anyhow? God forbid, for if we do I certainly feel that we will cut short the disease, but we will also cut short life with it. When bleeding is indicated, what practitioner will refuse to resort to the lancet? When it is unsafe, would it not be better to never touch one. than to endanger life by using it too freely? Because opium will relieve pain, must we give it to every patient suffering from pain, whether there is an idiosyncrasy or not? Because quinine is our sheet anchor in malaria. must we resort to it in twenty grain doses in every case of malarial fever we may encounter? Dr. Corson claims too much, and by sowing the seeds he is sowing, endangers lives he does not dream of. Because he, an old hand at the helm, can guide the boat safely over the treacherous breakers of disease by resorting to a practice great minds pronounce dangerous, is it a reason for him to teach inexperienced young doctors, all over these broad States, to bleed old and young, weak and strong, indiscriminately, whenever said doctor may imagine a patient has pneumonitis?

With all due deference to the age and experience of Doctor Corson, and with a kindly feeling to Doctor Wile, I must, nevertheless, enter my weak protest against the revival of a practice at once dangerous and hurtful in all its tendencies.

I could quote authors of the age of blood letting, who invariably advised care in certain cases, but I will not lengthen what I have written by doing so. J. E. STINSON, M.D.

Montague, Texas.

Salicylate of Sodium in Rheumatism.

ED. MED. AND SURG. REPORTER:—

I was called, March 26th, to see a little girl of Mr. C.'s. Found her suffering from an attack of acute rheumatism; the suffering was very severe, the weight of the bed clothes causing severe pain. I put her on large doses of potass. bicarb., with Dover's powder,to ease pain. The next morning I found her no better; changed treatment to—

℞. Salicylate of sodium, ℥ ss
Glycerine,
Water, āā ℥ ij. M.

Dose, one teaspoonful every two hours until three doses are taken, then only one-half the amount.

I called the next morning and found her entirely easy and sitting up in bed; the mother claimed that all pain was gone after the second dose. Within three days after the time this treatment was commenced, she was around the house, and still remains well. J. D. APPLEY, M.D.

Susquehanna Depot, Pa.

In this connection we may mention salicylate of cinchonidia as proving equally valuable in rheumatism and neuralgia.—ED.

NEWS AND MISCELLANY.

Opening Exercises of the Medico-Chirurgical College.

The opening exercises of the Medico-Chirurgical College took place at noon, April 4th, 1881, at the rooms of the College, S. W. Corner Broad and Market streets.

At the appointed hour the exercises were commenced with prayer by Rev. C. F. Turner, after which the President of the College, Prof. George P. Oliver, M.D., delivered the opening address, explaining the aims and purposes of the College. This was followed by addresses from Rev. P. S. Henson and Rev. C. F. Turner, both of whom expressed much interest in the future welfare and success of the College.

We make the following extracts from the President's address, as indicative of the spirit and plan of the new association:—

LADIES AND GENTLEMEN:— * * * *

To establish a medical college in Philadelphia that will be an honor to our profession, and will be able to compete with that grand old monument of human genius, my own time honored alma-mater, the University of Pennsylvania, or that shall successfully vie with her prosperous rival, the Jefferson College of Philadelphia, is a work of no ordinary character, and should be enough honor for any Faculty to achieve during an entire lifetime. We wish the City of Brotherly Love to continue to be the great centre and metropolis of medical teaching in the United States, and while we wish success to still attend the two great colleges already flourishing here, and hope that even greater triumphs will be accomplished by them, yet to day we present another college for public favor, which we trust will not be devoid of attracting powers, but will prove to be a blessing to all who may ever enter within her walls. * * * *

How much longer shall we hear of eminent Professors allowing themselves to become even *passive* agents in lowering the standard of medical education, by admitting students to their colleges who have never read an hour with a medical preceptor, and who are not gifted by nature, or fitted by education, to grasp and hold on to the necessary amount of knowledge that is requisite to make them successful practitioners of medicine. It is a sad misfortune, that hundreds of young men who attend a few lectures receive a diploma, and thereby get a license to play the role of a physician, and make an attempt to perform the responsible duties of a Doctor of Medicine, even before they have acquired a knowledge of such elementary requirements of the profession as would be necessary to secure their admission into the junior class of any respectable college of medicine. The consequence is that only about twenty out of every hundred who procure diplomas continue in the practice of medicine, and a far less number ever attain to any great eminence in the profession. Knowing these facts, it seems strange that respectable and well-meaning physicians, who are not connected with colleges, do not see to it, and discourage young men, when they know they have neither education nor aptitude to overcome the difficulties attending the acquisition of that comprehensive instruction so essential to insure success in the varied and onerous duties devolving on a physician. It is the intention of the Faculty to use every means that can be made available to advance students and to render them proficient in the duties of their profession. We deprecate the system of cramming now in use in many medical colleges in various parts of the country; crowding into two winter sessions the entire medical tuition of the student. Owing to the shortness of time, sufficient instruction cannot be given,and the student fails to complete his medical education properly. With a view of elevating the standard of medical education, our college has adopted a curriculum embracing a full three years' graded course. By this action we believe we will assist in placing some safeguards around society that are being sadly neglected by many medical colleges in America. No pupil will receive the honor of the Doctorate from the Medico-Chirurgical College unless he has been faithful in his attendance to the lectures, and has fully qualified himself for the degree by having acquired a knowledge of the essentials of the seven fundamental branches of medicine. * * * *

The mystifying influences which have surrounded the domain of medicine, and retarded its progress for centuries, are swiftly passing away, and now, under the use of the *anæsthetic*, the *knife* and the *microscope*, our profession is no longer to be regarded as a mere *art*, but by the accumulation of its thousands of truths, it is rapidly crystallizing into a *science*. Still, medicine has not yet developed all the embryonic treasures that lie hidden in the womb of time which need but the ready hand of persevering industry to bring them into life and usefulness. Shall we who live in this enlightened age forget our mission in life, and in the hurry and bustle of an aimless career, allow these golden opportunities to be taken hold of by men who are gifted with no greater mental powers, nor blessed with any more favorable circumstances than we are? Shall we stand idly by and see these men using the most diligent research, and exhibiting the most enduring energy, and thereby achieving lasting victories, which, with the same amount of exertion on our part, would have placed our names on the same roll of honor, and would have given us the same meed of praise, as is now so justly bestowed upon them?

To both old and young in our profession, who are resting satisfied with the laurels already gained in former days, we desire to say, fall in line and march to the front, assist your brethren to break down the formidable barricades that have been erected by unscrupulous men, who have almost run their course, but who are still attempting to control the destiny of our profession. To our friends who have honored us with their presence to-day, we tender the thanks of grateful hearts. We feel that our success will not depend upon ourselves alone; much will be due to the encouragement we may receive from those who are in full sympathy with us. Give our College and our sister colleges who are engaged in this noble work your aid and counsel, and the great object will, in a short time, be effected. We know we will have a severe struggle, at first, but we are determined to hold on, even though we have to fight the battle alone. Other colleges may falter, as one in New York already has, but with the full assurance that we are doing right, we intend, with the assistance of Divine Providence, to persevere manfully, until victory shall crown our efforts.

> "Let us then be up and doing,
> With a heart for any fate;
> Still achieving, still pursuing,
> Learn to labor and to wait."

The Pennsylvania State Medical Act.

We have been requested to publish the full text of the Act recently brought before the Legislature for the regulation of practice in this State. Although our columns are considerably crowded with other matters, we believe the text of the Act will be read with interest, both by many in and out of the State.

AN ACT to regulate the practice of medicine, to establish a State Board of Health, and to make an appropriation therefor.

SECTION 1. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same.* That the Governor, by and with the advice and consent of the Senate, shall appoint six persons, who, with the Secretary, shall constitute the State Board of Health. The persons so appointed shall hold office for six years, provided that the terms of office of the six first appointed shall be so arranged that the terms of two members shall expire in two years, the terms of two shall expire in four years, and the terms of two shall expire in six years. And the vacancies so created, as well as all other vacancies occurring otherwise, shall be filled by the Governor, by and with the advice and consent of the Senate; and provided, also, that appointments made when the Senate is not in session may be confirmed at its next ensuing session.

SEC. 2. The State Board of Health shall have the general supervision of the interests of health and life of the citizens of the Commonwealth; it shall have authority to make such sanitary investigations as it may, from time to time, deem necessary in improving the public health; it shall pass upon the competency of practitioners of medicine; it shall have the general supervision of the collection of the vital statistics of the Commonwealth; it shall, at the session of the General Assembly next following its creation, report for legislative action a code of sanitary laws; it shall prepare an annual report of its operations, which shall be submitted to the Governor; it shall diffuse a knowledge of the means of obtaining individual and public health, and of preventing disease.

SEC. 3. The first meeting of the Board shall be held within fifteen days after its appointment, and thereafter in January and June of each year, and at such other times as the Board shall deem expedient. The meeting in January in each year shall be in Harrisburg. A majority shall constitute a quorum. The Board shall elect a Secretary, who, by virtue of such election, shall be a member of the Board and its executive officer. The members shall choose one of their number to be President, and they may adopt rules and by-laws for their government, subject to the provisions of this Act

SEC. 4. No member of the Board, the Secretary excepted, shall receive compensation, but all proper and necessary expenses of members, while engaged in the service of the Board, shall be paid by the State upon the presentation of an itemized account, with vouchers annexed. The Secretary shall receive an annual salary of three thousand dollars, which shall be paid in the same manner as salaries of other State officers are paid. Said Board may, from time to time, engage suitable persons to render sanitary service, and to make or supervise practical or scientific investigations, and examinations requiring expert skill, and to prepare plans and reports relative thereto; but such special sanitary service shall not cost more than three thousand dollars in any one year. The total expenditures of the Board shall not exceed the sum of eight thousand dollars in any one year.

SEC. 5. The sum of sixteen thousand dollars is hereby appropriated from the State Treasury for the purposes of this Act. The expenditures properly incurred by the authority of said Board, and verified by affidavit, shall be paid by the Treasurer, upon the warrant of the Auditor General.

SEC. 6. The standard qualifications of a practitioner of medicine, surgery, or obstetrics in this Commonwealth shall be and consist of the following, namely:—

A good moral character.

A thorough elementary education.

Three years' study of medicine in its various branches, under a competent preceptor.

Attendance upon two full courses of lectures in a legally chartered medical school.

A satisfactory examination, before or on graduation, in human anatomy, human physiology, pathology, chemistry, materia medica, obstetrics, practice of medicine, surgery and public hygiene.

A diploma received in regular manner from a chartered medical school duly authorized by law to confer upon its alumni the degree of Doctor of Medicine, and

A license granted as hereinafter set forth.

Every applicant for such license shall furnish to the State Board of Health satisfactory proof that he is possessed of the qualifications enumerated in this section. He shall deposit a copy of his diploma in the office of the Court of Common Pleas of the County in which he may sojourn or reside, said copy to be a matter of record and open to public inspection: *Provided*, that any resident practitioner of medicine, surgery, or obstetrics, who had been in continuous practice in this Commonwealth for a period of not less than five years prior to the passage of the Act of Assembly entitled "An Act to protect the people of the Commonwealth against incompetent practitioners of medicine, surgery, or obstetrics." approved the twenty-fourth day of March, A. D. 1877, shall file in the office of the Court of Common Pleas of the County where such person intends practicing, his affidavit setting forth the time of continuous practice, and the place or places where such practice was pursued in this Commonwealth. Said affidavit shall, if found by the State Board of Health to be correct and true, be deemed sufficient evidence of qualification to practice medicine, surgery, or obstetrics, and said Board shall issue the license hereinafter provided for.

Sec. 7.—The State Board of Health shall examine every diploma or affidavit of competency recorded and filed in the offices of the said Courts of the various counties; and said Board shall be the judge of the genuineness of said diploma, and of the truth of said affidavit of competency. If said diploma or affidavit of competency be found genuine and true, and if the person therein named be the person applying for a license to practice medicine, the State Board of Health shall issue such license, which shall be conclusive evidence of the right of the lawful holder of the same to practice medicine in this Commonwealth. In addition to the persons already mentioned as entitled to such license, any person who shall submit himself to such examination as the said Board may require, and who shall pass an examination satisfactory to the Examiners, under such restrictions and regulations as the Board may prescribe, shall receive a license from said Board of Health to practice medicine, surgery, or obstetrics, and shall be entitled to all the rights and privileges herein mentioned. The officers of said Board shall have authority to administer oaths and to take testimony in all matters relating to their duties. Said Board shall furnish to the Prothonotaries of the several counties a list of all persons receiving its license. Said Board shall have power to refuse or revoke its license for just and proper cause.

Sec. 8. It shall be unlawful, on and after the first day of January, A. D. 1882, for any person not qualified and licensed by the State Board of Health, according to the sixth and seventh sections of this Act, to practice medicine, surgery, or obstetrics, or to collect any fees for medical, surgical, or obstetrical services.

Sec. 9. Candidates for examination by the State Board of Health shall pay a fee of five dollars, which shall be returned to them if licenses be refused. Examinations may be made, in whole or in part, in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

Sec. 10.—Any person shall be regarded as practicing medicine within the meaning of this Act who shall profess publicly to be a physician, or to prescribe for the sick, or who shall append to his name the letters "M. D.;" but nothing in this Act shall be construed to prohibit gratuitous services in cases of sudden emergency. And this Act shall not apply to commissioned surgeons of the United States army and navy.

Sec. 11.—Any itinerant who shall sell any drug, nostrum, ointment, or agency of any kind, intended for the treatment of disease or ailment, or who shall, by writing or printing, or by any other method, publicly profess to cure or treat disease, injury, or bodily ailment whatsoever, shall pay a license of one hundred dollars a month, to be collected in the way now prescribed by law for peddlers.

Sec. 12. It shall be the duty of practitioners of midwifery in this Commonwealth to register their names and post-office address in the office of the Court of Common Pleas of the county where they reside; and said practitioners of midwifery shall be required, under penalty of ten dollars, to be recovered in any Court of competent jurisdiction in the Commonwealth, to report to the Prothonotary of said county, within thirty days of their occurrence, all births and deaths which may come under their supervision, with a certificate of the cause of death and such correlative facts as the Board may require.

Sec. 13. It shall be the duty of all health officers and Boards of Health in the State, all officers of the State, the physicians of all incorporated companies, or the president or agent of any company or institution chartered, organized, or transacting business under the laws of this Commonwealth, so far as is practicable, to forward to the State Board of Health any information bearing upon public health which may be requested by said Board.

Sec. 14. Any person who shall offer for record a copy of any diploma to practice medicine which shall have been issued to any other person, or shall offer for record a diploma or affidavit of competency issued or obtained fraudulently, or in violation of the laws of this Commonwealth, or in violation of the charter of the institution conferring said diploma, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be punished by a fine of not less than three hundred dollars nor more than five hundred dollars, or imprisonment, at hard labor, for not less than one nor more than three years, or both, at the discretion of the Court, and his license shall thereby be revoked. And any person who shall in any other respect violate or fail to comply with the provisions of this Act shall be deemed guilty of a misdemeanor, and on conviction, before any court of competent jurisdiction, shall be sentenced to pay a fine of not less than two hundred dollars nor more than four hundred dollars for each and every offence, for the use of the county wherein such misdemeanor is committed, and his license shall thereby be revoked.

Sec. 15. All Acts or parts of Acts inconsistent herewith, be, and the same are, hereby repealed.

On Vaccination.

In consequence of the aggressive conduct of the Belgian Anti-Vaccination League, the Belgian Academy of Medicine appointed, last December, a committee of three members, for the purpose of undertaking an exhaustive examination of the whole subject, and of the arguments of the objectors. At the end of January, M. Warlomont, Director of the State Vaccination Institute, read an elaborate report, in which he submitted to the Academy the following propositions: 1. Without vaccination, hygienic measures and means, whether public or private, are powerless in preserving mankind from the small-pox. 2. The belief in the danger of vaccinating and revaccinating during the presence of a variolous epidemic is not justified. We can no more cultivate variola by sowing vaccinia, than we can barley by sowing wheat. 3. Vaccination is always an inoffensive operation when practiced with proper care on healthy subjects. It gives rise to fewer and less serious accidents than simple piercing of the ears. 4. It is highly desirable, in the interest of the health and lives of our countrymen, that vaccination and revaccination should be rendered compulsory.

An Astounding Argument.

An extraordinary argument was used by Mr. Henry Bergh, President of the Society for the Prevention of Cruelty to Animals, in the course of an address against vivisection, which he delivered in Albany, in February. It was as follows:—

"As another proof of the profane extremes to which these dissectors of living animals will go, Robert McDonald, M.D., on being questioned, declared that he had opened the veins of a *dying person*, remember, and had injected the blood of an animal into them many times, and had met with brilliant success. In other words, this potentate had discovered the means of thwarting the decrees of Providence, where a person was dying, and snatching away from its Maker a soul which He had called away from earth!"

If anything can surpass this in absurdity, it would be pleasant to have it produced.

Influenza in Charleston, S. C.

Under date of March 21st, Dr. F. P. Porcher reports to the National Board of Health a form of *influenza* prevailing in and near Charleston. The symptoms are some fever, catarrh, almost constant cough, some pains in the limbs, but not so marked as in the dengue fever of last summer; there is usually headache, with redness of the tongue, and not unfrequently vomiting. The fever is sometimes high, but the prostration following is not very decided. The eruption of dengue is wanting, but in two cases swelling and suffusion of the face have been observed. The disease has extended to Columbia and elsewhere, and has affected a large number of persons, white and colored, throughout the lower portion of the State.

Daily Report of the American Medical Association

"A *daily edition* of the *Southern Clinic* will be issued during the meeting of the American Medical Association, in Richmond, Va.

This will be for gratuitous distribution, in honor of the occasion." C. A. Bryce.

The New German Pharmacopœia.

It has been decided by a respectable majority of the Committee on the Revision of the new Pharmacopœia for the German empire that the Latin language should be retained in its preparation. The reasons given are that it will thus be more useful to those not reading German, that there is greater accuracy in the Latin than the German names, and that custom having sanctioned the Latin there is no good reason for abolishing it.

Items.

—At the meeting of the Academy of Sciences in Paris, on March 12th, the Boudet prize of 6000 francs (£240) was awarded to Professor Lister, for his application of M. Pasteur's researches to the improvement of the art of healing.

—A severe outbreak of trichinosis in a village near Beirut, Syria, during which several of the sufferers died, was traced to the flesh of a wild boar which had been eaten in an underdone condition by the villagers. A full account is given in the *Lancet*, March 19th.

—The American Laryngological Society will meet in Philadelphia during the second week in May. A full gathering of the members is expected, and the brethren of Philadelphia are preparing for them a cordial reception. Dr. J. Solis Cohen, of our city, is the President for 1881.

—A Paris medical exchange says: "In Havre, American pork is to be inspected, and if found free from trichinæ its sale will be allowed. As an offset to this wise regulation, the Cyprian sisterhood is to be relieved from police control, so that henceforward pig meat will need a government stamp to make it current, but frail flesh will be at liberty to spread syphilis. Is this change a gain?"

—The next annual meeting of the Medical Society of New Jersey will be held in the drawing-room of the Ocean Hotel, at Long Branch, on the fourth Tuesday of May, 1881, at half-past seven P.M. The hotel will be in readiness for the accommodation of about three hundred guests. Orders for commutation tickets over the Central Railroad may be procured from the Secretary. Wm. Pierson, Jr.,

Orange, April 26th, 1881. *Secretary.*

MARRIAGES.

ALLISON—LINK.—In Burlington, Kansas, March 30th, by Rev. J. H. Ralston, Dr. John M. Allison, formerly of Philadelphia, and Clara Link, both of Burlington.

BRUGLER—ANDERSON.—At Rose Lawn, Forest Grove, Bucks County, Pa., March 23d, by Rev. Jacob B. Krewson, De Witt Brugler, M.D., of Carversville, and Hannah, daughter of Lewis Anderson, of Centreville.

MARKELL—JUDD.—In New York, Wednesday, April 13th, by Rev. C. S. Robinson, D. D., Jacob Markell and Emma B., only daughter of Walter L. Judd, Esq.

DEATHS.

AVERY.—At No. 165 East 49th street, New York, April 14th, Amos R. Avery, M.D., of Forestville, N. Y., aged 75 years.

COLLINS.—At the Grand Central Hotel, New York City, April 10th, 1881, Clarkson G. Collins, M.D., of Great Barrington, Mass., in the 61st year of his age.

HERZOG.—In New York, Tuesday night April 12th, after a brief illness, Dr. Max Herzog, in his 61st year.

TUCKER.—At Minneapolis, Minn., on Thursday morning, April 7th, 1881, of pneumonia, Mary Hull, wife of John C. Tucker, Jr., M.D.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1262.] PHILADELPHIA, MAY 7, 1881. [Vol. XLIV.—No. 19.

ORIGINAL DEPARTMENT.

LECTURE.

ON TENIA AND TENIAFUGES.

BY DR. CARL BETTELHEIM,

Of Vienna.

Translated from the *Klinische Vorträge*, for the MEDICAL AND SURGICAL REPORTER.

GENTLEMEN: The determination of the species—whether Tenia solium or Tenia mediocanellata, is unnecessary, and I have found that the expulsion of one variety is no more difficult than that of the other.

Having satisfied yourself of the existence of a tapeworm in your patient, the next point is to consider any symptoms which may contraindicate the treatment for its expulsion.

Contraindications are: any anatomical lesion of the stomach (gastric ulcer, acute catarrh, etc.): all febrile affections, wet-nursing, convalescence from severe illness, the menstrual period in females, pregnancy, weakness from old age, and in sickly children, if the presence of the worm does not produce serious inconvenience. Anæmia, if not too extreme, is not a positive contraindication.

If there are no symptoms which would lead you to delay an attempt at expulsion, you should then appoint a time for the same, when you may be at leisure to give it your entire attention, because if you are unable to do so you may be disappointed in the results; something may occur which will cause a failure; you must remember that your remedies only sicken the worm for a time, and that if it recovers before expulsion is effected, it may attach itself to the walls of the intestines, and thus frustrate all the efforts which you have made. Carefully examine all fecal discharges. I have known attendants to declare that they contained no worm, when upon an examination I have found them to contain the entire worm with the head all rolled into a small mass.

My cure lasts from forty minutes to somewhat over four hours. I order the patient to abstain from all food (water excepted) for from eighteen to twenty-four hours before beginning the anthelmintic medication, and at the same time give suitable purgatives, the best of which are, in my estimation, castor oil or powd. jalap; a tablespoonful of the oil or from 0.3 to 0.5 (4½ to 8 grains) of the powder, morning, noon and night, and another dose three or four hours before giving the anthelmintic. The latter I prescribe as follows:—

Cort. rad. punic granat., 2—400 = (℥ vj-xij). Macerate for twenty-four hours in aquæ destill., 5—600 = (f. ℥ xvj-xix), and then evaporate until the strained residue measures 200—300 = (f. ℥ vj-ix). Care should be taken that the bark used is fresh, as it deteriorates by age.

The resulting decoction, which should be of a clear, dark brown color, is administered by means of an œsophageal tube, which is introduced to about the middle of the œsophagus and the fluid poured into the same by means of a small glass funnel.

The patient is then directed to remain as quiet as possible, and if the remedy is not vomited within half an hour or an hour, the worm is generally expelled in from three-quarters to four and a quarter hours.

If the bowels do not move in an hour and a half after the administration of the medicine, another dose of the purgative or an enema should be given: this should, however, not be done sooner, as it may cause vomiting.

Grown persons generally allow the œsophageal tube to be introduced without much remonstrance, but some, of course, have an uncontrollable dread of such a procedure, and will rather drink the entire dose than submit to it.

If the decoction is vomited within a short time after its introduction into the stomach, 3 or 4 grams (45 to 60 grs.) of ethereal extract of male fern, in pill form, or 60 to 75 grs. of knissin, in powder, should be given in 0.5 gram (7½ grs.) doses every half hour to hour. The success of these remedies is, however, not as rapid nor as sure as my method.

Should the worm be only partially expelled and hang from the anus, the administration of anthelmintics must be continued. The patient should sit upon two chairs, and the worm carefully rolled on to a stick; as soon as the worm resists this procedure, having fastened itself to the intestinal walls by means of its suckers and hooks, the patient should be directed to lie upon his left side, and an enema of lukewarm water, to which a few drops of turpentine have been added, should be given, forcing the same as far up the intestinal canal as possible.

If the worm should not be expelled because the medicine is vomited as soon as taken, the same procedure should be repeated in a few days, only then the anthelmintic must be introduced into the stomach in three or four portions, at intervals of fifteen or thirty minutes.

For children I use a smaller quantity of the decoction, 100 to 150 grams (3 to 5 fluid ounces), and if vomiting is produced too early, I continue it in doses of 20 to 30 grams (5 to 8 drachms), every forty to ninety minutes.

As soon as the worm is expelled, the patient should be allowed to partake of some good nourishing soup.

COMMUNICATIONS.

CLINICAL STUDIES OF INEBRIETY.

BY T. D. CROTHERS, M.D.,

Superintendent of Walnut Hill Home, Hartford, Connecticut.

I have intimated clearly, from the study of many cases of inebriety, that no degree of faith, or prayer, or earnest, honest intention on the part of the patient, can save him from inebriety. In all cases, I am convinced, as a physician, that these agencies are of great value, and always urge my patients to a higher living based on faith, the exercise of prayer and a determined will to rise above the entailment of disease from which they suffer. I also urge that these forces cannot be made available unless supplemented by active work, the use of physical agencies, the exact application of means and methods which shall reach out and control the organism. Some physicians have taken exceptions to my views of the secondary value of spiritual forces in the treatment of these disorders, and have written to me detailing cases which have recovered by this means; also cases which have failed from the want of them. I think that any of these physicians will find, from a study of many different diseases, cases which have recovered in a manner more or less mysterious, which might be fairly attributable to the same spiritual forces, such as faith and prayer. Yet, the application of these means to other cases of the same disease would always fail, especially if they are used exclusively. The value of faith and prayer in inebriety is, in all probability, nothing more than the effect of mind on the body, and the application of the principle of hope and confidence which every physician seeks to inspire in the patient's mind, no matter what the disease may be. If this is trusted, to the exclusion of other means, failure will follow; and yet not unfrequently cases of disease go on to recovery, buoyed up on this, or *harmless infinitesimals*, which simply give a tonic activity to the mind and permit the full action of nature. In many cases I have been convinced that the shock to the mind from the presence of some powerful mental emotion was sufficient to arrest diseased action, and even change the malady and its progress. Illustrative cases of this character are seen in those persons who exhibit a total change of character and habits, either from religious emotion or from grief or fear. Or those who suffer from disease, complicated with a strong nervous element. I have seen inebriates who became suddenly converted make a radical change of all their habits, and after a time become melancholic, demented and die. Here was a change of the nature and character of the disease, from the presence of mental emotion. In another case of supposed mania and melancholia, the advent of a change of fortune restored him to a clear, vigorous activity.

I do not propose to discuss this question of the power of prayer or faith in inebriety, but wish simply to present some studies of cases which bear on this point, and which I think furnish the most rational conclusions. The first proposition I make is this: that no exercise of faith and prayer or honest intention exclusively, can either save the inebriate or prevent him from falling. In a study of ten cases on this point, I found that seven had been, before and after the beginning of inebriety, active church members, had experienced conversion and led active lives of faith and prayer for longer or shorter intervals, depending on circumstances. Two of these were periodical inebriates, and had, during the free interval between the attacks, led a most consistent Christian life of faith and prayer. One of the seven exhibited the strange delusion of religious mania when drinking; at all other times he was a quiet skeptic and doubter, but when once under the influence of alcohol he was the most ardent religious devotee, exhorting with great enthusiasm, and asking the prayers of every person he met, to save him. His mind seemed filled with intense fear of failing to get to heaven, and every thought and exertion seemed directed to this end; but secretly he drank constantly, never to be stupid, but just enough to keep up a degree of excitement. This would last for two or three weeks, then merge into a low form of nervous fever, from which he would recover and remain sober for an indefinite time. This was a form of emotional inebriety which is sometimes seen in those who are either quarrelsome or excessively happy, benevolent or parsimonious, while using alcohol. The other three had been good church members before inebriety came on, but on becoming inebriates left the church. I am confident that all chronic inebriates have a diseased emotional nature which finds a natural outlet in religious activity, and that the exercise of faith and prayer is a contagious element which they feel readily, from their nature and the surroundings. This can be seen in all communities where every temperance and revival movement carries these men to the front rank and among the earliest converts. Also in every political excitement and social change, the most enthusiastic and excitable partisans are inebriates.

The following case is significant, in both its cause and the means which failed in the treatment. H. A., a clergyman, an active, hard working man, whose history gave no evidence of any inherited taint; from childhood he was an abstainer and rigid temperance man. After conducting a series of revival meetings extending over many months, becoming worn and exhausted, one day, during the administration of the communion, the idea impressed him that this wine would be of medicinal value. It was the custom to store what remained of the wine at the parsonage, and when the service was over he drank some, in his study; the effect was so pleasing that he continued to drink, and before night became literally intoxicated. The next communion season he was seized with an intolerable desire to drink wine again, which he gave way to after the service, in his study, and became intoxicated as before. This alarmed him, and he sought, by his power of will and prayers, to prevent its recurrence. The next period was marked by the same fall and intoxication. After this intoxication the desire left him and only returned when pouring out the wine at the next communion season. Two years later I was consulted. He was nervous and much debilitated; was using patent bitters every day; had not been to the communion table for many months; was filled with fear that he would drink, and afraid of falling with the least temptation; hence was praying incessantly, and using every means to prevent such a recurrence by the exercise of strong will and faith. He said he was impelled to go and buy wine, and only after did he realize the danger. He could not tell why, except that the evil spirit impelled him to do so. He had exchanged pulpits and invited a brother clergyman to be with him at the communion season, and direct contact with wine was avoided, but a strange, nervous agitation followed, which soon became positively painful and increased until all sense of pride or consciousness of his condition was lost; then he resorted to the most cunning intrigue to procure wine, never seemingly able to realize his condition until after an attack of intoxication. If he was watched at this season he could keep from using wine; this would last a week or more, then all restraint was lost. During these attacks he at times exhibited a remarkable sensitiveness to conceal his condition. He preached more earnestly and was very religious and exciteable, also more enthusiastic, where he had been cool before. I advised that he give up all work, and prayers, and go out into the country, put himself in some kind friend's control, work in the open air and keep perfectly cool and free from excitement; that he was suffering from dipsomania, which would break out more prominently, or develop into some other form of disease. His clerical advisers insisted that he could help himself by being more in earnest and depending more on divine help. Acting on this advice he obtained a short leave of absence to visit Europe, and returned a few months later, having drank more there than at home. From this time his course was rapidly downward, and to-day he is an inmate of an insane asylum. This man was most conscientious, and anxious to do right, and honestly tried to check this desire for drink by both his will and the exercise of faith and prayer. He was suffering from dipsomania, brought on by overwork and cerebral exhaustion, and could only be benefited by the application of exact remedies following the line of known physical laws. Had he been placed in some hospital for inebriates, recovery would have followed.

The second case was that of a farmer who came home from the army, where he won distinction for bravery, but had acquired periodical inebriety. I was consulted by letter, and urged the physical nature of his malady and the necessity of physical treatment. This he objected to, stoutly asserting his ability to stop any time. Being a favorite in that community he became the object of interest for both the temperance and church reformers, who sought, by the application of all their means, to save him. During the next three years he joined the church, relapsed, was received back again, was very prominent and earnest, then became cold and slanderous; also united with the temperance society, worked well for a time, and relapsed. Was the subject of the united prayers of the community for many years, and signed the pledge repeatedly; made innumerable efforts and resolves to stop, but failed; was a praying man, and sought every means to get help from this source; then gave up in despair. He wasted his property, and, in a paroxysm of drink, set fire to his building and perished in the flames. Here the failure was simply in not applying remedies that were adequate to meet his case. He was suffering from a physical disease which could be reached by physical remedies.

These two cases may stand as typical of many others who are disappointing their friends, and are enigmas to all who come in contact with them. Always attempting to recover, and with extreme confidence entering upon every effort that promises this end; then relapsing very unexpectedly, and only to repeat this process at an uncertain time and moment.

Another class of cases have come under my care that are equally enigmatic, but more common. Like the others they have disordered emotional symptoms, are either elated or depressed; at times seem to have great power of control, passing through many temptations with great firmness; then, all unexpectedly, relapse on the slightest provocation.

The following is a typical case of this character: Brown, a lumber merchant, an intensely active man, with healthy parentage, who had been an occasional drinker from 20 years of age, began to use alcohol to excess when 34 years of age. Five years later he was an irregular inebriate, drinking very severely for a week or more, then reforming for an uncertain interval, varying from a few days to a year. He was a leading man in the community, and the object of great solicitude by his friends. From his brother in-law, a physician, I obtained the following history: He drank always at home, in his room, and would not go out, but insisted on doing business and having friends come there to him. He was either very jubilant and hilarious or stupid and drowsy. All advice and pleadings of friends were listened to with unusual politeness. Clergymen and others would come and pray for him at these periods, to his apparent pleasure. He would become violent if any attempt was made to take away the spirits, claiming he would stop when he pleased. Then, suddenly, he would call for a pledge, sign it, and stop at once, go to church, exhibit great zeal for the temperance and church work, or go to saloons and talk, and attempt to help inebriates reform by advice and money. These efforts would last an uncertain time; then, unexpectedly, he would begin to drink at home again. Sometimes he would "swear off," as he termed it, for a year or more, and remain rigidly temperate up to the last moment, then drink in a manner equally mysterious. When he pledged to abstain for a certain time, it was carried out rigidly, to the exact moment. If during his paroxysm of drink he could be induced to sign a pledge, it was the end of all further intoxication or drinking. This puzzled his friends, and seemed purely a vice which he could check at will. At times he made active exertions to build himself up by the exercise of faith and prayer, and never seemed to realize his condition or be conscious of the excess. He continued in this way for many years, and finally died of acute pneumonia, after an attack of drinking.

A., an actor, thirty-five years of age, with unknown parentage, consulted me about irregular attacks of inebriety attended with intense depression and suicidal delusions. The paroxysms were preceded by attacks of acute dyspepsia, which came on unexpectedly to him or his friends. He joined the church and many temperance societies, advised with clergymen and others, but obtained no relief; his friends said he was very cheerful, and if his buoyant spirits could be kept up during the attack of the dyspepsia he would remain temperate, but if from any cause he became depressed, inebriety was inevitable. At times he would determine not to drink, and carry it out; again, he would exhibit the same firmness and energy, yet fall. My advice to stop work and go under physical treatment for this condition was neglected, and today he is alternately reforming and relapsing, seemingly dependent upon obscure unknown conditions.

These cases both exhibited disordered emotional symptoms, and seemed to try hard to recover by the use of the will and the exercise of faith and prayer. They both could, at times, restrain themselves, and were enigmas to their friends. These cases may be termed emotional or accidental inebriates, and follow an apparently erratic, confused course, appearing and disappearing at unexpected times and seasons. A noted temperance lecturer, who is of this class, has a paroxysm of drink craving every two hundred days. At times he is able to resist, at others he gives way, but no matter what the time or circumstances may be, the return of this paroxysm is certain and invariable.

I am sure that a study of these cases will indicate the laws which govern them, and show the same realm of physiological and psychological forces as that which govern other diseases. I protest against calling every symptom that is obscure an evidence of vice, and attempting to reach it by spiritual agencies alone. Because an inebriate, under the emotional excitement of religious or temperance appeals, reforms and remains temperate, to reason that these means will be effectual in all other cases, or that the disorder is simply a vice, is thoroughly unscientific. Cases are found where chronic inebriates reformed at once without any cause, under the most adverse conditions; the same unknown element is seen in all diseases, indicating merely our ignorance of the knowledge and conditions of all the laws governing them. Any careful study of inebriety will show that its complex causation and character cannot be reached by any specific or special methods, and all efforts to cure it as a vice by spiritual means must result in failure. I would not discourage the efforts of church and society, but seek rather to educate them into a broader view on the subject and the use of means adequate to reach the disorder. I would urge upon the profession the study of this subject with a true scientific spirit, and thus seek to teach the enthusiastic church and temperance reformers how to work more effectually and on a broader plane. The profession should teach the world what inebriety is and how to treat it, and not reformed inebriates and clergymen, who are heard in every town of the land. The following conclusions I am sure will be confirmed by all who have had any experience, and are founded on rational natural means:—

1. Inebriety is a physical disease which must be reached by both physical and psychical means.

2. All methods of treatment must be along the line of natural laws, and include all means, both physical and spiritual, that can build up and strengthen the entire man.

3. Spiritual means are only valuable in proportion as they are used with other means, and where they are effectual alone, they are the exception to the rule and cannot indicate any direct line of treatment.

MEDICAL SOCIETIES.

KENTUCKY STATE MEDICAL ASSOCIATION.

ANNUAL MEETING.

REPORTED BY A. H. KELCH, M.D.

This, the twenty-sixth annual session of the Kentucky State Medical Society, convened at Covington, on the afternoon of Tuesday, April 5th. At three o'clock Dr. Lyman Beecher Todd, of Lexington, called the meeting to order, and the work of organization at once began. But little time was consumed in listening to the reports of the Secretary and Treasurer, and of the committees of arrangements, entertainments, etc., when the regular order of the reports of papers, according to the programme, was entered upon. The lateness of the hour of opening was necessarily followed by a short session, and but three papers were, in the afternoon, presented. Dr. G. L. Dunlap, of Danville, read an interesting paper on improvements in surgery, being followed by Dr. C. H. Thomas, of Covington, on improvements in the practice of medicine, and Dr. S. M. Letcher on hygiene. The association was then adjourned until eight o'clock in the evening, when it reassembled to hear the President's address, as usual. Dr. Todd is a pleasing speaker, a man of good address, and his oration was well received. He began by saying that "the quarter century anniversary of his professional life has been crowned by the highest honors it was in the power of an association representing a noble State to confer." He uttered his appreciation of this expression of confidence and esteem, and considered it appropriate, in view of the circumstances, to call the attention of the society to a *quarter century retrospect in medicine and what it teaches.* After dwelling at some length upon the nobility and the grandeur of the profession chosen by those who form the membership of the body he was addressing, he said: "You are the representatives of discoveries—the circulation of the blood, auscultation, vaccination, the ligature, ovariotomy—which will live and bless the world forever. The names of Harvey, Laurence, Jenner, Pare and McDowell are immortal. The historic muse, proud of the charge, marches with them down to succeeding ages, and when the knell of time shall have sounded, they shall live on in the ever widening cycles of eternity." In speaking of anæsthesia, Dr. Todd compared the world to a temple, saying: "Within this temple's grandest hall a statue of matchless beauty stands, the master's noblest conception, art's proudest triumph. From a vase of rare designs, held in her half extended hand, arose a vapor, ethereal, and though unseen by mortal eye, more potent far than perfumed incense from priestly censer ever swung. This thing of beauty stood all veiled, a fitting emblem of that mystic potent spell in which all who approached it soon were bound. From joyous youth to hoary age, from every clime, toward it I behold an innumerable and afflicted throng of human life come crowding, surging on. Upon the features of every face is stamped the trace of pain, and anguish and sorrow; sighs and groans alone escape their lips. In dismal procession the wounded, maimed and crippled, by friendly hands are borne, and children, too, in affection's tireless arms, and not in all this vast concourse a single smile is seen. O! acme of human horror and human sorrow. Whence come they, whither go and why? From every scene of battle, from every field of strife, from every place where injuries may befall, they come, and, passing this figure of wondrous power and mystic spell, they sleep a quiet, peaceful sleep. They disappear to reappear again, but O how changed! Returning, circling round that statue, which now, indeed, seems to smile, in shouts of joy, in strains of wildest, sweetest music, they proclaim peans of victory to science's power. That name is caught and canonized by poetry and history, and shouted by all in rapturous acclaim, "anæsthesia, anæsthesia, anæsthesia, heaven's second best gift to man!"

A fitting tribute next was paid to preventive medicine; the treatment and protection of the insane and prevention of insanity received consideration; the cultivation of specialism in medicine was commended, and the effort to elevate the standard of medical education eulogized. Training schools for nurses were not forgotten, and the speaker closed with a reference to the names of Dudley, Lowry, Bruce, Yandell, Rogers, Jackson; and last, whose career was short, but bright as brief, he spoke "of Cowling, gifted, eloquent, and graceful Cowling, summoned but yesterday to roll call above, when we had hoped to meet him here. His death, blighting high hopes and closing a grand career, saddens your hearts and mine, as now upon his new made grave, with loving hand, I strew spring's earliest roses wreathed with immortelles."

The morning session of Wednesday opened with a very large attendance, and immediately after order was called Dr. Wm. H. Wathen, of Louisville, moved to appoint a committee to draft suitable resolutions commemorating the death of Dr. R. O. Cowling. Dr. Wathen's motion was unanimously adopted, the president appointing him as chairman of the committee on such resolutions. In the course of the morning this committee reported as follows: "Your committee, appointed to report resolutions expressing the sentiments of the Kentucky Medical Society on the announcement of the death of Dr. R. O. Cowling, find the task a very difficult one. All formal phrases are unworthy the occasion. What he was to us, each shall often feel, in thoughts that lie too deep for words. Memory alone can adequately remind us of the cheer we had in his company, and the confidence we put in his counsels. Our sense of immeasurable loss and dissatisfaction at this feeble public indication of it will be duly appreciated by his family, and all others whom a good fortune brought near to him. To them we offer all the comfort they can get from the knowledge that their grief is shared by a large circle of his professional associates." "We suggest that this testimony be spread upon the minutes and properly engrossed for transmission to his family."

Dr. J. J. Speed, in seconding the adoption of the resolution, paid the following tribute to Dr. Cowling: "If genius and fine culture, and unfailing wit—but a wit that never wounded—entitle a fellow man to our admiration, Dr. Cowling was entitled to it, for he had them all. A genial companion, and a man whose opinion older men sought, and before whom younger men bowed as before a shrine, has gone from among us. In the prime of a strong manhood, before most strong men begin to fail, his generous heart, unrecognized even by himself, as a muffled drum, was beating funeral marches to the grave. I said he was a man of genius; his presentation of the McDowell relic to Dr. Gross, at Danville, was, perhaps, the finest piece of oratory that this Society has ever listened to. Whatever comparisons may be made between them as surgeons, he certainly outwrote and outspoke the great Nestor. He has left his mark upon surgery in the west, and it is a fair presumption that, had his life been spared for future labor, he would have ranked with the foremost surgeons on this continent."

After the unanimous adoption of the resolution, the call for irregular business brought Dr. T. N. Wise, of Covington, to the floor, with a resolution to have the proceedings, along with the minutes of the present session, published in pamphlet form. After speaking at some length he was curtly informed by Dr. D. W. Yandell that if he had taken the medical periodicals of the day he would have seen that the matter of the publication of the minutes and proceedings had been definitely settled last year, at Lexington; that the minutes of the meeting only are to be published by the Secretary, and the papers presented to be published through whatever channel their authors might desire; that this forward step by the Kentucky Medical Society had been highly commended by the profession in the States of Texas, Missouri, and Illinois, and therefore the gentleman's resolution could not prevail. Dr. Wise continued by saying that he was a subscriber to the *American Practitioner*, but sometimes found it a difficult matter to read it, and further, that his resolution was intended to apply but to the proceedings of this particular session.

Dr. Dudley S. Reynolds raised the point of order, in which he was sustained by the chair, thus ruling the resolution and the discussion out of order.

Dr. J. H. Letcher, of Henderson, chairman of the committee on improved Constitution and By-laws, was next recognized by the chair, and reported that after carefully examining the constitution and by-laws of the different State Medical Associations, from Massachusetts to Alabama, as a result of his investigations, he had largely drawn the suggestions he had to make from the constitution of the Medical Association of the State of Tennessee.

When the report was read it created considerable discussion. The constitution suggested the requirement of a bond from its officers. Dr. Reynolds called the attention of the Society to the fact that the Association is not an incorporated body, and therefore, cannot require a bond of its officers. He also recommended that the committee consider the propriety of changing the time and place of meeting, so as to make the latter central and unchangeable and the former to suit the convenience of busy practitioners throughout the State. He also suggested that since the proceedings were no longer to be published in pamphlet form, three dollars annual dues is more than is necessary, and he thought that two dollars would be quite sufficient. He then moved to refer the report back to the committee, to be revised by it and the nominating committee, in joint session, and this motion being carried, the report came back, having very briefly stated the following propositions different from the constitution at present in force. "That aside from permanent and honorary members there shall be *delegated* members from the local societies, both city and county, one for each five members of each society, and one for each fraction over five, these delegated members becoming permanent members, so long as they conform to the rules and regulations of the Society. This article also provides that officers of the State Society, and chairmen of all committees of reports shall be delegates *ex officio*. Provision is also made for a permanent Recording Secretary. It abolishes the Publication Committee, and hence the publication of the papers read before the Society, and makes it the duty of the permanent Secretary to have printed and sent to each member of the Society the minutes of each annual meeting, together with reports of the several officers of the Society and the Committee on Finance only. It also provides that none but delegates and permanent members in actual attendance shall be eligible to any of the offices of the Society or as delegates to the American Medical Association, or State medical societies. It makes certain rules and regulations in regard to all city and county societies which shall be auxiliary to the State Society. Provides for the division of the State into twelve censorial districts, a Board of Censors for each district being elected by the State Society and each county in the State being represented by one physician in the Board. The Board of censors for each district shall examine all laws and regulations of the local societies in their respective districts, decide all cases of appeal from aggrieved members of local societies, decide all questions pertaining to the code of ethics, etc. It also provides for the raising of a "Prize Essay Fund," which shall be devoted to the payment of a prize for the best essay on some designated subject, the decision to be made by a Prize Essay Committee. It provides that the permanent place of meeting shall be in Louisville, at the rooms of the Polytechnic Society of Kentucky, that the time of meeting shall bé the first Wednesday in April, and that the annual dues shall be $2.00.

This question having been disposed of, Dr. Dudley S. Reynolds brought up the subject of reforms in medical teaching, saying that, inasmuch as at the last meeting of the Medical College Association a resolution was adopted, making it incumbent upon members to require of applicants for graduation an attendance upon three full courses of lectures, and that in view of the action of some of the eastern colleges, notably the College of Physicians and Surgeons and the Bellevue Hospital Medical College, of New York, in withdrawing from such a contest for purely mercenary considerations, after promising to abide by such arrangement, he thought it proper that the various State societies should take some action, or give some expression of the feeling of the profession outside of the medical colleges, and he therefore offered the following:—

"*Resolved*, That it is the judgment of the Kentucky State Medical Society that the American Medical College Association should be encouraged in the attempt it has been making to institute reforms in the method of medical teaching. and we pledge it our hearty support."

This resolution was unanimously adopted.

Dr. W. W. Dawson, of Cincinnati, having made his appearance in the audience, was, by a vote of the Society, made a corresponding member, and was invited to a seat on the platform.

Dr. McCormack, of Bowling Green, presented for the consideration of the Society an amendment to the present law regulating the practice of medicine in Kentucky. The amendment proposed is to read thus: "And any person who is now practicing, or may hereafter propose to practice, in any way whatever, in any county in this Commonwealth, shall first appear before the judge of the County Court of such county and exhibit to him a diploma from a regularly chartered medical college, or a certificate of qualification from a District Board of Medical Examiners of this State, or satisfactory evidence that such person has been regularly and continuously engaged in the practice of medicine in this State for ten years prior to the passage of the law of which this is an amendment. Such person shall also make affidavit that he is the person named in the diploma or certificate, and how long and where he has been located.

"It shall be the duty of the County Judge before whom the exhibit and affidavit are made to give to such person a certificate setting forth the name of the college or board issuing the diploma or certificate, date of certificate or diploma and such other facts as are contained in the affidavit which shall be furnished by him to the County Clerk of such county, for record in a book kept by him for that purpose, which shall be open to the inspection of the public at all times. And it is hereby provided, that a regularly chartered Medical College, within the meaning of this act, is one reputably engaged in teaching the science of medicine, as recognized by the school or system of medicine to which it professes to belong, and that a board of examiners, within the meaning of this act, is one of the legally organized boards of medical examiners of this State. It is hereby made the duty of the State Board of Health of this State to prepare a list of such colleges and boards, and furnish such list to each of the County Judges of this State, and that such list shall be the sole guide of such judges in determining the standing of medical colleges and examining boards.

"It is hereby made the duty of the County Boards of Health to report violations of this law to the Grand Juries of their respective districts.

"Any person violating this act shall be subject to all the penalties prescribed by the original act, of which this is an amendment."

This amendment was unanimously endorsed by the Society, and it was voted to present a copy of the same to the committee on hygiene and sanitation, of the next legislature, with the recommendation of the Society for its passage.

While the business of the Association was being transacted, the annual meeting of the Board of Health was held, and they reported, through their secretary, that their meeting was a very satisfactory one. That some progress has been made by placing in the hands of every doctor in the State a blank book for returns of births, marriages and deaths, by securing a list of 2500 names of doctors, with their post office addresses, and by sending copies of their annual report to every publication in the State. The attention of physicians has been called to the necessity for coöperation in order to secure any satisfactory results. The next meeting of the Board will be held in Hopkinsville, July 1st, and delegates are to be sent to attend the Mississippi Valley Sanitary Association, held at Evansville, Ind., on the 20th of this month.

Dr. McCormack moved to recommend to the legislature, at its next session, the application of a law relating to the qualification of druggists and pharmacists in cities, to druggists and dispensers of medicine in general throughout the State. This has reference to a law passed in 1874, which provides that all druggists and dispensers of medicines in corporations of 5000 and upward must be graduates in pharmacy.

Dr. J. W. Holland, of Louisville, was recommended by the nominating committee for President; Dr. Chas. Mann, of Nicholasville, Senior Vice-President; Dr. C. H. Thomas, of Covington, Junior Vice-President; Dr. L. S. McMurtrie, of Danville, for permanent Recording Secretary; Dr. J. N. McCormack, of Bowling Green, for Corresponding Secretary; Dudley S. Reynolds, M.D., Chairman; W. O. Roberts, M.D., and J. A. Ireland, M.D., the Committee on Publication; all of whom were unanimously elected by the Society. The President nominated the following committee on prize essays, which on motion was confirmed by the Society. Dudley S. Reynolds, M.D., Chairman;
David W. Yandell, M.D.. Louisville; A.
McKee, M.D., Danville; H. M. Skillman,
Lexington; Chas. H. Todd, M.D., Owensbo
The president then appointed the chairma
the committee of arrangements for next me
ing, appointing Dr. Dudley S. Reynolds, of Lo
ville.

Twenty-five delegates to the American Me
cal Association were appointed; Drs. Daws
Whittaker and Dandridge, of Cincinnati, w
elected corresponding members, and with
turning votes of thanks to almost every one
every thing, the business portion of the mee
closed.

The following is a summary of the literary
tures of the meeting.

Dr. J. W. Holland read a paper on the sub
of chronic poisoning from the use of cosmetics.
said his object was to call attention to the
that lead poisoning has certain vague but
teresting features different from those of wrist d
and colic, and that a case may continue to c
plete saturation of the system without the rem
able sign of wrist drop being presented at
time. In proof of which he related the cas
a young lady who came to him complainin
symptoms of constitutional weakness, dyspep
falling of the hair, and having yellowness of
sclerotic and a general cachectic state. She
sented at this time the unmistakable evidence
lead poisoning in the existence of double d
wrist and the blue line along the gums. T
young woman had been strong and hearty
two years previous to the time when she c
under observation, at which time she began
use flake white. Her history since has bee
interesting sketch of vertigo, headache, recur
attacks of colic, constipation and dyspepsia,
general health gradually but surely declin
until a short time since she suffered from at
of melancholic mania, which lasted for a mo
The case had repeatedly baffled the skill of p
titioners, and a singular feature about it was
improvement which resulted from confinem
to the house. Under these circumstances,
cosmetic being unapplied, the system relie
itself, to some extent, of the poison. She
wholly ignorant of the cause of her condi
until the wrist drop drew attention to the
cific nature of the poison. "On her sec
visit to me," says Dr. Holland, "she was
companied by her sister, a seamstress, who
been compelled to quit work on account of
ure of strength in the arms. She had been u
the same preparation for the same length
time, and had suffered from the lead gout,
is called, and from what was presumed to
epileptic convulsions." He emphasized the
facts which it was the object of his paper to
attention to, namely, that lead may be in
duced into the system from absorption thro
the skin, when applied in the form of cosm
powders, enamel lotions, or in the form of w
are called hair restorers; secondly, that the m
beautifying enamels are composed of white le
and that nearly all hair restorers contain sug
of lead.

Dr. Wathen related a similar experience, in
which a young lady consulted him, and was
treated by him, for irregularities of menstruation,

ntil the multiplicity and diversity of symptoms used a close investigation of the case, when it s revealed that she had been applying cosetics to a sufficient extent to obscure the eckles on her face.

Dr. M. T. Scott, of Lexington, who had been pointed to read a paper on the diagnosis of seases of the chest, announced that he would nfine himself to the consideration of an obure case of aneurism of the thoracic aorta, with marks on its diagnosis. The patient was a ick mason, colored, forty-seven years old; came der observation February 29th, 1880. For a ar he had suffered from vague and anomalous mptoms referable to the thoracic and abdomil organs; his principal complaint being of yspnœa, almost constant, never excessive, and tle if at all increased by exertion. Periodically, complained of a dull, gnawing pain, of a neugic character; this was worse at night. He d a syphilitic history, symptoms of exophthalic goitre were present, and the countenance as expressive of anxiety and pain. The lungs ere emphysematous, percussion note vesiculompanitic, cardiac dullness decreased, but the eart sounds normal, pulse from 100 to 125, and mperature always below 100° F. No thrill, urmur, bruit, or localized bulging, even, was anifested. The dull boring pain between the pine and left scapula became more and more tense as the case progressed to a fatal terination, which occurred suddenly, during a aroxysm of coughing. The autopsy revealed an eurism the size of a large orange, at the upper ortion of the thoracic aorta. This condition isted as a dilatation of the coats of the vessel. e normal calibre of the vessel terminated abptly at both the proximal and the distal sides the sac. The bodies of the 3d, 4th, 5th, and h dorsal vertebræ were eroded, and the rupture the sac had allowed the blood to escape into e left bronchus. Dr. Scott then entered into discussion of the case at some length, citing atistics as to the frequency of occurrence of eurism in the various portions of the aorta. e then referred to a variety of conditions that ay affect the calibre of intra-thoracic vessels, us causing murmurs and capable of misleadg, and reached, as the final proposition, that, ter all, we are indeed compelled to rely for our agnosis upon the indirect symptoms, the seuential phenomena.

Dr. J. D. Neet, of Versailles, reported an obure and interesting case of pyothorax, which ccurred in an individual free from any history hereditary tuberculosis. The individual, roughout the period of his illness, had an exllent appetite, and would have been well ourished but for the constant drain of pus from penings, spontaneous in character, increasing oth in size and number as the case progressed. he autopsy revealed no sign of tubercle, nor of broid phthisis, and Dr. Neet rather favored the pinion of death by exhaustion, being seemingly nable to further account for the pathological ndition.

Dr. Whittaker, of Cincinnati, regarded it as a ase of "empyema necessitatis," and considered e case undoubtedly tuberculous in character, twithstanding the history. He held that tuberculosis is first a blood disease, and as such it is more frequently acquired than inherited. He then made some remarks concerning the generation of pus from the white blood corpuscle, through the transformation of the cell by its death.

Dr. A. M. Vance read a paper on the "removable paper brace in the treatment of spinal curvature." At the conclusion of his paper, Dr. Dawson, of Cincinnati, and Dr. Yandell, of Louisville, engaged in a somewhat lengthy, though interesting discussion of the merits of various dressings in spinal diseases, the general agreement seeming to be that the acme of perfection is not yet reached in this respect. A desire was repeatedly expressed for the invention of a flexible and easily adjusted dressing, which, while it permits of freedom of motion and ready adaptation, yet does not lose sight of the prime object of all such dressings, which is to give unyielding support and absolute rest to the afflicted portions.

Dr. Harwood, of Shelbyville, read a report on the therapeutic uses of quinine, in which he took the ground that when given to the extent of twenty grains a day, in cases of remittent fever, or intermittent when the apyrexia is short, it will produce the increase of temperature which it is an object in the treatment to abate. He has no doubt that many cases of relapse, as it is understood to be in these cases, are cases in which the action of the drug is not understood, or, being known, is disregarded.

Dr. Dunlap made a report on the epidemic and contagious diseases of central Kentucky from which it appears that a few cases of measles and now and then a case of scarlet fever is about all the wave of trouble of this kind that has rolled across the peaceful breast of the State.

Dr. W. O. Roberts reported a case of successful ovariotomy, exhibiting the specimen, and called attention to the fact that, performed under strictly antiseptic precautions, the case was afterwards troubled by comparatively no rise of temperature, and under the use of hypodermic morphia, as an anodyne, recovered entirely in the course of two weeks.

Dr. Coomes, of Louisville, being unable to attend the Society, had his report read. It consisted in the description of what might be called an audiometer. He claims that by its use malingerers may at once be detected, while the instrument serves the purpose of both measuring the acuteness of hearing and registering any improvement that may take place from day to day, as well as permitting the operator to test the patient's hearing with reference to different sounds, from musical tones to conversation.

Dr. Wathen presented some ideas upon the subject of urethral examination in females, detailing the unsatisfactory methods that have previously been practiced, and calling attention to the general desire for some improvement in this direction. He thinks much may be accomplished by the application of a *modified dilating forceps* to these cases, provided the instrument be properly manipulated.

Dr. McMurtrie read a report on the subject of typhoid fever.

Taken all in all the policy of the meeting just ended has been of more importance than its literary accomplishments. While the latter have been fair, the work done this year, in the matter of business, is, no doubt, destined to have much influence upon the attitude which the profession shall assume in this State in the future.

Editorial Department.

Periscope.

The Pathology and Treatment of Sea-sickness.

Dr. O. G. Wood writes to the *British Medical Journal*, on the subject of sea sickness:—

My experience leads me to the following general conclusions:

1. Individuals who cannot look down from a height without feeling giddy suffer more frequently and more persistently than those who do not experience such sensations.

2. Men who are accustomed to smoke strong tobacco suffer less frequently and recover sooner than non smokers or those who use mild mixtures.

8. The people who suffer least (leaving out of consideration those who, from habit, or early training, have become accustomed to the motion of a ship) are men of naturally "strong heads" and "good nerve" expressive, if not strictly scientific terms); men of good physical development, who ride straight, delight in games requiring both pluck and judgment, and never lose their presence of mind in any emergency. Hence, perhaps, the reason why sea-sickness has from time immemorial been considered a fair subject for ridicule, as implying a certain deficiency in the manly virtues.

4. Sea sickness supervenes sooner on an empty stomach, and when a "bad sailor" has recovered from sea sickness he often continues to suffer from nausea on first rising in the morning; that is to say, in the long fast between dinner and breakfast, and on changing the recumbent for the upright position.

6. If stimulants (among which I include small doses of opium) be taken while in the recumbent posture, and retained by the stomach, a temporary power of resisting sea sickness is obtained, but a very pronounced reaction, not easily remedied, is apt to follow this alleviation.

6. It is exceptional to find a woman who is really a "good sailor."

To each of these propositions, more particularly the last, there are undoubtedly exceptions; but to my own mind there are sufficient data on which to base the following conclusions:—

1. There is analogy between sea sickness and the feeling of nausea often produced by fear or other disturbing mental emotions.

2. Sea-sickness is, in the first instance, at least, a purely cerebral phenomenon, though doubtless the repeated acts of vomiting do in time produce local gastric irritability.

8. This cerebral phenomenon is due to the disordered (irregular?) intra-cranial circulation, which, produced at first by the motion of the ship, is maintained and intensified by a secondary disturbance of the normal inhibitory function of the vagus causing a rapid, weaker, and irregular action of the heart. Hence, the effect of the recumbent posture, and, perhaps, in part, the influence of stimulants.

If, then, my views be correct. the indication fo the treatment of this truly distressing malady is t regulate the cerebral circulation; and this I would attempt to do the moment the first sens of nausea began to manifest itself. I fear w shall never be able therapeutically to preven sea-sickness, but I do hope that we may som day be able to cure it. The next sea-voyage I have to make, I intend to take with me the following mixture, and to try the effect of a on ounce dose twice a day:—

℞.	Liquoris atropiæ,		♏xij
	Tincturæ digitalis,		♏lxxı
	Tincturæ-cannabis indicæ,		♏xl
	Tincturæ capsici,		f. ʒ ij
	Olei caryophylli,		♏xvj
	Lymph. aurantii,		
	Mucilaginis acaciæ,	ãã	f. ℥ j
	Aquæ,	ad	f. ℥ viij. M

At the same time, of course, carefully regul ing the bowels, which are apt to become co stipated on a sea-voyage. I am inclined to b lieve that the combined action of atropine a digitalis, together with the slightly exhilarati effect of the Indian hemp, may enable us t meet the indication to which I have already r ferred.

Transmission of Rabies by Inoculation.

In the month of January M. Maurice Reyna read a communication on this subject before t French Academy of Medicine.

A child died at the Trousseau Hospital (Paris) of confirmed hydrophobia; just before its dea four rabbits were inoculated with saliva from th mouth of the patient, and three died; two wer inoculated with the blood, without fatal result After the death of the child, two rabbits were inoculated with the mucus found in the bronchial tubes, and both died; six with fragments of th salivary glands, with but one death; the roots o the tri-splanchnic nerve placed under the skin o another rabbit caused death in three days.

In a third series of experiments it was found that the saliva or blood of any one of the animal thus killed invariably caused the death of othe rabbits inoculated with it. M. Reynaud concluded from these facts that the transmission o rabies from the human subject to animals wa possible, and that these animals died of hydrophobia.

This supposition was contested by M. Colin, of Alfort, who considered that septicæmia was the cause of death.

M. Pasteur removed some saliva from the mouth of the child, four hours after death, and with it inoculated two rabbits; both perished in thirty-six hours, and their saliva caused the death of two others. In the blood of these animals M. Pasteur discovered a microscopic organism (microbe en huit de chiffre), which differed notably from the vibrion found in septic conditions.

The lack of any period of incubation would seem to be against the supposition regarding the transmission of rabies.

The Academy appointed a commission to experiment on the subject, and M Villemin presented their report (*Concours Méd.*, Feb. 19th). In a first series of experiments, two rabbits were inoculated with a drop of septic blood and died in less than twenty four hours. At the autopsy, violent local inflammation, serous suffusion, profound alteration of the tissues, softened spleen, numerous bacilli (microbes en batonnets) in the serous fluid, infiltrating the tissues, but none in the blood taken from the heart.

2. Two rabbits were inoculated with a drop of blood obtained from the animals which had been inoculated with the child's saliva; they succumbed, one in eighteen, the other in thirty-six hours. Autopsy: turgescence of venous system; induration of the spleen; spots and hemorrhagic suffusion in trachea and lungs; finally bacilli of figure of eight shape (microbes en huit de chiffre) in the blood, differing essentially from the vibrions proper to septicæmia found in the other case.

The conclusion arrived at by the commission was that it was impossible to consider this disease identical with septicæmia.

Incision in Purulent Pericarditis.

An extraordinary and interesting case is recorded in the *Berliner Klin. Wochenschrift*, No. 5, 1881. A boy, ten years of age, suffered from empyema and purulent pericarditis. The pleura was accordingly tapped, and thirty-eight ounces of serous effusion were withdrawn. The pericardium was tapped, and about four ounces of pus taken out. The patient's condition did not much improve; there was very considerable and increasing dyspnœa, with lividity, and some œdema of the feet and legs; sleep was much broken, and the general condition very low. Under the circumstances, it was determined to incise the pericardium, as the physical signs pointed pretty conclusively to a further accumulation of fluid within it. The operation was carried out under the strictest antiseptic precautions. An incision, about three centimetres long, was made between the fourth and fifth ribs, close to the left margin of the sternum, and each layer separately divided until the pericardium was reached. An opening was then made into it, through which a considerable quantity of pus escaped; two drainage-tubes were put in, and the wound dressed after Lister's method. The patient was, very shortly after the operation, able to lie on his back, and felt much relieved by it. It was not, however, until at least two hours later that the pulse became appreciable. On the day following the temperature stood at 101° Fahr., but it then came down to normal and remained so. At the end of eight weeks the pericardial wound, which had been gradually closing, was cicatrized. There were no further pericardial troubles. But the signs of the pleuritic effusion pointed to a fresh collection in this cavity, while there was still fever after removing thirty-five ounces of fluid; as the general condition therefore was not relieved, a free incision was made into the chest, and another fifty ounces were removed. Improvement now set in, and at the end of six weeks the wound had closed, and the patient was sent out of the hospital cured.

The author draws the following conclusions from his case: 1. The case teaches that purulent pericarditis, just as empyema, may at times run its course without giving rise to fever or œdema of the tissue, so that the nature of the exudation can only be decided after an exploratory puncture. 2. We must not abstain from removing the exudation on account of any supposed myocarditic changes. 3 In cases of considerable pericardial effusions, change of position may not influence the line of dullness; but this fact must not always be interpreted in favor of dilatation of the heart.

Prognosis in Cardiac Disease.

At a meeting of the Medical Society of London, in February, Dr. Milner Fothergill read a paper on the "Prospects of Cases of Valvular Disease of the Heart." He pointed out that the well marked cases, as described in text-books, were generally recognized and appraised correctly. But there were other cases marked by the presence of a murmur; when the prospect was very much better. Much misery to patients, and considerable discredit to the profession, were the result of transferring to such cases the prognosis of the most serious forms. Practitioners scarcely ever erred about the grave cases, but they were not always so accurate about the less serious cases. Stokes long ago pointed out that there were cases where the mischief did not progress, or imperceptibly; and Latham differentiated three forms of mitral mischief after endocarditis of varying severity. It was important to recognize the fact that in many cases the injury done is quiescent, like a scar, and the patient is only conscious of something wrong on effort. All light work was not incompatible with length of days. He then related the history of four cases, all well known to him, of mitral disease.

1. A girl who had a loud mitral murmur at the age of eight. She is now twenty-four, in fair health, as a village schoolmistress.

2. A man whose murmur was first heard in 1867, sometimes ailing, but at work as a blacksmith, only troubled when shoeing very heavy horses.

3. His sister, with disease of two years' standing, last year flooded in labor. She became anæmic, and then some dropsy followed, which quite disappeared under treatment.

4. A man with some mitral disease, of twenty-seven years' standing, who had dropsy for the first time last autumn, after a short illness. He is now free from any dropsy and feeling well

again. Another case of severe mitral disease, lasting thirty-eight years, was cut short by bronchitis last spring. Even aortic regurgitation does not always progress rapidly, and he knew of a number of cases where no perceptible progress had been made in four or five years. Consequently we are not to take a hopeless view of all cases of valvular disease of the heart.

On the Control of Diarrhœa in Typhoid Fever.

Dr. James W. Allan, superintendent of the Glasgow Fever Hospital, says, in the *Lancet*, March 19:—

It is, perhaps, better not to attempt to check the diarrhœa of enteric fever so long as it is mild —that is to say, as long as the motions do not exceed three or four in the twenty-four hours. But when the stools are very loose and copious, as well as frequent, it becomes a very desirable thing to control, if not to stop, the diarrhœa. Severe purging rapidly exhausts a patient. In the case of children the following measures may be tried:—(1) Boiling the milk which constitutes patient's diet; (2) boiling cinnamon in the milk, and straining it; (3) adding lime-water to the milk in varying proportions, say from one in four to half and half.

The above simple remedies are well worthy of trial. They have the great advantage, in the case of children, of not being "bad to take," and further, while the patient is taking the medicine he is taking his diet (*i. e.*, milk) at the same time.

In the case of adults the means just mentioned should first of all have a trial. If they fail we may then try (1) that excellent pill—lead pill with opium—say one every three or four hours, till the diarrhœa is restrained. This pill is very valuable in the treatment of purging, and it has the additional advantage of tending to relieve pain and check flatulent distention of the intestines. Should the purging continue, and especially if the desire to go to stool be urgent and persistent, we should at once resort (2) to the use of the starch and laudanum injection—say ten, fifteen or twenty drops of laudanum in two tablespoonfuls of thick starch, injected into the rectum. This is a capital remedy; it checks the diarrhœa, allays the irritation, and probably at the same time disposes the patient to sleep. It is perhaps unnecessary to add, that no beef-tea should be given while there is diarrhœa.

Prevention of the Irritating Effects of Atropia.

In the Cincinnati *Lancet and Clinic*, Dr. W. W. Seely, writes:—

It is well known that atropia not unfrequently causes even a vast amount of irritation to the conjunctiva, so great in some cases as to preclude its use.

The suggestion made by myself in 1867, of combining a small quantity of some astringent (usually zinc) with the atropia has remained the only practical solution of the difficulty, and has probably been used by everybody.

Since the well known effect of eserine of contracting blood vessels has been recognized, combining a quantity with the atropia has been tried, and with a certain degree of satisfaction; but the fundamental action of these two substances, as all know, is the opposite, so the eserine detracts somewhat from the mydriatic effect of the atropia, an effect whose diminution can be poorly tolerated, since in iritis (about the only territory left for atropia) we want the greatest possible mydriatic results.

Now, it is surprising what a controlling effect the yellow oxide of mercury has over exactly the state produced by the atropia, and I am in the habit of using it daily in cases of iritis, with apparently the most satisfactory results, quite perfectly overcoming any irritation from the atropine. My experience has not been conclusive, so far as this irritating effect of atropia goes, simply because I have encountered no excessive irritation from the atropia, and hence simply suggest this remedy for trial.

As regards the direct benefit over the iritis, by controlling the calibre of the anterior ciliary arteries, I am not certain but that some benefit may accrue by the use of the yellow oxide, or some other remedy that will diminish the size of these vessels.

Death from Swallowing False Teeth.

The following curious case is reported by J. H. Gardiner, M.D., in the *Canada Journal of Medical Science*, March, 1881:—

On Jan. 20th, 1881, Mrs. B., æt. 33, was supping some soup, when a plate and two false teeth attached became loosened and slipped down her throat. Violent retching followed, lasting for several hours, but was finally allayed, whether from the stomach becoming accustomed to the foreign body, or from bismuth freely administered, I do not know. A dull, heavy pain was complained of over epigastrium and in the back over region of stomach, which remained until death. The retching at times recurred, but only slightly. A difficulty in swallowing was complained of, even liquids causing pain. I ordered her to remain in bed, and to take bread and milk, corn starch, or any fluid or mucilaginous food. My instructions were not followed; but the patient persisted in being around and doing her usual "housework." Just one week after the accident happened the patient was seized with violent hæmatemesis, accompanied with purging. Dr. Charles Moore, Sr., saw the case with me, and we agreed as to the cause of the hemorrhage, viz, the severing of one of the arteries of the stomach. Ergotin was used hypodermically in eight grain doses every three hours. All efforts of treatment by the mouth only aggravated the symptoms. The vomiting soon ceased, but the purging continued until the end; and seventeen hours after the appearance of the first urgent symptoms the patient died. In the absence of an autopsy, I can only say that I think the accident was caused by a sharp angle of the plate, which was broken previously, being caught in a fold of the stomach near the cardiac orifice; and this had severed one of the arteries of the stomach.

The Relation of Brain Substance to Mental Power.

In the *Canada Journal of Medicine*, March, 1881, Dr. Daniel Clark collects a large number of instances where, after most severe lesions of the brain, little or no motor impairment followed. The inference he draws is as follows:—

These examples might be indefinitely extended. Medical literature is full of evidences of destruction to the brain matter of the cerebrum and cerebellum, without any serious impairment of mental power or physical functions. Let a brain be taken, and wires passed through it to indicate the course of the missiles in these cases I have mentioned, and it will be seen that brain substance has been injured in almost every conceivable direction, yet with no results at all commensurate with the lesions inflicted. If these parts are motor centres, then have we the miraculous phenomena of organic operations without an organ; of varied and distinct functions without a motive power; of uniform results without an efficient cause. Were we even to consider the brain a dual organ, the difficulty would remain, where corresponding sides are simultaneously injured. In all the dual organs of the body we find sudden injury to one is always followed by imperfect work in its fellow, until time is given to allow provision to be made for the extra labor imposed. When we find no impairment in function consequent on destruction of *one* so-called motor centre, we are led by uniform analogy to doubt a doctrine so anomalous and contradictory. At least, it is better to receive with caution a theory which is being accepted, based upon exceptional examples, which do not account for the physical results, except in isolated cases. The mental effects seen, as consequent upon brain injury, would prove too prolific a theme for present investigation.

The Cold Treatment of Dysentery.

The treatment of dysentery by enemata of ice water is not new in this country, but the recent trial of it by Dr. Mich elov, of St. Petersburg, as quoted in the London *Medical Record*, is not without interest. He says it has not failed him in a single case for four years. It proved especially successful in the cases of his own children. A short description of two cases follows. Quinine, in the form of Botkin's cholera drops, was administered internally in all cases. (Compound tincture of quinine, Hoffman's anodyne spirit, of each half an ounce; hydrochlorate of quinine, one scruple; dilute hydrochloric acid, half a drachm; tincture of opium, half a drachm; peppermint oil, fifteen drops.) The diet consisted of *bouillon*, milk, and eggs; the drink was cold water and red wine. The enemata were made in the following manner: Ice was crushed to paste; from this mass of ice two glasses were taken for grown-up men for every enema; for children, according to age, beginning with half a glassful, and so on. Water was then added while the ice floated. It was then poured into a glass funnel connected with a long tube. This funnel, fixed on a stand, remained near the sick bed; in other words, the apparatus remained in action until the mass of ice melted and flowed slowly into the rectum, which process lasted about one or one and a half hours. The enemata were employed every two hours, then every three and four hours; finally, twice or three times daily. The author succeeded in all cases in curing the disease in eight or ten days.

Bronzing of the Skin.

A curious case was presented to the Clinical Society of London, last month, by Dr. R. Crocker. The patient was a sailor, and a native of North Sweden, aged twenty-two, stoutly built, and in good health; and the pigmentation came on after exposure to severe weather eight years ago, attained its full development in a few days, and has not extended or diminished since the first week, though he thinks he is paler at some times than at others. The hands, backs of the forearms, legs below the knee, and mucous membrane, are unaffected, but all the rest of the body is darker. The pigmentation had no sharp line of demarcation on the limbs and face, shading off to the normal. The general line was a yellowish brown, but the neck, axillæ, nipples, umbilicus, penis and scrotum, were black. The abdomen, bend of elbow, and interscapular region were somewhat darker than the general line; while the face and limbs generally were paler. On the face the forehead was most affected. On the neck and axillæ were closely aggregated papillary growths, about one eighth of an inch long, and the natural lines of the skin everywhere were deepened. Repeated alkaline baths and friction had no effect upon the discoloration. Microscopical examination of the skin of the abdomen showed the pigment to be deposited in the deepest cells of the rete, though pigment granules were to be seen both in the layers and in and about the papillary vessels of the corium. The corneous layer encroached upon the interpapillary part of the rete mucosum, so that that part formed a narrow layer of uniform thickness moulded upon the papillæ; these were elongated apparently by the protrusion downward of the interpapillary processes. The papillary growths upon the neck consisted of an outgrowth of the papillary layer of the corium, involving several elongated papillæ. The pigment was in the same position as elsewhere, but there was no alteration in the arrangement of the epidermic layers. Dr. Crocker was unable to offer any satisfactory explanation of the pathology of this condition, but negatived the idea of its being due to phtheiriasis.

Water Diet in Typhoid Fever.

M. Luton, of Rheims, in the *Jour. de Thérapeutique*, quoted in the London *Medical Record*, gives an account of the manner in which, since 1869, he has been in the habit of using water diet in the treatment of typhoid fever. It is understood that the disease should be taken at its commencement, the diagnosis being well and thoroughly made out. Generally, the patient has been purged and the bowels are acting fairly. The patient is then submitted to a strict diet; the only drink he takes is water, well filtered, if necessary, cooled with ice; and of this he may to-day he is an inmate of an insane asylum. This man was most conscientious, and anxious to do right, and honestly tried to check this desire for drink by both his will and the exercise of faith and prayer. He was suffering from dipsomania, brought on by overwork and cerebral exhaustion, and could only be benefited by the application of exact remedies following the line of known physical laws. Had he been placed in some hospital for inebriates, recovery would have followed.

The second case was that of a farmer who came home from the army, where he won distinction for bravery, but had acquired periodical inebriety. I was consulted by letter, and urged the physical nature of his malady and the necessity of physical treatment. This he objected to, stoutly asserting his ability to stop any time. Being a favorite in that community he became the object of interest for both the temperance and church reformers, who sought, by the application of all their means, to save him. During the next three years he joined the church, relapsed, was received back again, was very prominent and earnest, then became cold and slanderous; also united with the temperance society, worked well for a time, and relapsed. Was the subject of the united prayers of the community for many years, and signed the pledge repeatedly; made innumerable efforts and resolves to stop, but failed; was a praying man, and sought every means to get help from this source; then gave up in despair. He wasted his property, and, in a paroxysm of drink, set fire to his building and perished in the flames. Here the failure was simply in not applying remedies that were adequate to meet his case. He was suffering from a physical disease which could be reached by physical remedies.

These two cases may stand as typical of many others who are disappointing their friends, and are enigmas to all who come in contact with them. Always attempting to recover, and with extreme confidence entering upon every effort that promises this end; then relapsing very unexpectedly, and only to repeat this process at an uncertain time and moment.

Another class of cases have come under my care that are equally enigmatic, but more common. Like the others they have disordered emotional symptoms, are either elated or depressed; at times seem to have great power of control, passing through many temptations with great firmness; then, all unexpectedly, relapse on the slightest provocation.

The following is a typical case of this character: Brown, a lumber merchant, an intensely active man, with healthy parentage, who had been an occasional drinker from 20 years of age, began to use alcohol to excess when 34 years of age. Five years later he was an irregular inebriate, drinking very severely for a week or more, then reforming for an uncertain interval, varying from a few days to a year. He was a leading man in the community, and the object of great solicitude by his friends. From his brother in-law, a physician, I obtained the following history: He drank always at home, in his room, and would not go out, but insisted on doing business and having friends come there to him. He was either very jubilant and hilarious or stupid and drowsy. All advice and pleadings of friends were listened to with unusual politeness. Clergymen and others would come and pray for him at these periods, to his apparent pleasure. He would become violent if any attempt was made to take away the spirits, claiming he would stop when he pleased. Then, suddenly, he would call for a pledge, sign it, and stop at once, go to church, exhibit great zeal for the temperance and church work, or go to saloons and talk, and attempt to help inebriates reform by advice and money. These efforts would last an uncertain time; then, unexpectedly, he would begin to drink at home again. Sometimes he would "swear off," as he termed it, for a year or more, and remain rigidly temperate up to the last moment, then drink in a manner equally mysterious. When he pledged to abstain for a certain time, it was carried out rigidly, to the exact moment. If during his paroxysm of drink he could be induced to sign a pledge, it was the end of all further intoxication or drinking. This puzzled his friends, and seemed purely a vice which he could check at will. At times he made active exertions to build himself up by the exercise of faith and prayer, and never seemed to realize his condition or be conscious of the excess. He continued in this way for many years, and finally died of acute pneumonia, after an attack of drinking.

A., an actor, thirty-five years of age, with unknown parentage, consulted me about irregular attacks of inebriety attended with intense depression and suicidal delusions. The paroxysms were preceded by attacks of acute dyspepsia, which came on unexpectedly to him or his friends. He joined the church and many temperance societies, advised with clergymen and others, but obtained no relief; his friends said he was very cheerful, and if his buoyant spirits could be kept up during the attack of the dyspepsia he would remain temperate, but if from any cause he became depressed, inebriety was inevitable. At times he would determine not to drink, and carry it out; again, he would exhibit the same firmness and energy, yet fall. My advice to stop work and go under physical treatment for this condition was neglected, and today he is alternately reforming and relapsing, seemingly dependent upon obscure unknown conditions.

These cases both exhibited disordered emotional symptoms, and seemed to try hard to recover by the use of the will and the exercise of faith and prayer. They both could, at times, restrain themselves, and were enigmas to their friends. These cases may be termed emotional or accidental inebriates, and follow an apparently erratic, confused course, appearing and disappearing at unexpected times and seasons. A noted temperance lecturer, who is of this class, has a paroxysm of drink craving every two hundred days. At times he is able to resist, at others he gives way, but no matter what the time or circumstances may be, the return of this paroxysm is certain and invariable.

I am sure that a study of these cases will indicate the laws which govern them, and show the same realm of physiological and psychological forces as that which govern other diseases. I protest against calling every symptom that is obscure an evidence of vice, and attempting to reach it by spiritual agencies alone. Because an inebriate, under the emotional excitement of religious or temperance appeals, reforms and remains temperate, to reason that these means will be effectual in all other cases, or that the disorder is simply a vice, is thoroughly unscientific. Cases are found where chronic inebriates reformed at once without any cause, under the most adverse conditions; the same unknown element is seen in all diseases, indicating merely our ignorance of the knowledge and conditions of all the laws governing them. Any careful study of inebriety will show that its complex causation and character cannot be reached by any specific or special methods, and all efforts to cure it as a vice by spiritual means must result in failure. I would not discourage the efforts of church and society, but seek rather to educate them into a broader view on the subject and the use of means adequate to reach the disorder. I would urge upon the profession the study of this subject with a true scientific spirit, and thus seek to teach the enthusiastic church and temperance reformers how to work more effectually and on a broader plane. The profession should teach the world what inebriety is and how to treat it, and not reformed inebriates and clergymen, who are heard in every town of the land. The following conclusions I am sure will be confirmed by all who have had any experience, and are founded on rational natural means:—

1. Inebriety is a physical disease which must be reached by both physical and psychical means.

2. All methods of treatment must be along the line of natural laws, and include all means, both physical and spiritual, that can build up and strengthen the entire man.

3. Spiritual means are only valuable in proportion as they are used with other means, and where they are effectual alone, they are the exception to the rule and cannot indicate any direct line of treatment.

MEDICAL SOCIETIES.

KENTUCKY STATE MEDICAL ASSOCIATION.

ANNUAL MEETING.

REPORTED BY A. H. KELCH, M.D.

This, the twenty-sixth annual session of the Kentucky State Medical Society, convened at Covington, on the afternoon of Tuesday, April 5th. At three o'clock Dr. Lyman Beecher Todd, of Lexington, called the meeting to order, and the work of organization at once began. But little time was consumed in listening to the reports of the Secretary and Treasurer, and of the committees of arrangements, entertainments, etc., when the regular order of the reports of papers, according to the programme, was entered upon. The lateness of the hour of opening was necessarily followed by a short session, and but three papers were, in the afternoon, presented. Dr. G. L. Dunlap, of Danville, read an interesting paper on improvements in surgery, being followed by Dr. C. H. Thomas, of Covington, on improvements in the practice of medicine, and Dr. S. M. Letcher on hygiene. The association was then adjourned until eight o'clock in the evening, when it reassembled to hear the President's address, as usual. Dr. Todd is a pleasing speaker, a man of good address, and his oration was well received. He began by saying that "the quarter century anniversary of his professional life has been crowned by the highest honors it was in the power of an association representing a noble State to confer." He uttered his appreciation of this expression of confidence and esteem, and considered it appropriate, in view of the circumstances, to call the attention of the society to a *quarter century retrospect in medicine and what it teaches.* After dwelling at some length upon the nobility and the grandeur of the profession chosen by those who form the membership of the body he was addressing, he said: "You are the representatives of discoveries—the circulation of the blood, auscultation, vaccination, duration. A valuable chapter on retinitis in Bright's disease is contributed by Dr. William F. Norris, professor of ophthalmology in the University of Pennsylvania.

The last two sections, about eighty pages, are taken up with diabetes mellitus and insipidus.

The author gives a great deal of attention to the therapeutics of these diseases, and his words recommend themselves as sound and practical. His directions are clear and minute. The pages are well illustrated with wood-cuts and two colored lithographs representing the waxy casts and intraocular lipæmia.

On the Antagonism Between Medicines and Between Remedies and Diseases. By Roberts Bartholow, M.D., LL.D., etc. New York: D. Appleton & Co. 1 vol., 8vo, pp. 122, cloth. Price $1.25.

These are the Cartwright lectures for 1880, and the book is in fact a reprint from the New York *Medical Journal*, in which periodical they appeared a few months ago. Those who believe in the doctrine of Antagonism will find an ardent advocate of their views in this writer, and one who pushes his faith in it as far as they will desire. Not much attention is paid to those who object to the theory; they are set down as deceived by 'sources of fallacy" of various kinds. The extremely acute criticisms of the theory of antagonism, by Professor Gubler, are not satisfactorily answered to our mind. Nevertheless, there are many excellent observations and valuable suggestions presented which will repay the reader, even if he closes the volume convinced that the doctrine itself, regarded as a basis of therapeutics, is not merely a fallacious but actually a dangerous one.

Anatomical Plates Arranged as a Companion Volume for "The Essentials of Anatomy," and for all works upon Descriptive Anatomy, etc. By Ambrose L. Ranney, A.M., M.D. New York: G. P. Putnam's Sons, 1881. Cloth. Small 4to. Price $3.00. For sale by P. Blakiston.

This anatomical atlas is largely a reproduction of that of Prof. Masse, of Paris. It contains in all 124 plates engraved on stone, and generally clearly and accurately done. Opposite each plate is a page of text, giving a brief description of the section represented. Various diagrams are added by the American editor, to bring out more clearly the relations of the parts. Numbers are used instead of names, to designate the particular parts represented. The size of the atlas, being small quarto, is a decided point in its favor, and one that renders it at once more convenient to study and also much cheaper to purchase. The price at which the present atlas has been put is certainly very reasonable indeed, for the character and extent of the work.

How We Fed the Baby, to Make Her Healthy and Happy; with health hints. By C. E. Page, M.D. 144 pages. Paper, 50 cents; cloth, 75 cents. New York: Fowler & Wells, 753 Broadway. For sale by J. B. Lippincott & Co.

The theory which this book is written to establish is, that "the chief cause of infant mortality is excessive feeding" (p. 28). It is often enough, says the author, for a baby to take the breast thrice in twenty-four hours. To feed it more frequently is to impair its digestion and to lead to imperfect nutrition with all its attendant dangers. The example of the author's own child is adduced as proof of the success of the method he recommends.

What Every Mother Should Know. By Edward Ellis, M.D., etc. Philadelphia: Presley Blakiston. 8vo, pp. 132, cloth, 75 cts.

Dr. Ellis is well known as a writer on diseases of children, his popular manual on that subject having gone through several editions both in England and America.

The suggestion was made to him that he should prepare a work in a popular form embodying the hygiene of infant life, and as much of the treatment of infantile diseases as the average intelligent mother may be supposed to comprehend. This he has done by expanding some of the chapters in his treatise, and throwing the material into a more popular form. His effort appears to us to have been a successful one, and all the usual points in such manuals are included. There are perhaps too many prescriptions given, some of by no means of inert character, the indiscriminate employment of which might be injurious.

The Diet Cure: An Essay on the Relation of Food and Drink to Health, Disease and Cure. By T. L. Nichols, M.D. New York: M. L. Holbrook & Co. Cloth, 8vo. pp. 88.

We can say little in favor of this book. It is the outcome of a hobbyism in dietetics, prepared by an English hydropathist, who adds his advertisement to his text. Though not an out-and-out vegetarian, he leans strongly that way, proclaiming that "fruit is the proper food for man." Disease he defines as "an effort of nature to cast out of the body some impurity, or poison." Again, "people who live as they ought, never need medicine." These phrases sufficiently stamp the general character of the work. It is not an exponent of science, but of prejudice.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS.—MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS.—SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

EXPLANATIONS OF MESMERIC PHENOMENA.

The revival of Mesmerism—to call it by its old name—in Germany, during the last year or two, has led to a swarm of articles and pamphlets on it of a more or less scientific character. What is wanted is a satisfactory explanation of the phenomena in accordance with the great advance of science since the days that MESMER so befogged the audiences of his day with his exhibitions.

It will be remembered that this famous charlatan first applied to the phenomenon in question the term of "Animal Magnetism," and explained it as "a mutual influence between the celestial bodies, the earth, and animated beings." His claims were considerably dashed in 1784, by the report of the committee appointed by the medical faculty of Paris, of which our own Benjamin Franklin was a distinguished member, which stated with definiteness that "there is no proof of an animal magnetic fluid; that having no existence, it is consequently without utility (!); and that the observed effects are due to the excitement of the imagination, and to that sort of mechanical imitation which leads us to repeat anything which produces an impression upon our senses."

The later committees appointed by the Paris Academy of Medicine in 1825 and 1837 were somewhat at variance, the former rather conceding the new force claimed, the latter stating that the experiments made were "certainly not in favor of the doctrine of animal magnetism."

It is unnecessary to refer to the writings of Mr. BRAID, who, about 1840, introduced the term "hypnotism," and offered a subjective explanation of the phenomena; and still less is it worth while to quote the vagaries of the clairvoyants and spiritualists, who so heartily embraced the magnetic theories.

Of late German explanations we may begin by bringing forward that of Dr. BERGER, of Breslau. He goes back directly to the report of the committee of 1784, as being nearer the truth in their explanation than any since offered. He attributes the main and decisive influence to the psychological factor of the attention and expectation being fixed upon a definite object or occurrence. The moment that the subject can withdraw his mind from the various manipulations, etc., and think of something wholly different, "the magnetizer" loses all his power. This is illustrated by the fact that in very young children, in the insane, and in those unconscious of the magnetizer's efforts, no such effects are produced. This writer does not deny that the effects are very decided in appropriate subjects; and he goes so far as to say, "The mental treatment of numerous cases of nervous disease has entered into a new career through the introduction of the hypnotic procedures; and they well deserve to be reduced to a method of therapeutics."

Another interpreter of the physiology of these phenomena is Dr. G. L. Schneider, of Leipzig. He has given especial study to the psychological processes. All voluntary action, he premises, rests on the gradual establishment of appropriate relations between an act of knowledge and an effort. These relations must exist before motion is produced. In the lower animals these relations are so inherited that as soon as a sensation is felt the effort and motion at once follow. So in hypnotized persons the consciousness is concentrated on one subject, and hence depressed in power. The motions are performed without full consciousness, and effort follows the impression without any clear knowledge of the relations between the two. This limitation of consciousness is brought about by fixing the mind for a considerable time on one impression, looking at a glass button, for example, or watching the magnetizer repeat monotonous motions.

Entirely reasonable action takes place only when the concentration of consciousness is manifold, that is, when it takes into account sensations, perceptions and ideas, and combines each in accordance with their respective values as instigators of motion; less reasonable action considers only one or the other of these, and allows it to control and direct effort. Persons in the hypnotic condition are thus governed by the one sensation on which their minds are fixed, and thus allow the other powers to lie dormant, their actions to be guided by the one predominant impression. Hence, all mesmeric appearances may, in psychological terms, be explained by one expression, and that is the abnormally limited concentration of the consciousness.

Such is Schneider's theory; and it seems to be a satisfactory and philosophical explanation of the psychological phase of the phenomena.

QUESTIONS RELATING TO TYPHOID FEVER.

An eminent naturalist has asserted that in the development of the commonest weed all the great laws of biology are exemplified; not less true is it to say that the processes of any disease illustrate the pathological phenomena common to all. There is no necessity to wait for rare cases and extraordinary examples in order to pursue researches; maladies that are daily under observation offer a sufficiently great number of points for study.

Take one so prevalent as typhoid fever; how many questions of great interest concerning it are still unsolved! How does it arise? Is it contagious? Does the poison remain in the excreta mainly, or only? Has it a definite anatomical lesion? If it has, in what relation does this stand to the development of symptoms?

These are but a few of the inquiries which may be put about it, and how discrepant are the prevailing opinions about any one of them is obvious from the recent literature of the subject.

For example, on the presence and significance of the intestinal lesion we have the ablest observers at issue. The late Dr. Murchison, in his classical treatise on the "Continued Fevers of Great Britain," described "the specific lesions" of enteric fever, "which," he said, "*are invariably present*, and which consist in a disease of the agminated and solitary glands of the ileum." He added: "The morbid appearances presented by the agminated and solitary glands of the ileum are *constant in*, and peculiar to, enteric fever. '*Il faut*,' says Louis, '*non seulement la considérer comme propre à l'affection typhoïde, mais comme en formant la carac-*

lère anatomique, ainsi que les tubercules forment celui de la phthisie.' "

When such eminent authorities as Dr. MURCHISON and Prof. LOUIS have thrown the weight of their opinions into the scale in favor of the view that the intestinal lesions of enteric fever are *invariably* present, one might hesitate to dispute the point. At the present day, however, it is almost universally conceded that enteric fever is an essential disease, its secondary intestinal lesions standing to it in the same relation as the rash and sore throat of scarlatina do to that disease. It would, therefore, seem only rational to conclude that cases of enteric fever may occasionally occur in which there is no disease of Peyer's patches and the solitary glands of the ileum.

Such cases have been reported, and basing their views on them, not less eminent authorities have denied any inevitable relation between the symptoms and the lesion. Thus Dr. STOKES, in his "Lectures on Fever," insists "that no form of fever has any special anatomical change, and that where such does take place it is of a secondary character. The lesions of the abdominal organs in fever are—not the cause—but the result of the essential disease." The same learned physician writes: "looking at fever in a wide sense, we may safely hold that these secondary anatomical changes are inconstant in their amount, in their nature, and even in their seat; inconstant as to their time of appearance, their symptoms, their intensity, and their decadence; and utterly incompetent to explain the phenomena of the disease."

To similar effect writes Prof. GUBLER, in his "Principles of Therapeutics."

Another question is the *contagiousness* of this fever. There is no doubt but that the drift of opinion has been, of late, in favor of the theory that it is positively and actively contagious. The matter has been actively discussed in the English medical journals during the last twelve months, and so many cases have been cited going to show this side of the case that it is impossible to deny their cogency. One of the medical officers of health, Dr. W. S. THOMSON, who has written considerably on the topic, maintains, moreover, that there is no proof that the semina of infection reside solely in the intestinal excreta. Typhoid fever, he claims, spreads by contagion, like other zymotic diseases, being transmitted into the body by inhalation into the lungs, by being swallowed with the drink or food, or by dust. The poison may not be so volatile as that of scarlet fever, and therefore requires a carrier or vehicle (currents of air are sufficient); and, when the patient is susceptible, it proves a highly contagious poison. The means to be employed to prevent its spread should be promptly and rigidly carried out. They consist of immediate isolation; thorough disinfection of excreta; procuring pure water; thorough disinfection of clothing by hot air at a temperature of 300°, or their destruction by fire; preventing children from going to school or other public resorts from an infected house without thorough disinfection, and not until it has been ascertained that the child is free from infection. There is risk in any susceptible person visiting the infected house. As rigid precautions should be employed as in cases of scarlet fever, substituting the disinfection of the discharges on their very issue from the body for the oiling of the skin, to prevent the spread of scarlet fever from the surface of the body. The practice of admitting typhoid fever patients into the wards of general hospitals is to be condemned. Nurses should be selected from those who are protected by a previous attack.

The vast practical importance of these views cannot be overlooked. The extension of a disease so common and so serious as typhoid is greatly to be deplored, and if it can be materially lessened by the adoption of such precautions, there should be no delay in making the fact known, not only to the profession, but to nurses and the public generally.

On the other hand, such an assertion as the above, as to the contagiousness of typhoid, is contrary to the generally received opinion, and would do great harm if, being an error, it were accepted as true. Hence, while such statements ought to be diligently canvassed by the profession, they should not receive hasty publicity.

NOTES AND COMMENTS.

German vs. French Mineral Waters in Obesity.

The *Progrès Médical* observes that up to within a few years past the German Mineral Springs of Kissingen, Ems, and Marienbad had a world-wide reputation for the cure of polysarcia. As it were, they held a monopoly over obesity.

In 1874, Prof. Gubler, in a spirit of enlightened patriotism, spoke of the advantages which would accrue to the French Spas could a diversion in their favor be made among adipose patients—a numerous and wealthy class—whose patronage was then the exclusive privilege of the foreign watering stations. This wish has now been realized. Mr. Philbert, a sufferer from obesity, and who had followed the German reductive treatment, turned his attention to discovering, in France, a spring from which he and his fellow sufferers could obtain relief. He selected Brides, and has settled there.

His method of treating obesity rests on: 1st. Purgative effects; 2d. Sudation; 3d. Diet, and 4th. Physical exercise.

The evacuants he prefers are saline cathartics; hence the waters of Brides, which contain sulphates and chlorides of sodium and magnesia, could not be excelled. In doses of from three to four glasses on an empty stomach, in the morning, as many operations are obtained, without being attended by gripes or general debilitating effects. After two or three days diarrhœa sets in.

Sudation is brought on in a large and well-lighted vapor bath, which contains a spray douche. A sitting of forty minutes causes the patient to lose from 600 to 800 grams of his total weight, and this loss may be increased by means of frictions on the skin with a soap ointment.

At Marienbad great frugality is observed. But at Brides Mr. Philbert does not attach as much importance to the quantity as to the quality of food used by his patients. The diet consists in strict abstinence from everything that contains flour, starch, or sugar. Walking and fencing give exercise to the muscles. At first, the plethoric patient experiences great difficulty in taking long walks; but he soon becomes accustomed to this new mode of living, and by the time he leaves Brides the exercise has become a pleasure.

It is now some five or six years since Mr. Philbert has settled in this thermal station; he has had under his care a great many sufferers from polysarcia, and all have derived much benefit from his treatment. After a month's stay, the over corpulent lose, on an average, from twelve to thirty pounds in weight.

The only counter indications to which he calls attention are, either lesions of the heart, of the large vessels, or of the lungs.

Varices During Pregnancy.

The *Concours Médical* publishes an article on the above subject, from which we extract the following suggestions as to treatment: When varices appear as a complication of pregnancy all fatigue should be avoided, especially that resulting from prolonged standing. Women should carefully avoid all compression of the body that can interfere with free circulation of the blood. Œdema is to be opposed by keeping the limb in a horizontal position. This will also be found of service in inflammation of the veins. In case of hemorrhage the limb must be elevated still higher.

Compression is the most general mode of treatment. It is recommended by the majority of physicians, notwithstanding the fact that accidents, of rare occurrence it is true, have been attributed to this method.

For phlebitis, rest is of prime necessity. The limb should be kept in an elevated position, and poultices applied.

In cases of varices of the vulva or vagina, during pregnancy, it is prudent, as a *preventive treatment*, to discourage sexual intercourse, and recommend rest. At the time of delivery, if the veins exhibit too much turgescence, chloroform may be used so as to reduce the expulsive efforts. Notwithstanding these precautions, should hemorrhage set in, local digital compression is to be resorted to. This is tiresome, but it is the readiest method. Should it, however, fail, we must then have recourse to a tampon. But if labor is advanced, and the uterine orifice dilated, the best plan is to effect rapid delivery, and then resort to local compression.

Germs of Malignant Charbon.

In a recent note to the Academy of Sciences, of Paris (*Comptes Rendus*, No. 5, 1881), M. Pasteur states that there is a farm near Senlis, where many sheep annually perish of malignant charbon. These sheep have been interred in a walled garden; in one part none have been placed for twelve years. About two ounces of the surface earth was taken from this part; it was well washed and guinea pigs inoculated with the smallest particles; the animals rapidly perished of malignant charbon.

Then at the farm seven sheep were each afternoon placed in this part of the garden; as there was no grass the sheep were fed at the stable, with the rest of the flock; notwithstanding this, two of the sheep soon perished of charbon, while the five others and the rest of the flock did not suffer.

Thus two sheep perished through the habit they have of turning over the earth, and yet no diseased animal had been interred in the spot for twelve years.

In this part of the garden were grown some of the vegetables used on the farm, and but one of the farm people suffered; he had been attacked by malignant pustule, which had not proven fatal.

These facts would seem to prove that vegetable combustion and assimilation do not destroy the germs of certain microscopic organisms which may be contained in manure or in the carcasses of dead animals.

Albuminate of Iron in Amenorrhœa.

M. Jugand reports the following case in *Le Progrès Méd.*, No. 12, 1881. Mme. L., aged thirty-five, presenting all the symptoms of chloro-anæmia, said that her health was generally good, appetite fair, her family antecedents were excellent. At the age of seventeen a few drops of blood appeared, but since that period there has been no menstrual flow. She was married when twenty-two years of age, and has each month the pains of uterine congestion in the back, in the abdomen over the ovaries, with a sensation of weight in the same parts.

Wishing very much to become pregnant, she consulted many physicians, and took every form of emmenagogue in connection with the local treatment, sitting baths, cold douches, injections, etc., all without result. Then for two years she took insoluble iron pills, inducing only digestive troubles. M. Jugand found nothing abnormal in his examination of the uterus, and advised the patient to suspend all treatment for one month, taking care to recommend a proper diet during this period. Shortly after, as there was some diarrhœa, albuminous water was prescribed, and at the same time syrup of the citrate of iron was given; it was well supported by the patient, and after six weeks a few drops of blood appeared. Noticing the coincidence, albuminate of iron (Laprадés preparation), was administered; during the four following months the menses appeared regularly, the fifth month they were wanting; the patient had become enceinte.

Aconite in Fevers.

The use of aconite in remittent fever is commended by Dr. G. Bomford, of Calcutta, in the *Practitioner*, March, 1881. He also speaks of it in typhoid fever, saying:—

I have often given aconite, sometimes for days together, to typhoid-fever patients, with a view to cleaning the tongue and inducing sleep. If pushed, it will reduce the temperature, but only temporarily. The fall of temperature, sometimes very remarkable, is not always accompanied by profuse sweating; and it cannot, I think, be explained, on the "heat loss" theory, as being the result of evaporation of the sweat merely. In many cases I have noticed a slight rise of temperature preceding the fall, which corresponds with Dr. Mackenzie's observations on rabbits.

There is no doubt that aconite acts most usefully when given in frequent small doses, but this cannot be explained by the supposition that it is rapidly eliminated, for marked toxic symptoms may occur many hours after the last dose. In all my cases, with one exception, the pulse has been improved in strength, as well as reduced in rapidity. The exception was a case of typhoid in a man who had suffered from a weak, irregular pulse for many years. The aconite seemed to increase this condition of the pulse, and was consequently stopped.

The Relation of Brain Structure to Intelligence.

There is plainly to be noticed a growing doubt among the most competent biologists as to there being any fixed relation between brain structure and mental function. That pet theory of a few years back is not now tenable. There is a *tertium quid* in the evolution and action of intelligence which we cannot yet put our finger on. An example in point may be mentioned, from a recent lecture of Prof. Calderwood, of Glasgow. Speaking of insects, he quoted Sir John Lubbock with reference to their position in the order of development. Sir John said that, though the anthropoid apes ranked next to man in bodily structure, ants claimed that place in the scale of intelligence. Once he had watched an ant working, and it worked from six in the morning to ten at night without intermission, carrying one hundred and eighty-seven larvæ to its nest. Professor Calderwood said that it became apparent that anatomical structure was not in itself an adequate guide in determining comparative importance in the scale of organic existence, and that even comparative brain structure could not be taken as a sole test of the measure of intelligence. The whole order of ants presented quite exceptional difficulties for the theory of evolution, and also for the theory of intelligence, which seeks to account for it by complexity of brain structure.

The Treatment of Itch.

A writer from Paris says that at present itch is cured in one hour and a half, at the St. Louis Hospital. The first half-hour the patient, absolutely nude, rubs himself from head, or rather neck, to foot, with soft soap. The second half-hour he is put into a tepid bath, where he continues the soft-soap frictions. The third half-hour he rubs his body with Helmerich's sulpho-alkaline ointment. He puts on his clothes without washing off the ointment, so as to keep it in contact with the surface for twenty-four hours. While the patient is treating himself, his clothes are purified in a specially constructed stove, at a temperature of 120°, and exposed to sulphur vapor. Four thousand itch patients are treated here annually.

The hospital treatment is a rough one, and sometimes causes attacks of eczema. It may be mitigated thus: toilet soap is substituted for soft-soap, and Hardy's modification of Helmerich's ointment used, lard one hundred parts, sulphur sixteen parts, bicarbonate of potash eight parts, by weight. The patient should have his sheets and all under-linen changed immediately.

The Office of the Pacchionian Bodies.

The Pacchionian bodies, which are physiological structures, serve, according to Key and Retzius, to permit the passage of fluid from the cerebro-spinal serous cavities into those veins and sinuses of the dura mater around which they are grouped. If this view be correct, it is evident that they are specially likely places for the retention of any corpuscular contents of the cerebro-spinal fluid. Key's researches show, moreover, that these organs are much more widely distributed than has been supposed. Their great frequency at the base of the skull, and especially in the middle fossa, would lead, *à priori*, to the conclusion that this would be a favorable situation for the retention of tumor cells. As a proof of the truth of this view, Key relates in great detail, in a late number of the *Nord. Med. Ark.*, a case of fibro-cellular neuroma of the auditory nerve, with numerous metastases in the Pacchionian bodies on both sides of the superior longitudinal sinus, and also at the base of the skull, especially in the left middle fossa. The swollen glands had, in several places, caused loss of substance in the bone, similar to what frequently occurs in glioma of the retina.

Soothing Lotions and Potions.

The *Practitioner* states that Dr. A. Croz suggests that lotions may be made for application in those cases in which there is reason to fear the irritating or stimulating action of water; such lotions being made with a liquid does not present those inconveniences. To effect this object, he prepared fluids containing white of egg and sea-salt in such proportions as to approximate the composition of serum. For this purpose he gives the following formulæ, which he has found useful:—

1. Albuminous water.	
White of four eggs,	
Water,	one quart
2. Eye lotion.	
White of one egg,	
Alum,	¾ grain
Rose water,	one ounce
3. Alum serum.	
Alum,	two drachms
Clarified serum,	one pint.

A small glassful from time to time, to stop diarrhœa.

Experiments by Means of a Gastric Fistula.

A case like that of the famous St. Martin recently occurred in Spain, and has been experimented on by Dr. Rubio y Gale, as we learn from the London *Medical Record.* He took the opportunity to make certain physiological researches. As the result of these he found that, of all substances experimented with, albumen was that which passed most quickly from the stomach to the duodenum, while cod-liver oil passed the most slowly. The conduct of milk in the stomach differed essentially from the conduct of the same fluid with certain reagents in the atmosphere. In the stomach it did not curdle, but became a plastic, viscid mass, which followed the movements of the patient from side to side in a sluggish and imperfect manner. The secretion of the gastric juice was not constant, but took place at intervals; the contents of the stomach were also passed at intervals through the pylorus, which, in a state of rest, remained constantly closed.

SPECIAL REPORTS.

NO. X.—GONORRHŒA.

(Concluded from page 499.)

Abscesses.

Last year, Guiard, in the *Gazette des Hôpitaux*, No. 20, urged that phlegmonous abscess is much more common in gonorrhœa than is usually supposed. Méry's glands, Cowper's glands and the prostate gland are all liable to become involved. The acute inflammatory condition of Cowper's glands passes rapidly to the formation of abscesses, and must be treated by early incision. Generally, there is little constitutional disturbance. The diagnosis of this abscess depends on—

1. The inflammatory swelling is close to the bulbus urethræ.
2. It is limited to the location of Cowper's glands.
3. It has no connection with the urethra.

Gonorrhœal Ophthalmia.

In a paper read at the last annual meeting of the British Medical Association (*British Medical Journal*, November 13, 1880), Mr. Bader recommends the following plan of treatment, which he has employed with success, both in adults and children suffering from gonorrhœal ophthalmia, as well as in infants with purulent ophthalmia. An ointment containing one grain of red oxide of mercury, and one-fifth of a grain of sulphate of atropia to a drachm of vaseline having been prepared, the patient lies down, and if he be restless an anæsthetic may be given. The eye is first well cleansed with tepid water, and then the ointment is to be pushed freely beneath the upper and lower lids with a soft camel's hair brush, so as to cover the whole conjunctiva. The dressing is to be repeated daily at 9, 12, and 4 o'clock, until the eyelids open freely; afterward, once a day till the discharge ceases. The ointment is to be applied by the medical attendant himself. If the disease be recognized at the onset, only a few days' treatment will be necessary. The sound eye is to be kept bound up with lint, thickly smeared with the ointment.

In the *Recueil d'Ophthalmologie*, November, 1880, Dr. Mengin records a case of gonorrhœal iritis occurring in a rheumatic subject. The patient, aged 28, had a strumous history. He contracted gonorrhœa, and subsequently purulent ophthalmia, which destroyed the left eye; severe gonorrhœal rheumatism next followed, and this was succeeded, eight weeks after the first appearance of the rheumatic symptoms, by a typical iritis, which yielded to energetic treatment. The author, in such cases, insists on the importance of local depletion, and of strong solutions of atropine. In this case six leeches were applied round the orbit, and a ten per cent. solution of atropine instilled five times in the first half hour, and subsequently three times, the patient having been previously cautioned not to swallow his saliva during the instillations. A grain and a half of calomel was also administered daily during ten days.

Methods of Treatment.

Dr. W. Watson Cheyne's method of treating gonorrhœa by medicated antiseptic bougies attracted considerable attention last year, and though already pretty generally known, may here be described, as given in the *British Medical Journal*, July 24th, 1880. His bougies have the diameter of a No. 9 or 10 catheter. His formula is —

℞. Iodoformi, gr.v
Olei eucalypti, gtt.x. M.
In a bougie of grs. xl.

The specific element of the disease having been eliminated by this means, antiseptic injections are employed in addition, for the purpose of preventing the discharge from becoming septic and irritating. A saturated solution of boracic acid in water, or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces), to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. The usual precaution of rest, diluent drinks, etc., must be employed.

In using the bougies, the patient is first told to empty his bladder, partly to clear out his urethra, partly to prevent the necessity of expelling the antiseptic from the canal for several hours. He then lies down on his back, and a bougie from four to six inches long is introduced, and the orifice of the urethra is closed by strapping. The bougie ought to be dipped in eucalyptus oil or in carbolic oil (one to twenty) before insertion. The patient is instructed to refrain from passing water, if possible, for the next four or five hours. If the case be severe and advanced, he takes another bougie home, and is instructed to introduce it in the same manner after he next passes urine. In the evening, or on the following day, he commences the antiseptic injection, which he uses four or five times daily. On the third or fourth day, when the symptoms have entirely subsided, an injection of sulphate of zinc, two grains to the ounce, is begun. For a day or two the purulent discharge continues, but afterwards it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days. At the same time the scalding and pain and the symptoms of inflammation rapidly diminish, and disappear completely in about thirty-six to forty-eight hours.

Continuous irrigation of the urethra has been tried with good results, by Dr. Vajda, by means of a perforated catheter of soft rubber and a rubber water holder, described in *Schmidt's Jahrbücher*, Bd. 188, No. 11. He claims better results from this arrangement than from other means he has tried.

The *sulpho-carbolate of zinc* has been extolled by Dr. W. T. Parker, of Mass., as an injection in gonorrhœa:—

℞.	Zinci carbolatis,	ʒj
	Mucilag. acac.,	℥j
	Extract opii aquosi,	℈j
	Aquæ,	℥vj. M.

Use as injection, night and morning.

Hydrastis still finds advocates. Bartholow recommends a drachm of hydrastia (the alkaloid) to four ounces of mucilage of acacia, and has found no injection so uniformly successful. Phillips prefers an injection made by adding one or two drachms of the tincture to a pint of water, and of this orders a syringeful to be injected up the urethra every half-hour for seven or eight hours, and then every six or eight hours for two or three days.

In the *Bull. Gen de Thérapeutique*, 1880, Dr. Pasqua reports four cases of gonorrhœa in its early stage treated with a chloral solution:—

℞.	Chlorali hydrati,	gr. vj
	Aquæ rosæ,	f.℥j. M.

Two urethral injections daily were used, the fluid being retained a few minutes in the urethra. Improvement began in four or five days, and the discharge ceased in eight or ten days. No unpleasant sequelæ appeared.

Dr. Herbert L. Snow publishes (*Brit. Med. Jour.*) the following formula, which, in his hands, has proved of great service, and which is not particularly unpalatable:—

℞.	Ol. copaibæ,	
	Ol. cubebæ, āā	ʒij
	Liquor. potassæ,	ʒiiiss
	Tinct. aurantii,	ʒiij
	Syrupi,	℥ij
	Aq. menth. pip., q.s. ad	℥viij. M.

Sig.—Two tablespoonfuls three times daily.

Granular Urethra.

Dr. Eldridge, of Yokohama, after an operation for stricture of the bulbous urethra, found, by means of the endoscope, a granular condition of the urethral mucous membrane for about two inches. A gleety discharge was also present. Ergotine (Bonjean's) was applied by means of an ointment syringe, and the patient kept recumbent for an hour afterwards. After six applications on alternate days the gleet had entirely disappeared, and there was no trace of granulations to be discovered.

Orchitis Treated by Topical Applications of Iodoform.

Dr. Sabadini lately communicated to the Medical Society of Constantinople the details of a case of blennorrhagic orchitis successfully treated by him with applications of iodoform.

The patient, a waiter in a hotel, could not give up his occupation for the purpose of undergoing treatment, without fear of losing his place. The swelling of the testicle was very great. Dr. S. determined to treat it by the aid of iodoform, according to the method reported in the *Archives Med. Belges*, and recommended by Dr. Bourdeaux, who asserts that by this treatment all acute pains disappear, and the patient is not prevented from attending to his business. Dr. Sabadini therefore prescribed an ointment of four grains of iodoform to forty grains of vaseline, as an application on the tumor. The effects were surprising; pain soon disappeared, the patient was not obliged to give up his situation, although it kept him on his feet all day, and in the space of a week every trace of swelling had disappeared.

Soft Rubber Tubes for Injection.

Dr. W. T. Parker (Boston *Med. and Surg. Journal*, February), calls attention to the unsatisfactory urethral syringes generally manufactured. He observes:—

> The syringes found in the drug stores are usually made of glass or rubber, with very small, pointed nozzles; they are apt to irritate the urethra, and are also objectionable for the following reasons: (1.) It is quite impossible to introduce the nozzle painlessly. (2.) It is difficult to compress the penis tightly about the nozzle without pain. (3.) The injection pours out at either side of the nozzle after introduction, without entering the urethra far enough to be of any value. (4.) The constant use of the hard rubber or glass nozzle is apt to create an ulcerated spot where the point touches the lining of the urethra.
>
> It is evidently important to avoid all these accidents, to treat a case successfully. The cure of many cases is delayed, and the chances for stricture increased, because a good syringe cannot be found. At least, I am sure that such has been the experience in my own practice.
>
> To remove some of the difficulties encountered at present in the treatment of urethral inflammation, and to facilitate the injection of the urethra without pain, Messrs. George Tiemann and Com-

pany, of New York, have made for me some "soft rubber. velvet-eyed tubes, with bulbs, for making the injection painless."

They are about two and a half inches long, of three sizes, the bulbs corresponding with Nos. 13, 15, and 17, Tiemann and Company's American scale. They are made of pure rubber, soft and pliable. The movement to the right or left of the syringe in pressing out the fluid cannot cause pain, because only the rubber tube *beyond* the attachment to the syringe is to be introduced; they are easily introduced painlessly, and compressing the penis about them to retain the injection is also painless. The bulbs have very thin walls. I find these tubes excellent in practice, and very highly appreciated by those who have been tormented with ordinary syringes. They fit easily on the nozzle of almost any syringe. The hard rubber ear syringe, with the ring for self-injecting, I find preferable to all others.

CORRESPONDENCE.

Epidemic Metastatic Parotiditis.

ED. MED. AND SURG. REPORTER:—

In a communication from Dr. Skelley, in the *Medical Record*, of New York, for February 26th ult., the subject of Orchitis following Parotiditis, in relation to its frequency and gravity, is discussed, giving several cases where it resulted neither from exposure to cold nor was anything like the "bugbear" we are generally taught to regard it. As the subject is but little dwelt upon by most of our works on surgery, if at all—several absolutely ignoring the subject, and some regarding it of so rare an occurrence as not likely to come under the treatment of the ordinary physician—a few statements by one who has just passed through an epidemic of this affection may be of interest.

It found its way into our community some time during the month of November last, occurring in an isolated case about eight or ten miles from town, in the person of a young man seventeen or eighteen years of age, hired upon a farm as an ordinary farm laborer. At first the case presented the ordinary features of parotiditis simplex—the right side being affected—with all the symptoms peculiar to the disease. Before the right side had quite run its course, however, the left commenced to swell, and before this had quite subsided, the right testicle, and afterwards the left.

So long as the affection confined itself to the parotids the young man felt no alarm, and merely resorted to the treatment in domestic use. When it seized the testicle, however, it was attributed to cold, and immediately communicated great alarm. As this took place one unusually stormy night, about midnight, my presence was immediately summoned to the bedside by a messenger who came in the greatest haste, breathless and bathed in perspiration. Beyond the scare the patient received, the case was doing well enough at the time, and I could no nothing more than assure him that he would be all right again in the course of a week or two, and advise him to keep the painful testicle suspended in a bag made for the purpose, containing a warm, soft, bread-and-milk poultice, with the addition of a teaspoonful of laudanum. These poultices were ordered to be continued so long as the swelling remained, and beyond some bismuth powders, for the vomiting consequent upon the transmission of the affection and the painful condition of the testicle, nothing further was done.

The young man having a great many friends in the neighborhood, was the recipient of a great many calls, consolatory upon his peculiar confinement, and it was in this way that the disease spread. In less than a month not only the young man's friends were afflicted in the precise manner, but nearly the whole neighborhood, young and old, male and female; the females suffering from no metastasis, however, to my knowledge. Some families had as many as four or five confined at one time, all the males afflicted in the same manner. In the course of the four months ensuing it had worked its way into town, and is now among us at the present writing.

If this is not *epidemic and contagious*, what is it? Far from being rare, as both Erichsen and Flint would have us believe, it seems to be uncommonly common, notably so with us. Dunglison and Hartshorne, of all the writers on the subject, regard it as epidemic and contagious, and the above facts, faithfully and truthfully given, should more than confirm them in their statements.

Assuming, as it undoubtedly does, a form both epidemic and contagious, would it not be well to give it a distinct classification as a disease, and call it metastatic parotiditis? robbing it of its terrors as well.

The epidemic now among us, it may be necessary to state, has been so far an extremely mild one, no deaths having occurred from the disease, either directly or indirectly, although the winter has been an unusually severe one. One instance only has come to my knowledge, where the testicles were not attacked, and that occurred in my own practice, in the person of a brakeman, a young man, nineteen or twenty years of age, whose parents reside here, and who was taken with the epidemic while on a visit to them several weeks ago. An instance also occurred where the ovaries seemed affected, very likely from metastasis, in a young girl, fourteen or fifteen years of age, and in which pressure in their region developed extreme tenderness and pain as well as vomiting. The vomiting, in fact, was a prominent symptom throughout the entire course of the disease. In a great many instances, however, this was also the case in those in whom it attacked the testicles.

Peabody, Kansas. CHAS. H. MILLER, M.D.

Fecal Fistula, from Gunshot Wound.

ED. MED. AND SURG. REPORTER:—

The following case of gunshot wound followed by a fecal fistula of seven weeks' duration, and recovery, occurred in my practice, and may possibly be of sufficient interest to justify publication.

Aug. 15th, 1878, 5 o'clock P.M., I was called to attend John Anderson, a Swede, age 45 years, a raw-boned giant, of superlative vitality. Found him with a gunshot wound in abdomen, one inch below a line drawn from to the right of the umbilicus and three inches from the median line. The ball (a half ounce) had entered in front and passed backward and upward, striking and fracturing the crest of the ilium, lodging under the skin in the back. I saw him in five minutes after the wound was received. I at once ordered him to bed, and after giving him a large dose of brandy. cut the ball out. He was then placed upon his back and morphia, in quarter-grain doses, was given every two hours, with drop doses of aconite. I feared the ascending colon had been wounded, and, of course, thought to find him dead next morning, or that fatal peritonitis had set in. I now give my notes of the case.

Aug. 16th. Deeply narcotized. Bowels quiet. No pain. Pulse 100, temperature 101°. Ordered treatment continued, and no solid food to be given, only milk and strained soup. Evening call found about the same state of affairs.

Aug. 17th. Temperature 102°, pulse 90. Still under the influence of the opium, but continued it. Bowels unmoved. This state continued with but little variation for fourteen days, when, to satisfy the clamor of his friends, more than anything else, I gave him an enema and relieved the lower bowel. This was done at the morning visit. Upon calling in the evening I found fecal matter discharging from the posterior wound, and was confirmed in my diagnosis. It also proved to me that my efforts were rewarded by adhesion of the bowel to the wound of the posterior internal wall of the abdomen; as, if such had not been the case, the matter would have been forced into the peritoneal cavity by peristaltic action, instead of through the narrow opening outward. The anterior orifice had by this time healed entirely. I continued the treatment seven days longer, and relieved the bowels again with an enema. The next day after I had discontinued the morphia a most unexpected complication occurred, whether from the position so long sustained, or from the narcosis produced, a most violent cough, with profuse expectoration of pus, more in resemblance to the sputa of chronic bronchitis than of pneumonia. Comp. syr. of tar was given and the case treated as symptoms arose. The cough lasted but a short time, and at the end of the seventh week he was able to go to his home, three miles from town. No after trouble occurred, except a discharge of the pieces of bone shattered from the ilium, that continued for several months, when it ceased, and the posterior wound healed.

Summing up the case, I will say that wounds of the bowels are seldom recovered from. Rest was the whole aim of the treatment; the position the patient was placed in was for the purpose of bringing the wounded part of the gut in contact with the wounded wall of the abdomen, and hoping adhesion would take place after the peristaltic action of the bowel had been paralyzed by the opium. The aconite was given to subdue any undue inflammation, and the purpose of the liquid diet every one understands.

Three years after the occurrence of the accident he is a strong, healthy man, able to do the day's work of a farmer, suffering no inconvenience except a "pulling at the small of the back when he makes an extra effort in lifting." No pulmonary trouble has occurred since.

Elizabethtown, Ky. A. W. MORRIS, M.D.

Treatment of Pneumonia.

ED. MED. AND SURG. REPORTER:—

I wish to add my thanks to those already expressed to Dr. Corson for his defence of correct treatment of pneumonia, and express my wonder that the stimulators have so long gone unrebuked. I have been in the practice thirty-seven years; half of that time have been what we call busy; have never lost a case of pneumonia, although I suppose I have had the usual proportion of that disease in my practice. If I get them before disorganization has taken place, especially if I get them during engorgement or congestion, I take pneumonia with as little concern as I do chicken-pox or mild measles. Well, they (the stimulators) may ask how I treat it. I answer, pretty much as Watson directs, and if I must be bound by book directions, I would take Eberle rather than our modern authors. When called to a case, if the patient is able to sit up I have them do so; generally have the feet put in water as hot as they can bear, and let it be the business of some one to keep it so while I bleed from a large orifice until they breathe easier or become faint; generally, both occur about the same time; then have them lie down, rub the feet and wrap them up warm; give a full Dover's powder. They will take a sleep, wake up better, and often need no more medical treatment. If they do I continue the pulv. Doveri, with as much tart. emetic as the stomach will bear. I seldom bleed more than once, but often follow the bleeding by cupping. Mercury is often necessary, especially if the pleura is involved, and many cases do not do well without a blister, when early treatment has been neglected. Dr. Corson speaks of the strange fact that so many of our prominent men die of pneumonia. This reminds me that one of the members of our last Constitutional Convention was arrested by pneumonia on his way home, was treated by the stimulators, and—as I expected—died. I say as I expected, for I expect all to die who are thus treated. Since that, the doctor who had control of the case died (I learn) of pneumonia. As for veratrum and aconite, they are about as good a substitute for the lancet in the hands of the physician as a harrow is for a plow in the hands of the farmer. To discuss the pathology of pneumonia here, or the philosophy of the operation of remedies, would be folly. Every one knows that the blood, if it accumulates in the lungs to a sufficient extent, will kill, either immediately by congestion, or subsequently by inflammation. I am satisfied that I have seen cases threatened with death by congestion entirely relieved by one full bleeding, with *heat to the extremities.* Many reasons there are for this opposition to bleeding; some, I suppose, are believing it wrong. I know some who, I believe, quit bleeding because they could not keep an instrument fit to bleed with, or perform the operation in a decent manner with a good instrument. Some are too lazy. B.

Cardville, Pa.

A Case of Triplets.

Ed. Med. and Surg. Reporter:—

Was called at 3 A.M., on the ninth inst., to see Mrs. L. R. Her husband told me she was in the seventh month of pregnancy, but had been having some pains and something had passed from her.

Living close by I was soon there, and upon examination found a protrusion of the bag of waters larger than a man's fist, and lying in the protruded bag was the arm of a child. I at once ruptured the sack, found the head descending, and delivered her speedily of the child.

Upon introducing my finger into the vagina I found another head presenting, and soon delivered the mother of a second child. I then placed my hand upon the abdomen, to see if the womb had contracted and to use Crede's method of delivering the placenta, when I found the fundus still high up in the abdomen, and upon introducing my finger again into the vagina I found the foot of a third child presenting itself, which was delivered without any difficulty.

The children were all born alive, but one died about twenty-four hours after delivery, and the second one about forty-eight hours after.

Two were boys and one a girl. They weighed about four and a half pounds each.

The woman's size did not lead her to suspect more than one child, nor did she think she had gone to full term.

She had had six children previously, and never more than one at a time.

There were two placentas united by a membrane, one of which had two cords attached. I ruptured the membranes containing the first and second child. The third child was either in the same bag as the second, or the membrane ruptured of itself.

I believe the ratio of triplets is about one to five thousand births. This is the first case that ever happened in this county.

J. F. Force, M.D.

Heron Lake, Minn., April 13th, 1881.

News and Miscellany.

Medical Practice in Southern Africa.

In a recent communication to the Vienna Medical College, Dr. Emil Holub observes that the number of foreign physicians in Southern Africa, which some fifteen years ago was very small, has of late greatly increased; within the last year eighteen doctors, mostly Germans, have settled in that country, which offers a very remunerative field. His advice to the merchants settled there is to encourage their sons in the study of medicine. Both the natives, and the colonists among them, chiefly the Dutch, hold doctors in high esteem, the natives, because they believe them possessed of witchcraft, and the colonists, because they take fright at the least ailment. This influences the rates of fees, and in Capetown half a crown (sixty-two cents), is paid for a call, while in Fort Elizabeth the price is five shillings and in the Transvaal six; for a consultation a pound sterling is charged.

There are doctors who, in a short time, have laid by fortunes of from 30,000 to 40,000 florins. In his practice among the negroes, a physician is obliged to observe great prudence, their lack of confidence and superstition continually throwing obstacles in his way. The Betshuans, for example, believe that every case of death is caused by poison; others refuse all medicines which do not produce instant relief. The native doctors are known by different names among the tribes, and their personal influence is very great, even with the King. Their prescriptions are composed of a few medicinal plants, and they work upon the superstition of their patients by a number of magical practices.

Dr. Holub's observations are interesting, chiefly as regards tuberculosis. He has never met with this disease on the table lands of South Africa; and, from experience with a great number of patients, he has found the curative virtues of that climate greatly superior to those of Madeira. He then describes the negro doctors, sorcerers, and nyagas, whose only art consists in knowing the virtues of certain plants. Not long ago, all those magicians were slaughtered, and their chief, King Seppopo, had to run away.

In Reference to Trichinosis.

It is interesting to note the quite different opinions on the prevalence of trichinæ, some saying the danger is next to nothing (how do they know it?), and others that it is more grave than we yet imagine. We are ourselves inclined to agree with the editor of *Science*, who says, in a late issue:—

"We have one word of advice to those who would preserve the United States export trade in pork, and that is to admit the existence of Swine Plague, and the increasing contamination of pork by trichinæ. This done, it is not difficult to organize such a system of inspection as will satisfy foreign governments that the shipments of pork from this country are such as can be received with safety."

Meanwhile we note that Messrs. Lennis and Duncker, both of Berlin, have published an interesting paper in the *Zeitschrift für Mikroskopische Fleischschau*, on a new parasite with which they have met while performing their official duty. In examining pork for trichinæ they discovered a vermicular *diatomea*, imbedded between the muscular fibres, which they describe in the following terms: It is exceedingly thin and transparent, of a grayish color, and of about the size of the cyst-wall of a trichina.

Professor Leuckardt is inclined to consider its presence in the pork as accidental, and believes that it is of little importance to government inspectors of meat in their official work.

Two cases of death occurred in Philadelphia, April 5th and 6th, from trichinosis. After eating from a boiled ham, four persons in a family were taken severely ill, and the two youngest died in four or five days.

The Regulation of the Sale of Patent Medicines.

The effort is making, in various quarters, to limit the sale of patent and proprietary medicines. A bill to this effect was proposed at the past session of the New York Legislature, but apparently did not pass. As a matter of general interest we mention its provisions.

It was in five sections. The first provided that all patent and proprietary medicines should have their exact composition printed upon the exterior of the bottle, box, or package in which they were sold; the second, that three commissioners, the chairman of whom should be the president of the county medical society, should have the power of examining all such medicines, and, if necessary, the process of their manufacture, when, if they found nothing injurious in their ingredients, they should be required to furnish a certificate to that effect; the third provided that such commissioners should receive pay at the rate of ten dollars a day for all time actually spent in the performance of their duties; the fourth provided that certain penalties should be inflicted for infringement of the law; and the fifth, that the act should go into effect immediately.

While some of these provisions are well enough, they are by no means all free from objection.

A Reverend Physiologist Abroad.

The Rev. Joseph Cook has been demonstrating physiology to the Scots. How he does it and what is thought about it may be judged from the following extract from the London *Medical Press and Circular*:—

There is no class of men who are more alive to the evil effects of intemperance than medical men; at the same time, and from that conviction, they must deplore such *ad captandum vulgus* arguments as those advanced by the Rev. Joseph Cook in his Free Assembly Hall lecture in Edinburgh. The lecturer, we are informed, proceeded to illustrate, by pouring alcohol on the white of an egg, the effect of drinking upon the albumen in the system! and he futher stated that by hardening the albuminous substances in the body *alcohol left scars on the brain and nerves which could not wash or grow out any more than scars in the skin.* In a professional journal it would be insulting to the sense of our readers to point out the groundlessness and fallaciousness of such statements and experiments.

Sanitary Insurance.

There has been organized in London a society with the novel purpose of protecting the occupants of houses against unhealthful surroundings. It is called the "Sanitary Assurance Association," the English using the word "Assurance" in the sense of our "insurance" (of the two, ours is the more correct, "assurance" being, in fact, in this sense, a French word). This Society provides for the inspection of any building desired, by skilled officials; and these latter will, when required, draw up a report of whatever place they may be directed to examine, describing its actual sanitary condition, the alterations necessary to make it sanitarily perfect, and an estimate of the probable cost such alterations should involve. That such advice as a report of this kind would convey is imperatively called for in respect to the vast majority of houses is only too evident from the large number of deaths and diseases traceable to defects in sanitary construction.

Mushroom Poisoning.

A letter to *Science* says:—

A very peculiar case of poisoning occurred a short time ago at Puy l' Evêque, an account of which was sent to the Académie de Médecine by Dr. Demeaux. It seems that a family composed of five persons was taken violently ill after having eaten some mushrooms. One of the mushrooms left from dinner was sent by Dr. Demeaux to the Académie as a specimen, and upon being examined by M. Chatin, was found to belong to one of the numerous varieties of the *oronge ciguè* species, called the *Amanita bulboza.* Nine-tenths of the mushroom poisoning we hear about is due to this *Amanita*, which, on account of its white color, is frequently mistaken by the inexperienced and unsuspecting for the harmless mushroom. It is certainly the height of folly for people to run about the woods and fields mushroom hunting, unless they are perfectly familiar with the different species.

Sisters of Charity as Nurses.

The plan has been actively pushed in Paris to dispense with the services of the Sisters of Charity in the hospitals, and substitute paid nurses. About one-third of the medical officers of the hospitals are opposed to the change, and have protested against it. The Municipal Council is for the change by a heavy majority, and are about to open a "municipal school for nurses" at the La Pitié Hospital. One objection urged against the sisters, is their proselytizing tendencies. From our own observations in the class which fill the Paris hospital, such, or any kind of religious admonition would not be amiss.

Causes of Deaths in Great Britain.

Prof. de Chaumont, of London, states, that of the 700,000 deaths per annum in Great Britain recorded by the Registrar-General, consumption caused about 70,000; diseases of the respiratory organs, 100,000; diarrhœa, 33,000; enteric fever, 11,000; scarlet fever, 25,000: and diphtheria, 8500. Some of these diseases might be prevented altogether if dwelling-houses were put in a good sanitary state, and others might be modified to a very material extent, the whole of them being propagated by foul air and foul water.

—*John Thomas*—"Did you ring. sir?" *Surgeon* (just arrived at country house)—"Yes. Why have you laid out my surgical instruments on the dressing table?" *John Thomas*—"Surgical instruments, sir? I thought them things was what you dressed for dinner with?"—*Punch.*

THE

MEDICAL AND SURGICAL REPORTER.

No. 1268.] PHILADELPHIA, MAY 14, 1881. [Vol. XLIV.—No. 20.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

INDIGESTION DUE TO NERVOUS INFLUENCES.

BY CHARLES R. CRANDALL, M.D.,
Of Philadelphia.

It has long been noted that certain forms of indigestion were dependent upon, or associated with, morbid states of the nervous system. If it was possible to outline such cases in all instances, and say accurately where purely nervous influences began and ended, much would be accomplished toward simplifying a most obscure class of affections. As it is, however, more or less inference, and many facts regarding the development and continuance of a morbid state of the digestion, must be drawn from such habits of life and such symptoms as are associated with expressions of marked nervous phenomena.

That hereditary influences of a nervous character, antagonistic to healthy digestion, exist, there can be no doubt. Children born of nervous and dyspeptic parents are undoubtedly more or less congenitally liable to attacks of indigestion, which are of a purely nervous origin. Such children, during infancy, are especially prone to attacks of vomiting and diarrhœa, from slight improprieties in diet, from the effects of teething, and from changes in the weather. Upon reaching childhood this class are usually excitable, emotional, poorly nourished, and suffer from indigestion whenever depressed from exposure, from overplay or juvenile dissipation. At time of puberty and subsequently, children thus nervously endowed invariably suffer from habitual indigestion, mal-nutrition, chorea, headache, neuralgia, and are easily depressed by excesses of any kind which tend to exalt or exhaust the nervous system. They seem wanting in nervous stamina, in vitality and endurance, and whenever deranged from any cause which makes a powerful impression upon the nervous system, show such evidences of disordered digestion as sick headache, vomiting, loss of appetite, constipation or diarrhœa. Their natural weakness appears to be in the organs of digestion.

As a second cause, tending to originate indigestion by means of impression upon the nervous system, may be mentioned weather and the climatic changes. The marked effects of changes in the weather upon infants is well known. Very frequently they perish in a few days, from deranged digestion induced primarily by a change in the weather from a cool temperature to a hot, murky state.

Adults, not organically diseased, but of moderate or impaired vitality, emigrating from a cool to a warm, prostrating climate, often suffer great nervous depression from prolonged heat. Their symptoms will point chiefly to impaired nutrition, and they generally complain of debility, "biliousness," loss of appetite, constipation, or diarrhœa. Indeed, this class of persons, having been stimulated and held up by the cool air of their native heath, invariably fail, and often die, when exposed for a time to the depressing effects of extreme thermometric and barometric changes. Their general condition not being healthy and vigorous, they are unable to withstand the increased waste of moisture, fat and musculine, which is so strikingly shown in many persons by a failure of bodily weight, muscular strength and nervous energy.

Perhaps, the most powerful nervous influence which tends to cause poor digestion is predisposed by sex. High authorities estimate that females are ten times more liable to nervous disorders than males. By nature, they are less rugged, more emotional, and more highly organized, and hence are more easily influenced by whatever affects the nervous system. Furthermore, they are naturally and frequently liable to peculiar disturbances resulting from the function of generation, which also renders them additionally susceptible to extraneous influences. As an outgrowth of such natural state, it is a very common thing to find among this class disorders which are purely nervous in character. There will frequently be evidence of hysteria, anæmia, mental excitement, some form of uterine or ovarian disorder, and then, superadded to all, marked derangement of the functions of digestion. When symptoms of indigestion do exist, they are usually pain in the stomach and bowels, vomiting, flatulence, and habitual constipation, all of which are more or less characteristic of nervous phenomena.

Another origin of disturbed digestion is the powerful influence of intense mental operations It is a fact, that is known alike to the laity and the profession, that in many instances digestion is largely dependent upon the state of the mind. With very many persons, whatever tends to make a profound mental impression, other than of an agreeable nature, tends also to either retard, excite, or suspend digestion. Grief, excessive care, constant anxiety, business misfortunes and surprises, not infrequently destroy appetite at once and cause attacks of acute indigestion, sick headache or diarrhœa. These attacks are usually characterized by prostration, dry mouth, coated tongue, nausea, vomiting and a loathing of food. In such instances the nervous system has been shocked and depressed, and, as a result, there is almost a complete suspension of the functions of organic life. Of the immediate exciting causes, sudden emotions, especially of a depressing kind, are among those most frequently cited as having given rise to these disorders; but a similar effect may be produced by moral affections of the same character acting through a longer period. The influence exerted by painful emotion, not only in arresting digestion, but in producing painful sensations in the epigastrium, is well known, and the effects are greatly heightened in case of patients whose nervous susceptibility is more than usually prominent (Fox). An arrest of intestinal digestion may take place from causes other than errors of diet, and give rise to diarrhœa. A strong mental emotion may have this effect. I was present at an operation for hernia when the surgeon, from the mental anxiety incident to his sense of responsibility, was obliged to relinquish the scalpel and precipitately retire to evacuate the bowels. A gentleman in business receiving. suddenly, unexpected information which led him to know that he was bankrupt, was immediately seized with diarrhœa (Flint). Thus, it will be seen how powerful mental impressions, acting through the sympathetic system, may, in some form, completely "upset" digestion; and it is only reasonable to suppose that continuous mental excitement or depression would sooner or later establish a chronic morbid condition.

As a cause of great importance, giving rise to marked manifestations of nervous influence upon the organs of digestion, is hysteria. In this disease, which is supposed to be due largely to exhaustion and mal-nutrition of the nervous centres, there is a tendency to more or less pain, which is almost invariably referred to the stomach and intestines. Out of three hundred and fifty-eight cases analyzed by Briquet, one hundred and eighty-seven had both pain and derangement of the digestive functions. The nervous manifestations in this peculiar disease are many and well known. Among the symptoms, however, usually referred to the organs of digestion are pain, vomiting, flatulence, acidity and spasm. Indeed, the phenomena may extend to the bowels, giving rise to intestinal indigestion, constipation, abdominal rigidity and phantom tumors. Hence, in a great percentage of all the cases of hysteria there are marked and characteristic nervous influences which tend to produce disturbances of the process of digestion. Most hysterical patients are out of health, many of them being weak and anæmic. It is a remarkable fact, however, that even when they eat a very small amount, nutrition often does not seem to fail. Among the numerous symptoms complained of in different cases may be mentioned *digestive disturbances*, especially flatulence, copious eructations, cardialgia, depraved appetite, fullness after food, obstinate constipation, intestinal colic or gastralgia (Roberts).

Nervous disorders referable to the function of digestion frequently result from an immoderate use of tea, coffee, tobacco and alcohol. In moderate quantities, tea, as a rule, is a very grateful beverage to most people, and is well borne by the system. When used in excess, however, and especially by persons of susceptible temperament, it causes marked derangements of the nervous system. It gives rise to a peculiar exalted nervous condition, generally termed "nervousness," which is characterized by pallor, wakefulness, impaired appetite and constipation.

Coffee, while, as a rule, one of the healthiest of beverages, nutritious and well tolerated, may, when taken in excessive amounts, especially by those whose digestion is not in healthy activity, produce distressing evidences of indigestion. Under such circumstances, it will cause marked nervous manifestations with which will be associated characteristic symptoms of indigestion. Hence, it is not uncommon to meet coffee drinkers who suffer from trembling of the hands and limbs, headache, giddiness, irritable heart, pain in the stomach, acidity, flatulence, "biliousness," "belching" and constipation. Simple loss of functional power is also produced by causes immediately affecting the stomach, such as excess of fluids taken at meals, especially when drank warm, or by abuse of narcotics, and of tea and coffee (Fox).

The action of tobacco upon the system is several fold and powerful. That it frequently tends to impair digestion all authorities bear uniform testimony. It may influence digestion by acting as an irritant to the mucous membrane, or it may act as a depressant upon the nerve centres. While well tolerated by the majority of those who become habituated to it, there are, nevertheless, many who are injured by even the most moderate indulgence. Among the latter class it tends to lessen the appetite. waste the saliva, coat the tongue, and so irritate the mucous membrane of the stomach and intestines as to cause chronic indigestion. With these symptoms are also associated its well known action upon the nervous system in causing trembling of the limbs, a weak heart, giddiness, and confusion of mind.

Most authorities agree that alcohol, in a very limited amount. favors digestion. It stimulates the gastric glands, causing them to secrete a greater quantity of gastric juice. But when used habitually to any extent, it tends to produce hypersecretion; it tends to dilute the gastric juice and it also tends to precipitate the pepsin. The secretions thus modified are to a certain extent destroyed for healthy digestion, and, as a result, an abnormal condition is established. In just what manner alcohol acts upon the stomach is probably not well known, but it is reasonable to believe that it stimulates the nerves distributed to the gastric glands, mucous follicles and muscular layer. In accordance with the well established law, that over stimulation is followed by depression, in time nervous energy is much impaired and consequently digestion suffers. Moreover, when taken in large quantities it tends to depress the nerve centres and suspend the action of the brain, which, in turn, is followed by a loss or suspension of nerve and muscular power. With nerve and muscular power thus suspended, the action of the stomach, being dependent upon both, is disabled, and digestion necessarily fails. When such a state of affairs is once established there will also be witnessed the familiar nervous symptoms common to excessive use of alcohol, namely. capricious appetite, uneasiness and pain after meals, morning vomiting, internal heat, craving for drinks and constipation.

Nervous exhaustion is another cause of marked and persistent disturbance of digestion. In the common strife for wealth, fame, fashion and intellectual excellence, together with the tendency to indulge in excess, thousands of persons exhaust their nervous energy. In addition to the wear and tear incident to such a strife, there is also a tendency to goad the nervous system with stimulants, and burden the mind with the depressing influence of fear and anxiety that the object of immense effort will not be attained.

Thus, in a manner both common and disastrous, nervous energy is exhausted and the power necessary to carry on the functions of organic life is largely consumed.

The deleterious effects of such profound and lasting nervous influences upon the functions of digestion cannot be over estimated. Hence, indigestion is one of the most marked symptoms of the morbid condition now recognized as neurasthenia. From want of nerve force, the organs of digestion are no longer able to act, and, therefore. there arise successively all the characteristic evidences of general torpidity of the alimentary tract. The stomach being debilitated, digestion will be slow, causing gastric catarrh and the usual associated conditions of fermentative changes, acidity, flatulence, and pain. The intestines being also wanting in nervous and muscular power, there will be neither healthy secretions, absorption or peristaltic action, and, consequently, the most persistent and obstinate constipation will exist. Of the special determining causes, *exhaustion* plays the most prominent part, and when combined with other depressing influences, and particularly those of a moral character and operating through the nervous system, such as grief, fear, anxiety, or severe intellectual effort, it is an almost unfailing source of perversion of the functions of the stomach, which can only be referred to disturbed innervation. These, however, may originate under almost any circumstances of inpaired vitality or of diminished constitutional power (Fox).

In addition to the above-mentioned causes which tend to produce indigestion by impairment of the nervous system, it will be proper to allude briefly to three internal, or centric, morbid conditions, which have a similar effect. These to be referred to are common and highly important to be borne in mind when inquiry is being made into the causation of indigestion.

Accepting the modern view of eminent gynæcologists, that chlorosis, "the green sickness," is "probably a neurosis of the ganglionic system of nerves," a cause is recognized for a marked disturbance of digestion, the origin of which is in the nerve centres. In many instances it is difficult to differentiate chlorosis from anæmia, but the former usually occurring among girls at the time of puberty, without there having existed any of the well-recognized causes of anæmia, makes it reasonable to accept the theory that the disease is "symptomatic of functional disease in the sympathetic system of nerves." To state this view in other words: at the critical age of puberty, when a series of important and peculiar changes are being effected through the instrumentality of the sympathetic system of nerves, the system seems, in the female, to be liable to a morbid influence, which, in a great degree, paralyzes it and impairs its functions. Sadness, nervousness, and irascibility mark its onset; then neuralgia develops in the limbs, the head, and the viscera; the appetite is impaired; digestion becomes weak, and dyspepsia, flatulence and depraved tastes are encountered. The girl craves the most unpalatable and innutritious substances, as, for example, chalk, clay, slate, and other articles of an alkaline nature; while, at other times, the taste prompts her to consume acids, vinegar, lemon juice, pickled vegetables, etc. Usually, the process of blood-making is soon disordered, and anæmia sets in, coincidently with amenorrhœa, constipation, palpitation of the heart, sensitiveness along the spine, distress in the solar plexus of nerves, coldness of the hands and feet, and irregular and excessive flushing of the face (Thomas). Thus, it appears that one of the most aggravated expressions of indigestion and malnutrition, peculiar to young females, in all probability has its seat in, and exerts its influence through, the sympathetic system.

The complex nervous influence exerted upon the functions of digestion by a morbid condition of the uterus is one of the most ancient observations in medical practice. A diseased state, or a displacement, of this important organ sooner or later makes a decided impression upon the nervous system, and ultimately involves the general health. Likewise, ovarian disorders give rise to nervous disturbances, which, in time, are reflected throughout the entire system, impairing the functions of important organs It is probably safe to say that no other portion of the system suffers so much from nervous influences thus reflected, as do the stomach and intestines. As regards the stomach, when under such influences, its condition is often characterized by the most severe symptoms of functional disorder. Invariably there is either pain, persistent nausea, vomiting, pyrosis, loss of appetite, atonic dyspepsia and tenderness upon pressure. The intestines are also thrown into a morbid condition by irritation thus reflected, and, as a consequence, the patient suffers from distention due to accumulation of gases, as well as from constipation of the most persistent and obstinate character. To these brief allusions may well be added the significant words of a high authority. "With the exception of the last named state, which is, however, far more frequently associated with disorders of the stomach in weakly than in strong, healthy patients, there are few of the uterine derangements here enumerated which are not more or less associated with an impairment of the general nutrition. The majority also appear to be more truly connected, either as a cause or effect, with the primary disorder, than to arise wholly through the disordered digestion which is frequently the last in the series; while with respect to frequency, though not perhaps to severity, leucorrhœa and disordered menstruation hold the foremost rank among this class of causative conditions" (Fox).

Spinal irritation, or anæmia of the posterior columns of the cord, is another morbid condition of the nervous system which exerts a marked influence upon digestion. While sex, the female, seems to be the chief predisposing cause of spinal irritation, it is not improbable that in some instances the disease is due to depraved digestion and malnutrition of the nerve centres. But in any event, the seat of the disease is clearly traceable to the posterior columns, and manifests itself chiefly through the sensory nerves. The symptoms are of a character that locate the affection at the origin of the nerves of sensation, although the post-mortem evidences are only vaguely confirmatory. According to the law, "that irritation at a nerve centre induces pain a points in which the nerve arising from that centre end," when the cervical and dorsal nerve are involved at their origin there will be disturbance in the region where the nerves are distributed. Hence, in a record of one hundred and forty-eight cases, *nausea and vomiting* appeared to have more relation to tenderness of the cervical spine, *pain of stomach* to tenderness of dorsal; but that, when there was soreness of both, *nausea or vomiting* was still more frequent, and *pain of the stomach* scarcely ever absent (Griffin). And again, in one hundred and fifty-six recorded cases an analysis showed that the dorsal region of the spine was tender in one hundred and sixteen. In thirty-seven of these it was conjoined with cervical, in nineteen with lumbar tenderness, and in fifteen it was affected with the whole spine, leaving forty-five uncomplicated cases. The most prominent symptoms in these cases were connected with the viscera, the *stomach* being the organ commonly involved. Thus, *gastralgia* was present in *every case*, *nausea* and *vomiting* in nine cases, *pyrosis* in three, *gastric flatulence* in forty, and *acidity*, as evidenced by heartburn, in twenty-six (Hammond).

Much more could be said in illustration of the place and power of nervous influences in the causation of indigestion. Furthermore, it would have been interesting to go into the pathology and the treatment of this line of cases, but space forbade. Enough has been said, however, to again call attention to certain manifestations of indigestion dependent upon, or associated with, marked disturbances of the nervous system, and, therefore, the object of this paper has been accomplished. The individual experience of nearly every practitioner, as well as many high authorities not herein referred to, would afford invaluable confirmation to everything to which an allusion has been made. The observations and quotations set forth in this article are neither new nor novel, but simply tend to reaffirm the supreme importance of looking beyond the diet, the stomach, and the bowels, before making up a diagnosis of indigestion. The practical point in the treatment of most forms of indigestion is to seek out and correct the cause. This can only be done by bearing in mind that there are a multitude of causes, and that many of them are only discoverable to him who makes diligent searches in the labyrinths of obscurity.

Obligations are confessed to: *Fox*, Diseases of the Stomach. *Habershon*, Diseases of the Alimentary Canal. *Flint*, Practice of Medicine. *Roberts*, Theory and Practice of Medicine. *Thomas*, Diseases of Women. *Hammond*, Diseases of the Nervous System. *DaCosta*, Medical Diagnosis.

CHLORAL HYDRATE.

BY H. H. KANE, M.D.,
Of New York City.

ANTISEPTIC AND DISINFECTANT PROPERTIES.

As an antiseptic and disinfectant chloral has achieved considerable success.

Dr. J. A. Larrabee[1] (Louisville *Med. News*), says, that when he took charge of the Forest Hill Lying-in-Hospital there had been four deaths within a few days, from puerperal fever. Carbolic acid had been used in extenso, without any benefit. He substituted chloral water, and there have since been thirty-nine deliveries without trace of fever. Uses a local wash to vagina and uterus, with result of at once correcting all offensive odor and stopping putrefaction.

Dr. P. H. Watson[2] writing to Dr. Craig, says:—

"I have in my wards (Edinburgh Royal Infirmary) used chloral hydrate for fully six months, and find it quite as active an antiseptic as carbolic or boracic acid." Its odor, unlike that of carbolic acid, is not disagreeable, and its vapor penetrates everywhere.

Dr. E. G. Coleman[3] used a solution of the strength of ℥ ij to Oj, as a disinfectant in a case of smallpox, with excellent result.

Dr. Guido Tizzoni[4] commends it for these purposes in surgical cases, as does also Dr. W. W. Keen,[5] surgeon to St. Mary's Hospital, Philadelphia.

In referring to some of its surgical uses Dr. Keen says that in many cases after operations in paraplegia, incontinence, etc., the urine has to be collected in a cup, or other vessel, and in spite of every possible care, even in private practice, the vessel soon smells, and the urinary odor, especially in summer, is often very offensive, as well as deleterious to health. In several cases I have tried the plan of putting a few grains of chloral into the vessel whenever emptied and replaced; from that moment the room and even the bed, bedding and vessel, were absolutely freed from all odor whatsoever. It would prove, also, I think, a very valuable agent for injection into the bladder in cases of retention, or inflammation, etc., in which there is any decomposition of the urine.

Tizzoni[4] and Fogliata[5] have used it for the same purpose.

[1] *Med. Brief*, April, 1878.

[2] Edinburgh *Med. Journal*, February, 1876.

[3] *Med. News and Library*, July, 1876

[4] London *Med. Record*, November 15th, 1876.

[5] *American Journal Medical Sciences*, July, 1875, and Philadelphia *Medical Times*, March 21, 1874.

Dujardin Beaumetz[1] has found it serviceable in arresting putrefaction and fermentation.

J. W. Slinker,[2] of Mt. Ayr, Iowa, a solution of the strength of v–x gr. to ℥j, to inject and disinfect abscess cavities.

Stredey[3] uses for the same purpose the following:—

℞. Tr. eucalypti,
Chloral hydratis, āā ℥j
Aquæ, Oj.

Vidal[4] has used it to preserve morphia solutions, intended for subcutaneous use.

Prof. Fillippo Pacini[5] prepares suspected blood stains for the microscope by immersing the matter in a solution of chloral hydrate (1 10 water). The corpuscles are softened without being disintegrated.

Dr. W. W. Keen,[6] of Philadelphia, has used it for preserving pathological specimens. The solution employed was of the strength of 40 gr. to ℥j. He also finds it an excellent embalming substance. To prepare subjects for dissection he injects the solution into the blood-vessels. He finds,[7] however, that bodies thus treated do not keep longer than three weeks, in warm weather.

He quotes Drs. Morris Longstreth and J. G. Richardson as saying that it is a perfect preservative for pathological specimens. Also Drs. Francis White, John H. and Joseph N. Dickson, as to its efficacy in preserving bodies for dissection. Also Dr. Wm. Macpherson, as to its power in preserving solutions of atropia, strychnia and morphia, and he has confirmed these results himself.

At Dr. Keen's request, Dr. Henry Leffman experimented on urine with chloral hydrate, and found that the only tests with which it interferes are those for urea and sugar.

Cruvelhier[8] showed to the Société de Biologie, the carcase of a dog whose carotid had received an injection of twenty-six drachms of chloral in a pint of water. Fifty-five days had elapsed, and there was not the slightest sign of decomposition.

Mr. Stoddart[9], of Bristol, has recently examined the stomach, lung, heart, kidney and spleen of a patient who died from an overdose of chloral hydrate. The first thing, he says, that struck me was the very extraordinary way in which the several portions were preserved. Even now, although more than a week has elapsed since death, yet not the slightest sign of decomposition has taken place, nor any unpleasant odor. This, doubtless, is the effect of chloroform in the tissues.

Mr. Francis Ogston, Jr.,[1] noticed the same peculiarity.

Jacobson[2] found that chloral had antiseptic properties; one half of one per cent. added to a concentrated solution of albumen (equal parts dry albumen and water), prevents decomposition for a long time. The same properties were noted by Personne[3].

Ortega[4] found great relief follow the use of a chloral wash (1–100) in a case of profusely perspiring, ulcerated, and foul smelling feet. His fellow workmen refused to be employed near him, owing to the terrible stench arising from the feet. The bad odor was soon relieved by the wash, but whether the man fully recovered cannot be said, as he passed from Ortega's notice, having been sent to another town by his employers.

In a case of gangrene of the arm in a young man, due, probably, to embolism, Dujardin-Beaumetz[5] kept the limb in a chloralized bath for twenty days, at which time amputation was performed by Verneuil, and the wound healed rapidly.

Massola[6] has used a chloral solution of the strength of 1–100 to wash out the pleural sac in empyema. He advises gradual increase in the strength of the solution, never going beyond 50–100. Dujardin-Beaumetz and Villemin have used the drug for the same purpose.

Prof. Thaddeus Reamy,[7] of Cincinnati, recommends its use for syringing out the vagina after the operation for restoring a ruptured perineum.

CHLORAL IN TETANUS INFANTUM.

Prof. J. Lewis Smith[8] says of the use of chloral in this disease: "The remedy which, in my opinion, is far preferable to all others, is hydrate of chloral. Since the introduction of this agent into therapeutics it has been employed by several physicians in the treatment of this disease, with so good a result that it will probably supersede all other medicines for this purpose.''

---

[1] *Bull. Gen. de Therap.* Vol. 86, p. 224.

[2] By letter.

[3] *Jour. de Med. et de Chir.*, May, 1876.

[4] *Bull. Gen de Therap.*, Vol 89, p. 140.

[5] (*Nuova Liguria Med.*) *N. Y. Med. Jour.*, 1873, p. 1[illegible]0.

[6] *Amer. Jour. Med. Sciences*, July, 1875, p. 76.

[7] *Amer. Jour. Med. Sciences*, July, 1875, p. 150.

[8] *Med. Times and Gazette*, February 14th, 1874.

[9] *Medical Press and Circular*, New Remedies, Jan., 1872.

[1] A case of poisoning by chloral hydrate. Introducing a new test. pamphlet.

[2] *Druggists' Circular and Gazette*, November, 1873.

[3] *Gaz. des Hôp*, 1874, p. 141.

[4] *Bull Gen. de Therap*, vol. 90, 1876, p. 178.

[5] *Bull. de Therap.*, vol. 87, 1874, p. 376.

[6] *Thèse de Paris*, July 27th, 1877, No. 335.

[7] *The Obstetric Gazette*, Jan., 1880, p. 293.

[8] "Diseases of Infancy and Childhood." Philadelphia, 1879, p. 436.

I have been able to collect twenty-five cases thus treated, which resulted in fourteen recoveries and eleven deaths. A not very encouraging outlook at the first glance. When we consider, however, that heretofore this disease has been almost uniformly fatal, the prospect seems better. Dr. Smith's case was not seen until the disease was well advanced, and in some of the others the drug was not exhibited in sufficiently large doses. I think that at least six grains should be given every two hours to a new-born child suffering with this affection, until some impression is made upon the spasms, when the dose may be decreased. It must be remembered that children bear larger proportional doses than adults, and that this is an affection that calls for prompt treatment, its nature in most instances neutralizing the evil effects of this drug

Other means, such as keeping the bowels free, the navel clean and unirritated, and warmth and quiet, must not be neglected.

I have credited Wiederhofer with six fatal cases, the note from which I took the facts saying that he had six recoveries out of *ten or twelve* cases. I gave the mortality the benefit of the doubt, and credited him with six deaths when there really may have been but four. The success of this treatment is certainly reassuring. Under other methods of treatment all of Wiederhofer's former cases had died.

Considering that Vogel and other great German authorities on children's diseases, had quite recently never seen a case of this affection recover, such a success must be taken to indicate a real advance in therapeutics.

MEDICAL KNOWLEDGE OF THE NORTH AMERICAN INDIANS.

BY H. M. M'CLENAHAN, M.D., U.S.A.,
Of Montana.

Midwifery.

This, the third and last of the series, will be a general view of the subject of midwifery among the Indians. First in order will come pregnancy, with its diseases and accidents. Conception is dated from the time of the cessation of menstruation, that is, from the day on which menstruation should normally commence. The period of pregnancy is computed by moons, nine moons being considered the proper length of time. This would be considerably less than the average length of time, but some allowance should be made, and for two reasons: conception probably would occur several days before the one upon which menstruation would naturally commence; also in counting the number of days in nine moons, several days would be gained by beginning with a new moon and computing time until the waning of the ninth moon. It is impossible to get accurate data, for these Indians do not know the days of the week or month, so that I am unable to learn the exact period of pregnancy. The time of nine moons would be from 252 days to 267 days. As it is possible for the woman to have been pregnant about twenty days before the time they commence to count, we have as the limits in normal pregnancies 252 to 287 days, the mean time being 270 days. This average would be eight days less than that given in the books. But the data are too meagre to base reliable estimates upon. I have only heard of one case going over nine moons, that one extending over eleven moons. The number of cases of a less duration than nine moons are also rare.

The squaws are markedly free from the diseases incident to pregnancy. The only reason I know of is that their bodies are never distorted out of shape by wearing apparel. The clothing is worn loose, and a slender waist is unknown. They all perform manual labor and are muscular and well developed. Physically, they are stronger than the men. They ride "man fashion," and all ride horseback, too. During the first few months of pregnancy epistaxis is quite frequent, but never proves serious. Nausea and vomiting are rare occurrences, and are not persistent or serious. Never heard of or saw a case of albuminuria during pregnancy. The pregnant state does not in any way interfere with regular duties. They do not seem to give the subject any thought, simply taking it as one of the duties of life. Ordinary pursuits are followed up to the day of confinement; in some cases up to the very hour.

The women seldom abort, unless it be produced intentionally. Criminal abortion is sometimes practiced among them. The only way of producing it is by mechanical means. They have no medicine for that purpose, and so far as I can learn, they never produce it by operating through the vagina. Abortion is always produced before the fifth month, for two reasons: One is that the fœtus is not supposed to have life until that time; in other words, until the movements can be felt. It must be borne in mind that until the fifth month means until the fifth moon. There is a notion among them that the fœtal movements are voluntary. In consequence, they will talk to and scold it, just as to an erring child. The second reason is that after that time there is danger to the mother, owing to the size of the fœtus. The ordinary manner of causing abortion is as follows:—

A stake is driven into the ground, leaving about two feet above the surface. The mother places the end of it against the abdomen, just over the womb, as nearly as possible. She then twists her body around on this, to kill the fœtus, as she thinks. If successful, uterine contractions result, with the desired effect. It is certainly a heroic treatment, and it would seem, one fraught with danger. Deaths, no doubt, do result, but I have not been able to learn of any. They would be slow, however, to divulge any facts pertaining to the subject. I do not believe they know abortion is morally wrong, and their love of maternity is not strong, so that a woman who has produced abortion neither sheds tears nor passes sleepless nights in anguish.

Those who have seen much of the Indians tell me they frequently kill the infants at birth. A favorite way of doing this is to let the child fall upon the ground when being born, either stunning it or breaking its neck. It is rather a sin of omission than of commission.

LABOR.

For this there is no elaborate preparation. No buying of flannels and muslins. No secret consultation between the old women of the neighborhood.

When the woman feels the pains coming on she repairs to the lodge, spreads a robe on the ground, and all is ready. She prefers to be delivered in a lodge. I have known of cases where the woman was living in a house and when about to be confined would go to a lodge. At this time they are very averse to whites being about. The whites might make bad medicine, that is, cast some spell over them by which evil would result to mother or child. Should any untoward symptoms arise they would be attributed to the whites, should any chance to be near. The medicine men do not attend cases of labor. That duty is relegated to the old women. There are always a few who have a reputation in such cases, and they are the ones sought after.

With the Indians there are no "stages" of labor. It begins with the first pain and ends with the delivery of the placenta, so I have no knowledge of the duration of the different stages. As a rule, labor is shorter than among civilized people. The shortest period of labor of which I have knowledge was two hours, the longest three days. Such protracted cases are, however, rare. From what I know and from the most reliable information, I should put the average duration of labor at four hours. The pains, they believe, are caused by the motions of the child. It thinks the proper time has come to move.

THE POSITION ASSUMED DURING LABOR.

So far as I know, without exception, they assume one position, that is the genu pectoral, as nearly as can be expressed. To be more minute, the woman takes a position on her knees, with the thighs widely separated. She leans forward, resting her head in the lap of an assistant, or a pole is suspended across the lodge, about eighteen inches from the ground, and she holds to it for support. They do not assume this position until the pains are severe, or until the second stage. During a severe pain some one will press on the lower part of the back. This affords them much relief. It is seldom that the fœtus presents by any other part than the head All other forms of presentation are the result of some evil spirit, and presage trouble to mother or child. Between pains the patient will move about, but never lays down. The child when delivered is not disturbed until the placenta comes away; this follows very soon. If it does not come as soon as it should, traction is made on the cord. No vaginal examination is made at any time. When the placenta is delivered the cord is tied near the body of the child and cut between the knot and placenta. I have no personal knowledge of a patient dying during labor. Yet, others report to me such cases. From these reports it seems probable that death was caused by retained placenta and post partum hemorrhage.

MANAGEMENT OF CHILD.

As soon as the cord is cut the child is taken and wrapped up in a "meokeep." It is not washed, and if it be born in winter will not feel water until the following summer. Neither is it dressed. The meokeep, is a sack open at the top and laced up in front, and large enough to completely envelop all the child but the head and face. It is lined with soft cloths, and padded with the fir of thistle, or other soft material, to absorb the discharges. The child is put in this, laced up, and laid away until called for. The smegma, after drying, forms a thick layer over the head, which is believed to protect the fontanelles from injury. The child is soon put to the breast. The after birth is wrapped in raw hide and hung in some tree. It is a notion among them that some harm would result should any animal devour it. The after treatment of the mother is very simple. A few hours after delivery she is allowed to walk about. In some cases, when the woman is confined while the camp is moving, she only rests a few hours, and then moves with the camp, either walking or riding horseback. Though, if possible, the rule is to take no exercise of any active kind for four days. During this time she is not to go near a fire, for the reason that it might excite a fever. From the history of some cases, I judge puerperal peritonitis or metritis occasionally occur, and invariably result fatally.

The lochial discharge is quite profuse for the first four days, and, they tell me, ceases at the end of the eighth day. This I do not think is absolutely correct, but after that time it is so small in amount as not to cause any inconvenience, and therefore no attention is given to it. Ablutions are seldom performed. The discharges dry on the thighs, form scales, and finally drop off. Nothing is worn next the vulva, either after confinement or during the menstrual period.

The women carry the children on their backs. A heavy leather strap encircles the waist, it being over the blanket and forming a bottom, upon which the child rests. The infant is then placed between the body of the mother and the blanket. The blanket is then drawn closely over the child, and fastened about the shoulders. The mother can then go about her duties, cutting wood, carrying water, etc., with the greatest of ease. Frequently you will see the babes sound asleep in this pocket while the mothers are working about. I am told of a case where an infant died while on its mother's back, unknown to her. While in the lodge, a sort of hammock is stretched across the lodge, in which the babe is placed. This can be swung to and fro, lulling the little pappoose to sleep, and is, I think, an improvement on the cradle used in civilized life.

LACTATION.

Indian children are usually well nourished, and where they are anæmic it is not from want of breast milk, but from some constitutional disease. As to how often they take the breast I am not prepared to say, but my observation leads me to believe that the child is the ole judge, for whenever it cries it is offered the breast. That is the only soothing syrup it ever receives.

There is no time for weaning. In many cases a child nurses until another one comes along. Even then it is slow in giving up, and it sometimes happens that a mother will nurse two children of different ages at the same time. The squaws are not remarkably prolific, but they all contribute their share of children, so that the average number of children for a given number of women is probably as great as among whites. Thirteen is the greatest number of children of one mother I have ever heard of.

Children are not named. Frequently no names are given until they arrive at the adult age. The manner of naming is peculiar. For example, if a boy falls into the river and swims out he is called the "swimmer," or if he sees some animal he is called by the name of that animal.

MEDICAL SOCIETIES.

THE AMERICAN MEDICAL ASSOCIATION—32d ANNUAL MEETING.

The abstract of the proceedings given below is made up from the daily edition of the *Virginia Med. Monthly* and the *Public Ledger.*

First Day—Tuesday, May 3, 1881.

The American Medical Association met in its thirty-second Annual Session, at 11 o'clock, A.M., at Mozart Hall, Tuesday, May 3d, 1881.

The Association was called to order by Dr. Frank Cunningham, chairman of the Local Committee of Arrangements.

Dr. H. D. Holton, of Vermont, Vice President of the Association, occupied the chair, with Dr. William B. Atkinson, of Philadelphia, Pa., Secretary.

The exercises opened with prayer by the Right Rev. Bishop J. J. Keane.

Dr. Cunningham then, in brief and appropriate language, introduced Governor F. W. M. Holliday, who delivered the address of welcome.

At 12 o'clock, M. Vice-President Holton introduced Dr. John T. Hodgen, of St. Louis, the President of the Association, who proceeded to deliver his annual address.

He alluded to the progress in medicine, and then proceeded to bestow a passing glance upon some of the causes which militate against the success of the surgeon by sometimes betraying him into error, again embarrassing him in his choice between conflicting plans of treatment, and too often frustrating his best directed efforts.

He divided surgeons into those seeking to perform every practicable operation, and those avoiding operations whenever it is possible.

A simple knowledge, however accurate, of the parts involved, does not qualify one to make an intelligent prognosis, to decide upon the advisability of an operation, or treat judiciously even such diseases as consist mainly in pathological changes in the part in question—to say nothing of the many cases in which subjective symptoms are referred to a particular part, when they are in fact, but the local expression of some remote or possibly constitutional trouble.

Herein lies a danger which threatens the profession, through the adoption of exclusive specialties by those not well trained in general medicine. It cannot be denied that the early and exclusive study of the affections of a part tends to narrow the intellectual grasp and cramp the powers of the man who yields to the influences incident to such partial training. In the best sense, a specialist is a physician and something more; in the worst, he is something else and something less than a physician.

The rapid progress made of late years in the precision and perfection of regional surgery, the brilliant triumphs secured, and the almost unlimited possibilities attained, combined to tempt surgeons to reckless operative procedures. Captivated by the knowledge that almost every region of the body has been and therefore may be invaded without necessarily destroying life, we are in danger of overlooking the general influences which are ever present to modify and control the results of local injuries.

The local conditions calling for surgical operations are, besides, more easily studied by the young surgeons than the general conditions, which may forbid them, and are more fully discussed in the text-books and college lectures. To learn what to do and how to do it is always more attractive to the student than to be told what not to do. And this is especially true if the thing not to be done is something which he believes he can do well.

On the other hand, we recognize certain diseases and conditions, in which, however defective our knowledge may be in some respects, we are at least certain that very early operation is indicated, both as involving a minimum of risk, and as offering the best, or perhaps, only chance of saving life or of averting great calamity. In this class we include tumors, benign or quasi-malignant.

The propriety of the early removal of quasi-malignant tumors is nowhere better illustrated than in the case of sarcoma of the choroid—a disease which, by the aid of the ophthalmoscope, can now be positively and accurately diagnosticated at a very early stage of development. Left to itself for a few months, it will surely break through the outer coat of the eyeball, and soon develop into a fatal and hideous tumor of the orbit, complicated probably with sarcomatous deposits in distant parts. Removed at an early stage, by enucleation of the eyeball, it may never return *in situ*, and life may be indefinitely prolonged.

In rodent cancer and in epithelioma we now expect a cure by excision, provided it is done early enough; and even in mammary scirrhus, removal of the breast has exceptionally effected a permanent cure.

Sympathetic ophthalmia affords a striking instance, which may result either from not recognizing a danger in season, or from a want of promptness in dealing with it.

Scarcely any fact is better established than that a high condition of health is not the condition which best fits the patient to bear the forced confinement, the impaired digestion, the imperfect assimilation and the perverted excretion which follow any serious bodily injury or grave surgical operation. In such patients we have learned to dread surgical fever and active inflammatory complications, leading possibly to septicæmia, and ending, it may be, in death.

So, too, that standard of health marked by an unusual ability to bear continuous mental strain, taxing the digestive and assimilative organs to their utmost, is not that under which the effects of shock are best borne, whether it be the shock of a severe injury or of a capital operation.

On the other hand, a man whose life is not marked by excessive tissue change, whose digestive, assimilative and excretory organs are not unduly taxed, and whose nervous system is not attuned to conditions of intense mental strain, is likely to bear well the shock of injury and the nutritive changes incident to prolonged confinement. Again, the chronic sufferer, whose nutritive and excretory organs have become educated, so to speak, to make good the excessive waste incident to any continuous drain, is often much better fitted to endure a grave surgical operation than is the new recruit of the army of sufferers. Very often the surgeon is compelled to act in the presence of morbid conditions of the most complex character.

REPORT OF THE FOREIGN DELEGATES.

Dr. Joseph H. Warren, of Boston, Chairman of Committee of Foreign Delegates Abroad, presented his report. The reading of the report was deferred, and it was referred to the Publication Committee.

A portion of it was devoted to the advocacy of establishing a journal, to be published under the control of the Association, in place of the annual volume of Transactions.

In conclusion, Dr. Warren expressed it as his opinion that many young men of high intellectual abilities, who are now deterred from entering upon the study of medicine by the success which quacks are allowed to attain, because of the want of harmony and united action in the free exchange of opinion, would be encouraged to enter upon a professional life by the enthusiasm and spirit of harmony displayed in favor of scientific study, and in opposition to imposters and impositions.

After announcements by the Secretary of meetings to be held in the afternoon, the meeting adjourned until 10 o'clock next morning.

Second Day.

A large number, both of delegates and citizens, were present.

Rev. Joshua L. Peterkin, D.D., opened the session with prayer, and, after the announcement of the Committee on Nominations for Officers, the amendment to the Code of Ethics was considered.

A PROPOSED AMENDMENT.

The amendment provides that it is derogatory to the interests of the public and honor of the profession for any physician or teacher to aid, in any way, the medical teaching or graduation of persons, knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine.

Dr. Edward S. Dunster, Professor in the University of Michigan, made a long speech in opposition to the amendment, on the ground that it is contradictory to the letter, in many places, and also to the general spirit, of the code as is now stands; that it is illogical, and, in its reasoning, discreditable to the scholarship of the Association; that it is now, and must, of necessity, always be inoperative, not only as a matter of every-day practice, but also by reason of certain well defined legal limitations, in which the Association is without jurisdiction; that it is based upon a fallacious assumption, to wit: that teaching truth and science tends to build up and strengthen irregular and exclusive systems of medicine; that to establish the principles embodied in the amendment, that truth in medicine must not be taught to unbelievers, would prevent the teaching of truth in any department of human learning to skeptics and unbelievers; that the experiences of history are clear and convincing, that error, slowly, it may be, but surely, disappears before the promulgation of truth; that it is a part of the old-time policy of intolerance and persecution, whose only effect will be to build up and strengthen sectarian medicine; and finally, that, by the proposed course, we lay our selves open to the charge of a want of faith in our own system, and confess our inability to compete with a school of medicine which we believe, both in theory and practice, to be largely based on error, or at all events, to state it as mildly as possible, on a misconception of the truth.

The further consideration of the subject was postponed, and made the special order for tomorrow.

ADDRESS BY DR. PEPPER.

After the reading of special papers, Dr. William Pepper, of Philadelphia, was introduced, and read a paper on the practice of medicine. He devoted himself to the consideration of the great importance of local lesions, and especially catarrhal inflammation of mucous membranes, as forming the essential cause of many apparently obscure diseases, and also as adding greatly to the danger of many diseases which are now regarded as due exclusively to the presence of some specific poison in the blood. He dwelt on the present tendency, which he thought exaggerated, to assume the existence of blood poisoning, and on the injury that is apt to result in practice, from regarding disease in so many instances as a special self-limited process, pursuing a definite course and practically uninfluenced by remedies. This theory will lead to dependence on a merely supporting and inactive treatment, and to the neglect of that minuteness in looking for and treating local affections that is so essential to the highest practical success. He illustrated this especially by reference to typhoid fever, dysentery and rheumatism. Allusion was also made to the importance of seeking for remedies possessing special antidotal powers against the great epidemic and contagious diseases, such as diphtheria and the eruptive fevers. In a few instances such specific remedies have been discovered, and allusion was made to the remarkable results that have recently been observed in the treatment of grave cases of diphtheria by the use of large doses of bichloride of mercury given in a special method. Without accepting these results as conclusive, they must be regarded as most encouraging.

The Doctor then discussed the large part played by chronic irritations of mucous membranes in the production of nervous disturbances and the impairment of vital power. Ample illustration may be drawn from dyspepsia, and from intestinal irritation. And again, as to the part played by such chronic irritations in keeping up a peculiar obstinate fever, which resists all treatment until the local trouble is removed; such cases are not rarely mistaken for malarial fever, and the excessive use of quinine in such cases is not rarely irritating and mischievous; and finally, such local catarrhs may produce morbid accumulations that may undergo changes and infect the system with the most fatal poisons. The most frequent and important instances of this are found in the development of pulmonary consumption from neglected or imperfectly cured catarrhal affections of the lungs. An attempt has been made to show that pulmonary consumption is a self-limited disease, whereas, in truth, if placed under suitable treatment, hygienic and medicinal, at an early stage, it can be largely controlled in very many instances. The address closed with a renewed assertion of the excess to which the modern theories of specific poisons have been carried, and with the expression of the hope that ere long a system of medical thought and teaching will be developed, more truly practical, national and American, and less under the influence of speculative views that do not accord with the requirements of our medical practice or the results of our clinical observations.

PUBLISHING TRANSACTIONS.

Dr. John Packard, of Philadelphia, presented the report of the Committee on Journalizing Transactions. The report closed with the recommendation that a committee of five be appointed, whose duty it shall be to digest and report in detail, as early as possible, a plan for the publication of a weekly journal by the Association, the nomination of an editor, his salary, and the time and place of publication of such journal. The resolution was so amended as to leave out the nomination of an editor; the committee was increased to seven, and the resolution adopted.

Third Day.

This day's session was opened with prayer by the Rev. W. E. Hatcher. After the announcement of the names of additional delegates, papers on surgery and the results of the tenth census, as regards mortality statistics, were read by Drs. McGuire and Billings.

Dr. N. S. Davis submitted a report on "Clinical Observations and Records." The report was accompanied by a recommendation that a Committee of five be appointed by the President of the Association, to be called the Standing Committee on "Atmospheric Conditions, and their Relation to the Prevalence of Diseases;" also suggesting how the Committee shall be appointed, etc. The recommendation was adopted.

Dr. Stone submitted the report of the Committee on nominations, as follows: For President,

J. J. Woodward, United States Army, of Washington. First Vice President, I. P. O. Hooper, of Arkansas. Second Vice President, Laertes Connor, of Michigan. Third Vice President, Eugene Chisholm, of North Carolina. Fourth Vice President, Hunter McGuire, of Richmond. Secretary, William B. Atkinson, of Pennsylvania. Treasurer, R. J. Dunglison, of Pennsylvania. Librarian, William Lee, of Washington, D. C. Chairman of the Committee on Arrangements, Dr. Stone.

Vacancies in the Judicial Council were filled by the appointment of Dr. S. N. Benham, of Pennsylvania; Dr. J. M. Jones, of the District of Columbia; D. A. Linthicum, of Nebraska; William Brodie, of Michigan; H. D. Hollon, of Vermont; A. B. Sloan, of Missouri; and R. Beverly, of Colorado.

St. Paul, Minnesota, was selected as the next place of meeting.

The amendment to the Code of Ethics, article 1st, paragraph 1st, adds: "And hence it is considered derogatory to the interests of the public and honor of the profession for any physician or teacher to aid in any way the medical teaching or graduation of persons knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine."

Dr. Davis made an earnest speech in support of the amendment. He was followed by Dr. H. P. Martin, of Massachusetts, also in support of the amendment.

A motion to lay the subject on the table was lost—ayes 106, nays 108. The matter was then made the special order for next day, immediately after the meeting of the Association.

The following amendment to the by-laws, offered by Dr. J. M. Keller, of Arkansas, then came up and was adopted:

"In the election of officers and appointment of committees of this Association by its President, they shall be confined to members and delegates present at the meeting, except in the Committee of Arrangements."

Fourth Day.

The fourth and last day of the Association was opened Friday morning, with an eloquent prayer by Rev. Chas. H. Read, D.D.

The President announced the following Committee on Clinical Observations and Records: Drs. N. S. Davis, Chicago; J. M. Toner, D. C.; H. A. Marcy, Boston; W. H. Gedding, N. C., and S. M. Bemiss, New Orleans.

THE ETHICAL AMENDMENT.

Dr. Billings, of the U. S. Army, of Washington, submitted the following as a substitute for the amendment to the Code of Ethics, which was under discussion Thursday: "It is not in accordance with the interests of the public or the honor of the profession, that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with the graduation of, persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine."

Dr. Billings, in offering the paper, said: "This amendment has been prepared after consultation with the representatives of the various views which have been presented here, and it is believed to embody the prevailing opinion of the Association. It places no restriction upon teaching or upon the diffusion of knowledge, while it affirms the principle that we will not endorse in any way, or recommend to the public, men who limit their practice to one special dogma, or who deliberately class themselves with the villifiers of and sneerers at regular medicine, for the sake of notoriety."

The substitute, under the call of the previous question, was adopted.

The Committee on Nominations made their final report, naming the Presidents and Secretaries of the various sections.

ABUSE OF MEDICAL CHARITIES.

The Committee to which was referred the communication from Philadelphia County Medical Society, in reference to the abuse of medical charities, report that the proposed plan of co-operation between the medical charities and Philadelphia Society for Organizing charities is admirably adapted, if faithfully carried out, to remedy the evil at which it is aimed, and which has reached such colossal proportions in that as in every large city, both in this country and in Great Britain. As Philadelphia is exceptionally favored in having its systems of charity so admirably methodized and coördinated, your Committee would suggest that in other cities not possessed of this machinery, a concerted action of all the medical charities in combination with the police authorities, in the matter of the visitation and registration of the dependent classes, might be attended with valuable results. The report concluded with the following resolution:—

Resolved, That the Secretary be instructed to convey to the officers of the Philadelphia County Medical Society the acknowledgment of the indebtedness of this Association to the Society for thus bringing to our notice its action in a matter so nearly concerning the dignity of the profession and the welfare of the public.

USE OF PATENT REMEDIES.

The following resolution, after some discussion, was referred to the Judicial Committee, to report at the next meeting:—

Resolved, That the spirit of the Code of Ethics forbids a physician prescribing a remedy controlled by a patent, copyright or trademark. This, however, shall except a patent upon a process of manufacture or upon the machinery for the manufacture. *Provided*, the patent be not used to prevent legitimate competition, and shall also except the use of a trademark used to designate a brand of manufacture. *Provided*, That the article so marked be accompanied by working formula, duly sworn to, and also by a technical name, under which any one can compete in the manufacture of the same.

MORTALITY STATISTICS.

Dr. Billings, of the U. S. A., of Washington, D. C., read a paper on the improvement in the mortality statistics of the United States, as returned by the tenth census. Registers for recording deaths were sent to over 70,000 physicians in the country, and answers were received from about 25,000. The largest proportion of physicians answering were from Pennsylvania, New York and Rhode Island. The first rough count shows about 620,000 deaths as returned by the regular gatherers of the census, but the returns from the physicians show an increase over this of about 60,000. An attempt has been made, in the tenth census, to obtain the number of the population on the 1st of June who are so sick or disabled as to be unable to pursue their ordinary avocations, and also to give the cause of such sickness or disability. This attempt has never been made before in this country, and in other countries has only been systematically made, as far as I am aware, in the three censuses of Ireland for 1851, 1861 and 1871.

It is too soon yet to speak of the results of this attempt, as the computations have not yet been made, but it is evident that either the returns will prove to be too imperfect to be of much if any statistical value, or the amount of sickness is much smaller than has been usually supposed. Taking the State of Rhode Island, where the census was taken under the direction of a skilled superintendent, Dr. Snow, who had so small a territory to deal with that he could make sure of the knowledge and training of almost all his enumerators, and where it is to be presumed the population schedules have been filled out with the greatest accuracy and completeness, it is found by a count that the number reported sick and disabled, aside from those reported as blind, deaf and dumb, insane, crippled, etc., was a total of 3276, out of a population of 276,528, being in the ratio of 11.8 per thousand. Comparing this with the results of the Irish census of 1861, I find that the proportion of sick at their own homes, reported in Ireland, varied from one in 142 to one in 942, in the different localities specified, which is in the ratio of 7.04 and 1.06 per thousand, respectively. It is usual to compute that for every case of death in a community, there are two cases constantly sick. It will be seen, if the estimate is correct, the Rhode Island census comes much more near completeness than that of Ireland. The only other source of comparison which I have thus far found available, is that of the health of the army, in which I find that among the white troops for the year 1877, the average number constantly on the sick roll was 44 per thousand of mean strength. Upon the whole, it seems probable that the results from the Rhode Island count are nearer the truth than any other data which we possess.

After the adoption of resolutions of thanks for the hospitalities extended, the convention adjourned, to participate in an excursion over the Richmond and Allegheny Railroad.

Proceedings of Sections.

State Medicine.—Chairman, Dr. J. T. Reeve, of Wisconsin; Secretary, Dr. R. G. Jennings, of Little Rock, Arkansas.

Papers were read by Dr. Billings, on "Some of the Results of the Tenth Census, as Regards Mortality Statistics," and on "Cellars," by Dr. A. N. Bell, of New York city.

Surgery and Anatomy.—Chairman, Dr. Hunter McGuire, of Virginia; Secretary, Dr. Duncan Eve, of Tennessee.

Dr. Joseph H. Warren, of Boston, Massachusetts, opened the work of the Section by exhibiting a collection of instruments devised by himself:—

First. A few vermicular-pointed catheters of three sizes. They combine the advantages of a screw and wedge, and its use is attended with less irritation and less difficulty of introduction. The next was his modification of Sir Henry Thompson's tube. It consists in having a tip, one-half of which is thrown back by a spring after it has entered the bladder. It acts as a scoop and allows of a free passage of the fragments. The tip may be made to revolve, or be stationary. The straight tube used by Bigelow may be made with this tip. It may be used to remove balls from gunshot wounds, foreign substances from nose, throat, or ear; for these cases smaller tubes may be used. A third instrument was a Bigelow's tube with a vermicular point. Much larger tubes of this sort with less shock are passed. Many of the dangers of large instruments are overcome by its use. The writer names this the Thompson American Tube, in honor of Sir Henry Thompson. The next shown was a uterine probe with revolving point. This has a fenestrated opening which can be threaded with a tuft of cotton. The next were a set of rapid dilating urethral and uterine sounds with revolving bulbular points, and also may be used for œsophagus and anus. The next was a trocar with revolving point—useful for tapping cases of general anasarca, etc. The next was a serrated herniotome; hemorrhage with its use is less. Dr. G. Bird's Torsion Forceps were also exhibited. Also, a self-retaining trocar, for paracentesis thoracis. The next was his latest devised hernia syringe, and finally an instrument called the Demonstrator's Knife—useful in dissecting veins, arteries and nerves. He also exhibited a modified sound, which he thought possessed many advantages.

Dr. Lewis A. Sayre, of New York, did not think the sound possessed anything to recommend it.

Dr. Gouley, of New York, saw no advantage in the rotary spiral sound—not even simplicity to recommend it.

Dr. Burchard reported an interesting case of ulceration of the appendix vermiformis, with remarks upon abdominal section in cases of perforation of the bowel. The writer took grounds strongly in favor of operative interference, and based his opinions on experience in many cases. Dr. Burchard advocated early operative interference in inflammatory affections around the cæcum. The operation is easy. An exploratory incision can be made for diagnostic purposes. Referred to acute perforating typhlitis. Thinks it should be divided into acute and chronic cases; the acute require surgical interference. Also has noticed some cases which appear to be recurrent. Thinks it better to stitch the intestine to the abdominal incision and make an artificial anus; and above all, thinks it our duty to give the patient the benefit of the operation with due antiseptic precautions. Dr. Burchard's remarks were received with marked appreciation by the Section.

Dr. James E. Reeves, of Wheeling, West Virginia, presented for Dr. B. W. Allen, of Wheeling, a report of a case of pyonephrosis, exhibiting a nephritic calculus weighing 480 grains. The case was that of a widow, aged 55 years. Her general appearance was that of a great sufferer. She was sallow, emaciated, asthmatic and constipated. Her bad health dated from her menopause. On examination, a large tumor was found extending from the right hypochondrium to the left and pelvis. Fluctuation was marked. Aspiration evacuated 18 pounds of sero purulent matter, and this was followed by immediate relief. It was now found that the tumor had no connection with the liver, and the history of the case forbade the idea of its being ovarian. The benefit from the operation was only temporary, and death resulted. An autopsy showed a tumor extending from the under surface of the liver, with which it was in contact, but not adherent, downward into the cavity of the pelvis. The lower end of the ilium ran across the tumor to the ilio-cæcal valve, and producing a constriction noticeable before death. The sac was fifteen inches in length, twelve inches wide, and six through. It contained ten pounds of purulent fluid, and was found to be the remains of the left kidney. An enormous mal-connection was found imbedded in the sac together with smaller ones, weighing 416 grains. At no time were there symptoms of uræmic poison, and the other abdominal organs were healthy.

DISEASES OF CHILDREN.—Chairman, Dr. A. Jacobi, of New York; Secretary Dr. T. M. Rotch, of Boston, Mass.

The following is an abstract of the paper of Dr. H. I. Bowditch, of Boston, entitled "The Relation between Growth and Disease:"—

After discussing the various influences which must be taken into consideration in approaching this important subject, such as climate, race, social condition, occupation, and sex, Dr. Bowditch directed the attention of the medical profession to carrying out more extended observations on this subject, especially in the West, where the emigrant class, coming from different countries, present especial advantages for this kind of investigation. He also spoke of the intention of the Massachusetts State Board of Health, Lunacy and Charity, to distribute blank cards and circulars of instruction to aid in this work, and it is probable that the National Board of Health will soon undertake a similar work on a larger scale. Dr. Bowditch said that it seemed probable that the accurate determination of the normal rate of growth in children will not only throw light upon the nature of the diseases to which childhood is subject, but will also guide us in the application of therapeutic measures. The statistics of growth, taken in connection with those of disease, might very possibly reveal unexpected relations between periods of slow and rapid growth, and the ages at which certain diseases most frequently occur.

He referred to Dr. Percy Boulton's expression of "danger signals," in his paper on the weighing of children. Dr. Bowditch then exhibited a chart representing the case of a child, between two and three years old, where careful and systematic weekly weighing showed, first, the approach, by some weeks, of a chronic disturbance of nutrition, represented by enlarged cervical glands and clay-colored stools, and second, after recovery, the approach of an attack of measles, the "danger signal" of progressive loss of weight preceding the eruption by at least a week.

Dr. White, of Boston, presented a paper entitled "Some of the Causes of Infantile Eczema, and the Importance of Mechanical Restraint in its Treatment."

He first described the many and varied external influences which immediately affect the delicate skin of the new-born as being a common cause of eczema, and laid especial stress on the fact that heat was the more usual cause of the disease than cold. He said, however, that these external influences furnish but a small proportion of all the cases of the disease which occurred at this period of life, although by far the greater part of those concerning the etiology of which we have any positive knowledge. During the last twelve years he had treated, at the Massachusetts General Hospital, 5000 cases of eczema, of which 1770 occurred in children of ten years of age and under, and of which the largest proportion, viz., 569 cases, was in the first year of life. He said, eliminating the operation of the causes directly acting upon the skin from without, above mentioned, and a few other extraneous agencies, the parasitic chiefly, that he did not hesitate to say that he knew nothing whatever of the causes of the disease in the remainder; also, that as far as his experience went, eczema affected all classes of society alike, occurred at all seasons of the year, came in children of all degrees of health, in the perfectly sound as frequently as in the feeble; that it had no necessary connection with any other disease of childhood; that it showed itself in an equal proportion in bottle babies and those reared at the breast, and was independent of diet; also, that if there were other assigned causes, he would here say that his observation gave him no justification for believing any of them.

He stated that there was no more necessity for a supposed sympathy with, or dependence upon, the state of the blood, or the condition of some other organ, when the skin is affected with eczema, than when the lung, kidney, etc., is affected. He then, after speaking of the extreme suffering which the little patients undergo, said that the prime factor of the treatment was the prevention of scratching, and he described what he considered to be the proper method of controlling the child's movements, viz., a system of swathing in a pillow-case, by which the same chances of success in the therapeutics of infantile eczema is given as exist in the adult.

He finally said that when the strait-jacket treatment is carried out, the child soon becomes used to the confinement, and a wonderful improvement takes place, not only in the disease itself, but in the morale of the family, which always becomes painfully disorganized during the existence of the disease; and he mentioned, as an important factor in the success of the treatment, that a grandmother (if present), in every case of infantile eczema,is the first evil to be eliminated. In conclusion, he considered that the simple mechanical means found in every household included all that was important in the treatment of one of the most distressing and rebellious diseases of infancy.

Dr. L. Duncan Bulkley regretted criticising the paper, as he felt obliged to do, in the absence of his friend, Dr. White, but the views presented differed so radically from those which he had formed from experience, that he could not help so doing, because he felt that the subject demanded it. For those who did not know of his acquaintance with the disease, he would state that he had recently made analyses of 2500 personal cases of eczema, and of these nearly 700 had occurred at an age which classed them as infantile eczema; he therefore believed that he could speak with authority on the subject. Dr. White had, it is true, treated of only one feature in the management of the disease, namely, physical restraint, but he believed criticism to be called for, because of the principles which underlie, or which call for this element of treatment; the premises being wrong, what follows must of necessity be wrong.

Dr. Ulrich, of Pennsylvania, in discussing the paper, said that he fully agreed with Dr. Bulkley, and that he entirely opposed Dr. White's treatment. In a long professional career he had never used a system of restraint in these cases, and that he would prefer to knock the little patient on the head at once rather than submit it to the tortures of Dr. White's straight-jacket.

Dr. H. O. Marcy exhibited to the Section some elastic double canular injection tubes, which he thought useful in various diseases. The tubes presented were of different sizes, to be used in inflammatory conditions of the uterus, bladder, rectum and bowels. They are not costly, easy to carry, and very serviceable. Dr. Gouley, of New York, asked Dr. Marcy if he claimed this a new device. Dr. Marcy replied that they were new to him. Dr. Gouley had certainly used the catheter years ago, and protested against the introduction of so many so called new and valuable instruments. Thought the next era would be time enough for more, and could not appreciate its great use in bladder troubles. Dr. Marcy thought there must be virtue in hot water in diseases of the bladder, as in diseases of the uterus. The stomach tube he feels much easier to introduce.

Dr. Wm. A. Byrd, of Quincy, Ill., presented a specimen of ulceration and perforation.

The following is an abstract of the paper by Dr. D. H. Goodwillie, of New York city, on Thumb Sucking, illustrated by the report of a case and exhibited by a wax model:—

Treatment consisted in breaking up the habit by applying a leather pad to the elbow, preventing the hand from coming to the mouth.

Nasal Catarrh by douches and the application of powder blown into the nose, proper food, clothing and rest.

His conclusions were as follows:—

1st. Thumb-sucking is more disastrous to the health of the child than the sucking of the other fingers, for the thumb, once in the mouth, it more readily remains during sleep.

2d. It interferes with the child's proper rest, which should be continuous and undisturbed, and so becomes a source of nervous irritation and exhaustion.

3d. It interferes with the natural respiration through the nose, and sets up abnormal conditions.

4th. It malforms the anterior part of the mouth, and affects proper mastication.

OPTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.—Chairman, Dr. D. S. Reynolds, of Kentucky; Secretary, Dr. S. M. Burnett, District of Columbia.

A paper was read by Dr. G. T. Stephens, on the *Perimeter*, invented by himself, for measuring the field of vision. Dr. Stephens described the instrument closely, remarking that most of the instruments hitherto used are very large, weighing a good many pounds, and consequently inconvenient for using. His instrument removes some of the difficulties. The gentlemen present were invited to examine the instrument.

Dr. W. C. Jarvis next addressed the meeting on the subject of "Nasal Catarrh with Hypertrophy." He remarked that the persistence of the disease is due to hypertrophy of tissue. This must be removed, and instruments are necessary to effect this result. The écraseur is the instrument employed. The wire used is very fine, but exceedingly strong, and made of the best steel. The transfixion needles are provided with metal handles, and are made of various sizes. The simpler forms of hypertrophies can be removed with the écraseur alone, but sessile growths require both. Dr. Jarvis stated that all degrees of hypertrophy can be removed by means of these instruments. In one patient, who had not breathed through the nose for fifteen years, and in one who had never breathed at all through the nostril, the relief was almost immediate. All kinds of nasal growths can be reached by means of the instruments, and there is no longer any use of resorting to caustics, cutting and the galvano-cautery.

Dr. Daly said the instrument was a very useful one. In his experience, deafness of greater or less degree has often been relieved by removal of nasal growths, and that, too, without treating the deafness at all. If the "central trouble" or hypertrophy be remedied, the result will be good. The galvano-cautery, used for a few moments at a time, is an excellent means of removing the growth in some instances. The finger is introduced into the pharynx as a support and protection. In some cases glacial acetic acid answers well as an application to the stump after the removal of the growth with instruments. Cases under his care have been watched for years, and have progressed favorably. In one case in which sessile growths were present, these were removed with the galvano-cautery, heated to a mahogany or cherry red. The apex of the growth disappears, gradually becoming hollowed out, and sound, normal structure is left. The surrounding structures are not injured.

Dr. Rigsby wished to know to what extent deafness is due to anterior nasal catarrh.

Dr. Jarvis said that the extent was undetermined, but that the pharyngeal trouble is secondary to the anterior disease. The acid secretions of the part flow backward and irritate the healthy mucous membrane. A mild astringent injection may sometimes give rise to the pharyngeal disease, and it is highly probable that the secretions of the part diseased can act in the same way.

Dr. Rigsby said he had been struck, after a long experience, with the connection between aural and nasal diseases. Deformities in the vomer and turbinated bones produce trouble in the ear, after giving rise to hypertrophy and sometimes ulceration in the nose. Deflection of the vomer to one side is one deformity giving rise to ear disease. Operative interference is not often needed. Iodoform, with alum, or acacia, is an excellent application. In other cases, where no deformity exists, the rhinoscope will reveal a group of enlarged glands. These give rise to a viscid secretion which irritates the surrounding structure.

Dr. Chisolm then read a paper on the "Treatment of Conical Cornea." He said that it is a pertinent question how to get the projection back. Suggestions had been made of cutting out a piece of the cornea and bringing the surfaces together. After reading a French article on puncture of the cornea with a needle heated to redness, he determined to put it into practice. A case of exophthalmic goitre with a complication of eye troubles, were selected; objects could not be distinguished one foot off. No anæsthetic was given, and the needle was thrust suddenly through the cornea. The anterior chamber was immediately emptied; no pain was felt; and atropia and cold water were used. There was no inflammatory action. As soon as the eyes were opened the patient read at six feet. The same operation was used on the right eye, and eight months afterwards the cornea was perceptibly flattened, sufficiently so to admit of an iridectomy.

SECTION ON PRACTICE OF MEDICINE, MATERIA MEDICA AND PHYSIOLOGY, met at 8 o'clock, P. M. Dr. Pepper being absent, Dr. J. A. Octerlony, of Louisville, was called to the chair, Dr. T. A. Ashby. of Baltimore. Secretary, being in place.

D. W. C. Wile, of Sandy Hook, Connecticut, read a paper upon "Blood letting as a Therapeutic Measure in Pneumonia." He said that it was with great hesitation he approached such a subject, but that, in the light of his past experience, he felt it to be his duty to do so. He could not, in the limited time at his disposal, say anything in regard to the etiology or diagnosis of pneumonia, but should confine his remarks to the consideration of a therapeutic measure. He then proceeded to say that. while he knew he was treading upon almost forbidden ground, and that he would meet with great opposition from the profession at large, he felt compelled to urge the importance of the *free use of the lancet* in pneumonia. He cited a typical case of what he called "Acute Catarrhal Pneumonia," in which he had recommended the abstraction of blood in the first stage, but in which, owing to the opposition of the family, he had been unable to carry out the practice he recommended until the disease had advanced to the second stage, but even then with the most marked and immediate favorable results. He entered very fully into the details of this case, as it was one of a class which had proved peculiarly fatal in Connecticut, under any treatment he had adopted; and reported a series of twelve other similar consecutive cases, with like favorable results.

Dr. John J. Lynch, of Baltimore, remarked that he thought, from Dr. Wile's description of his cases, that he had made a mistake in diagnosis, as they were evidently "*croupous*" and not "*catarrhal*" pneumonia. The Doctor was also probably mistaken in attributing the rapid recovery of his cases to the bleeding, because croupous pneumonia most frequently ends in from two to eight days, by sudden crisis, and Dr. W.'s cases would probably have recovered just as soon without the bleeding. Dr. L. admitted that for rapidly extending collateral hyperæmia in pneumonia, bleeding might be necessary, and was most efficient, but this was from the merely mechanical effect of the remedy, and in no sense curative. The disease would run its course afterwards, in spite of the bleeding.

He hoped he would never see the day when the profession will return to the sanguinary method of treating pneumonia less than half a century ago, when the average mortality was more than twenty-five per cent., while by the modern, purely rational method, it was, in uncomplicated cases, not more than four or five per cent.

Dr. Whittaker, of Cincinnati, said that he thought too earnest protest could not be made against this revival of venesection at this late period in the history of science. Pneumonia is now known to be a general disease with a local expression in the lungs, just as typhoid fever is a general disease with a local expression in the intestines. There could be no justification of venesection in pneumonia, except upon the theory of a local inflammation.

Dr. N. S. Davis, of Chicago, said that he had practiced medicine for nearly half a century, and that for fifteen years he had practiced venesection after the regular sanguinary method, and that he must say that he had found the best results from blood-letting in pneumonia, when discriminately employed.

Dr. Octerlony, of Louisville, Ky., said that he did not wish to discuss the general subject of pneumonia, but to offer some remarks in analysis and friendly criticism of Dr. Wile's paper. In the first place, he did not deny that cases are occasionally met with in which blood-letting is indicated and will prove beneficial in relieving venous congestion, but he did not think Dr. Wile's cases sufficiently numerous to establish a law, nor were they reported with sufficient care to make them available.

The first stage of the disease was the period during which Dr. Wile would have us bleed, because this was the stage of engorgement; but that he (Dr. O.) claimed that even at this period exudation had already occurred, as shown by the physical signs, dullness, absence of vesicular murmur and the presence of fine crepitant *râles*. Bleeding will not return this exudation to the vessels; this can only be accomplished by a vital process. The mortality in Dr. W.'s cases was 1 in 13, far greater than that resulting from the plan of *promoting the natural progress of the dis-*

ease and supporting the strength of the patient. The duration of his cases was not less but greater than our knowledge of the natural history of the disease shows to be the rule.

In conclusion, he must insist that the writer had not proved his proposition, viz.: that pneumonia is a very fatal disease, nor that the mortality or duration of the disease have been diminished by venesection. On the contrary, it seems to be a well established fact that pneumonia is a self-limited disease. The blood-letting plan of treatment used to give a mortality of 1 in 5. The purely expectant plan, 1 in 13. The plans he had here recommended gave, in Bennett's hands, a mortality of 1 in 86.

Dr. J. H. Claiborne, of Virginia, said that he did not think we could fail to go astray if we followed the teaching of the gentlemen who always recommended bleeding, nor could we fail to go astray if we believe those who tell us never to bleed. The middle course was safest, and we should be guided more by experience than by theory. There was no one method of treatment applicable to all varieties of pneumonia.

Dr. Post, of New York, said that in his opinion no dependence could be placed on statistics, as they were drawn from a class of patients found in hospitals, who had been badly clothed and badly housed and fed all their lives, and such statistics were not reliable guides. We must be guided solely by experience. He could not sympathize with the gentleman who expressed the opinion that the lancet could no longer be used in medicine, for he believed that when properly and discriminately used, recovery was more rapid after bleeding.

Dr. Coleman, of Vermont, said that theoretically he believed in the lancet in a certain class of cases, but that in practice he did not meet with that class of cases where the blood was being forced into the lungs so rapidly as to produce strangulation, as he was not called in time to see them in that condition.

Dr. Quimby, of Jersey City, said that in all acute inflammatory cases where he used stimulants he lost his patients. Under a modified treatment he had not lost a patient. In all cases where he had used the lancet he had done so on the first or second day. He thought we did not often see these typical cases in the very first stages. We cannot treat patients as if they were machines. He advocated the free use of the lancet, when properly and timely used.

Dr. Whitney, of New York, said that when he first commenced practice he had felt it to be his duty to bleed all cases of pneumonia; since then he had, to a great extent, abandoned the use of the lancet. But that he thought the mortality had never been so great before as since the abandonment of venesection. He thought we did not bleed half enough.

Dr. Ballou, of Rhode Island, had never used the lancet that he regretted it, but had often failed to bleed, and regretted it very much.

Dr. North, of Iowa, always carried a lancet; he had never lost a case of pneumonia, and had never yet bled one.

Dr. Jackson, of Virginia, thought it objectionable to speak of blood-letting as a treatment of pneumonia; we ought to speak of it as an adjuvant or auxiliary. It was wrong to let it go abroad among the younger men that we had either advised against or for blood-letting.

Dr. S. D. Gross belonged, he said, to the younger members of the profession. He had listened with deep interest to the remarks made here. Pneumonia was an inflammatory affection, and the lancet in such affections was applicable in young, robust and healthy subjects. Bleeding was not applicable in *all* stages of pneumonia, but only in the commencement, when the disease was in its infancy—not later. We employ bleeding simply as an adjuvant, and under such circumstances we employ it wisely. If, however, we wait until consolidation has taken place, bleeding does harm, no matter what be the form of pneumonia, whether croupous or catarrhal. If bleeding was performed in time, and on proper subjects, it was the great remedy in this disease.

Dr. Lester, of Michigan, did not think the practice of venesection so good as the theory. We did not bleed in cerebro-spinal meningitis, because we knew we should lose our patients; but we used the supporting treatment. He asked what was the difference between the two inflammatory conditions? He was surprised at so much advocacy of the lancet in pneumonia, and would like to see it dispensed with.

Dr. Martin, of Massachusetts, trusted that it might go out to the world that the American Medical Association sanctions the *occasional* use of the lancet, at least.

Dr. Wile, of Connecticut, in closing the discussion, expressed his gratitude for the courteous manner in which his paper had been discussed, and he accepted from the gentlemen their diagnosis of his cases. He felt delighted to learn that pneumonia was such a pleasant disease to treat as those gentlemen who proscribed the lancet seemed to think it. The cases he had reported were of the class, and the only class, he had met with in Connecticut. He did not wish to be understood as saying that the lancet was the only mode of treating pneumonia, but that it was the only way of treating those cases of pneumonia with which he had come into contact in Connecticut.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.—Chairman, Dr. James R. Chadwick, of Boston. Secretary, Dr. Joseph Tabor Johnson, D. C.

Resumè of Rules for the use of Pessaries.—Dr. Paul F. Munde, of New York, made a brief recapitulation of the rules governing the introduction and supervision of vaginal pessaries (including vagino-abdominal).

1. Always be sure of the diagnosis of the nature and degree of the displacement before resorting to a pessary.

2. Always replace the uterus before applying a pessary. This applies particularly to retro-displacements. It is well to replace the uterus repeatedly, every day or twice daily, for several days before introducing a pessary. The replaced organ may be supported by cotton tampon in the interval, if it is desired to distend and toughen the vaginal pouch; or the object of relaxing the abnormally stretched uterine ligaments may have been obtained by the mere repeated replacement.

In flexions, chiefly ante-flexions, the frequent straightening of the uterus, or conversion into the opposite flexion by the sound, will often prove beneficial before introducing a pessary.

3. Never insert a pessary when there is evidence, by the touch, of acute or recent inflammation of the uterus or adnexa, or when pressure by the finger on the parametrium (where the pessary is to rest) gives decided pain.

4. When the uterus is not replaceable, that is, when adhesion binds the fundus down, use great caution and discrimination in deciding whether an attempt should be made, and is justified by the symptoms, to elevate the fundus by manual or instrumental means, or whether the elevation should first be tried by the gradual elevation of a pessary (this applies only to retro- and latero-versions). If neither is to be recommended, do not introduce a pessary until local alterative and absorbent measures have effected a resolution of the adhesions.

5. Always choose an indestructible instrument, if possible. This does not apply to prolapsus uteri.

6. Always measure and estimate the vagina carefully before choosing a pessary, and be careful to adjust the pessary in every particular (size, curve, width) to that particular case. No two vaginæ are exactly alike.

7. If the vaginal pouch is not sufficiently deep to accommodate a pessary (anterior pouch for ante displacements; posterior pouch for retro-displacements), defer the attempt to fit a pessary until the pouch has been deepened by daily tamponing with cotton, or by the upward pressure of a cutter or Thomas' vagino-abdominal supporter. Or the pouch may be gradually deepened by using first a small (slightly curved in retro displacement) instrument, and gradually increasing its size (or curve) until the desired size and shape for permanency is reached.

8. Never leave a pessary in the vagina which puts the vaginal walls to the stretch, and which does not permit the passage of a finger between it and the wall of the vagina. This does not apply to prolapsus uteri.

9. A vaginal pessary which projects from the vulva is displaced.

10. A pessary which gives pain must at once be replaced by one which is painless.

11. A well fitting properly-chosen pessary should not only give no pain, but should be a direct source of comfort to the patient.

12. Always examine a patient on her feet after introducing a pessary, or when it is desired, at her return, to ascertain its efficiency in sustaining the uterus during walking and exertion.

13. Always tell the patient that she has a pessary in her vagina, or she may not return, in spite of your directions, and the pessary may remain for years, to her ultimate great discomfort and danger.

14. Always tell the patient to return within a week after the first introduction, in order that the position and working of the pessary may be looked after, and that, if it does not suit, it can be removed and a better one inserted. Tell her that several trials and various instruments may be required before one is found which she can wear permanently. Also let her return for inspection once every four to eight weeks, as the case may require. Tell her that if she fails to do so the pessary may cause ulceration, for which treatment will be needed.

15. Tell the patient that she will need to wear the pessary for months, perhaps years, before a recovery can be expected.

16. Never introduce a pessary which the patient cannot remove herself.

17. Tell the patient to remove the pessary herself if it gives pain, and show her how to do it. When she has removed it let her present herself at once for examination.

18. Tell the patient to use daily vaginal injections, for cleansing purposes. If she notices profuse discharge, add astringents; if the discharge is sanious or purulent, let her come at once, as the pessary has probably caused abrasion.

19. Tell her, on removing a pessary, to test the result; that the permanence of the benefit obtained therefrom cannot be determined for several days or weeks.

20. Always direct your patients to relieve all superincumbent pressure on the pessary by a proper support of their skirts; and if the displacement be anterior, aid the internal supporter by an abdominal (supra pubic) pad.

All pessaries may be introduced in the knee-chest position, when it is desirable or possible to replace the uterus only in that position.

EDITORIAL DEPARTMENT.

PERISCOPE.

Angina Pectoris.

M. Paul Gerne presents, in *le Concours Méd.*, No. 8, 1881, an interesting study on this malady. Its history is short; described in a private letter to Lorry, by Rognon, in 1768, it received the designation it bears at present from Heberden, in the course of the same year. The patient is often seized in the full vigor of health, after too active exercise, a copious repast, sometimes without any appreciable cause. A terrible and constrictive pain is felt in the cardiac region, the patient feels as if torn by claws of iron (Laënnec), or seized in a vise. The pain irradiates toward the neck, the epigastrium, down the arm to the fingers. He remains immobile in whatever position he happens to be; there is no possibility of speech or motion. A terrible sense of impending dissolution comes over him, for, as Heberden says, he feels that there is a universal internal pause in the natural functions. Death may be immediate; if recovery takes place, after a few seconds or minutes there is diminution of pain and anguish; the face reddens notably

(Trousseau); all is dissipated, but there yet remains great lassitude, and the patient is dominated by his fears. Respiration is generally regular during the attack, but in some cases there is pulmonary congestion with intense dyspnœa. The pulse is sometimes irregular and intermittent; there is often palpitation, succeeded suddenly by marked slowness in the cardiac revolutions. In some cases (Bernheim, *Clin. Méd.*), the pain is absent, but there exists a disposition to syncope which may prove fatal. Many theories have been put forward regarding the nature of the affection; for French pathologists it has a nervous origin; excitation or paresis of the pneumogastric (Jaccoud), of the phrenic (Peter). For the English school there always exists some lesion of the heart or great vessels—ossification of the coronary arteries, atheromatous degeneration of the aorta, etc. The Germans, with Guttman and Eulenberg, with Landois and Nothnagel, regard angina pectoris as due to generalized arterial spasms, which obliges the heart to painful contractions in order to overcome peripheric resistance.

The theories regarding the influence of the pneumogastric have led to the employment of electricity over the course of the nerve (Laënnec, Duchenne, Onimus). Generally it will be proper to administer a strong injection of morphia at the moment of the attack, to be followed by a course of treatment applicable to whatever diseased condition may be present; bromide of potash and antispasmodics, when there is any hysterical or hypochondriac tendency, together with arsenic, which is a veritable tonic for the nervous system (Anstie. Handfield, Jones).

Inhalations of chloroform are often of benefit during the attack, but should be used with extreme caution if there is any cardiac lesion, as it sometimes of itself induces fatal syncope.

Hypertrophied Tonsils.

In a recent lecture in London, Mr. Christopher Heath stated that hypertrophied tonsils are liable to lead to the deformity known as "pigeon-breast," from interference with the full expansion of the lungs. The thick speech, open mouth, and stertorous breathing, which in sleep develops into sonorous snoring, are sufficiently marked in extreme cases; while, in milder cases, the constant tendency to sore throat, and the general failure of health and strength without obvious cause, should direct attention to the tonsils. On inspection, the tonsils will be seen as large, white, glistening masses, often meeting in the middle line, and presenting yellow spots due to inspissated mucous secretion. Hypertrophied tonsils may project into and down the pharynx, but can never reach up to and obstruct the Eustachian tubes, the deafness so commonly found in these cases being due to the generally congested condition of the mucous membrane, which is relieved by the removal of the glands.

The application of local styptics, in the form of a solution of nitrate of silver (gr. x to ℥j), or the glycerine of tannin; the use of catechu or krameria lozenges, or the employment of a spray of sulphate of zinc (gr. x to ℥j), are all useful in slight cases, by keeping the disease in check while the patient's health is improved by sea air and tonics. In severe cases removal is the best remedy, and is much less painful and infinitely more satisfactory than drilling the tonsil with a sharp stick of nitrate of silver or caustic potash, as has been recommended.

The simplest form of guillotine, used with a pair of vulsellum forceps, by which the tonsils can be drawn thoroughly into the ring with the opposite hand, is preferable to the complicated guillotines fitted with a fork, which are apt to get out of order, and require considerable practice for their successful employment. The patient being seated in a good light, with the head thrown back, and the hands held by assistants, the guillotine can be slipped into the mouth, which it immediately gags; the forceps then grasping the tonsil through the ring of the guillotine, draws it well forward, and a sharp movement of the thumb drives home the blade of the guillotine, and cuts it off. Without withdrawing the guillotine, it is turned around, and the other tonsil similarly treated by changing hands, before the little patient has really time to cry. It is quite sufficient to remove a large portion of a tonsil, and any attempt to remove the whole is likely to be followed by sharp bleeding. Ordinarily, the sucking of ice for a few minutes staunches all bleeding; but, if not, the bleeding surface, and that only, should be painted with liquor ferri pernitratis.

After removal of the tonsils, ice may be sucked for a few hours, and a warm poultice under the jaw gives great comfort. Care should be taken to give food cool enough to be easily swallowed, and for a few days, anything hard, such as crust, should be avoided.

The Treatment of Typhoid Fever.

In the *Practitioner*, March, 1881, Dr. F. A. McEwen, of Aberdeen, describes the plan which he pursued in an epidemic of typhoid fever, with very satisfactory results. It was as follows:—

In the great majority of the cases looseness of the bowels, with the characteristic evacuations, was present; but unless the diarrhœa continued distressing I generally allowed it to go on. When along with the looseness of the bowels there was restlessness and want of sleep, I found small, repeated doses of Dover's powder most beneficial in subduing the diarrhœa and inducing quiet repose. In a few of the cases, instead of looseness there was constipation with tympanitic distention. The constipation I never tried to obviate, and the bowels always acted in good time. One case in particular, where the patient remained ten days without having her bowels moved, made a very good recovery. During the whole time there was tympanitic distention, and a continual discharge of flatus; but at the end of the ten days the bowels were moved naturally. I confined my patients almost exclusively to milk, with a little lime-water or soda-water added. When the frequency of the pulse denoted great weakness of the circulation I gave from half an ounce to an ounce of good old Scotch whisky, three or four times a day; and the administration of this stimulant I invariably found to have a strengthening effect upon the action of the heart.

Sponging the body once or twice a day with tepid water was agreeable and refreshing to the patients, and was generally followed by a sense of comfort. When at all practicable I saw my cases twice a day; and in the absence of intelligent nurses I set myself to teach nursing, practically and theoretically, to the best of my ability, to those about the sick.

The Treatment of Phosphatic Diabetes

At the close of an article in the *Lancet*, March 19th, on this form of disease, Dr. C. H. Ralfe says:—

With regard to the treatment of the form of disease under consideration, the main indications are rest and endeavor to promote nutrition generally. To attain this end opium or codeia should be given in full doses, when the patient first comes under observation. As soon, however, as the nervous system is quieted, and the rheumatic and neuralgic pains are less severe, it should be discontinued, lest it interfere with digestion. General tonics, such as iron, quinine, nux vomica, hydrochloric acid, and cod-liver oil should be persevered with. When there is a history of syphilis iodide of potassium should be combined with these remedies. Warm baths, followed by tepid douches, give great relief to the neuralgic pains, and also soothe the nervous system. The soluble phosphates may be administered, but their utility in these cases is questionable. There appears to be no lack of these constituents in the system; the difficulty seems rather to lie in the want of power of the tissues to retain them. The food should be light and nutritious, and milk one of the chief constituents. Alcohol should be avoided; it invariably, even in small quantities, increases the diuresis. The same may be said of coffee. Change to dry, bracing air should be obtained, if possible. The clothing should be warm, and the patient carefully guarded against cold, since in these cases a reduction of bodily temperature is always noted. When, in spite of the pursuance of these therapeutic and hygienic conditions, the diuresis and excretion of phosphoric acid continues, though the general condition of the patient may temporarily improve, there is reason to fear that phthisis will supervene, or that the disease may assume the features of saccharine diabetes.

REVIEWS AND BOOK NOTICES

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Wm. S. Little, of Philadelphia, in a reprint from the *Archives of Ophthalmology*, gives some examples of the practical advantages of color blindness, and some observations on this defect, with reference to the choice of a profession.

——Prof. Rachel L. Bodley's valedictory address before the graduating class of the Woman's Medical College of Pennsylvania has been published in pamphlet form. We gave a full abstract of this interesting address in a previous number (cur. vol., page 354).

——As there is no opinion so absurd as not to find advocates and defenders, so the opponents of vaccination have found a pleader in Dr. Carl Spinzig, of St. Louis, who sends us a long reprinted article from the St. Louis *Clinical Record*, closing as follows:—

Now, in conclusion, in view of the pathochemical action of variola, and the danger and utter futility of vaccination, above abundantly set forth, must not, then, its claimed "protection" against smallpox be regarded as a vanity, and its continued practice a crime?

——Dr. Charles J. Kenworthy, of Jacksonville, Florida, has written a seventy page pamphlet on the "Climatology of Florida," which is supplemented by a reprint of some articles in the New York *Medical Journal*, on "climate in the prevention and cure of pulmonary consumption, with the special reference to the peninsula of Florida." Much of these writings is strongly polemical in tone, and Dr. Kenworthy, among other difficult points to defend, takes up the positions, that Florida has a dry climate, that it is not a specially malarious State, that phthisis among the native population is comparatively rare, etc. Of course, quite accurate statements on such subjects can only be based upon a considerable number of correct statistics, which, for Florida, are not forthcoming. Those who would like to view the climatic and sanitary advantages of Florida, painted in cheerful colors, will do well to buy the book. (Price twenty-five cents. For sale by Ashmead Brothers, Jacksonville, Florida).

——The question of the water supply of Philadelphia is acutely discussed in a reprinted article by Mr. Reuben Haines, of this city. In connection with his subject he discusses the general desirability of rivers as sources of water supplies, expressing his opinion as follows:—

There is a marked tendency, of latter times, to give up rivers as a source of public water supply, and to seek for it in natural and artificial lakes or large reservoirs in hilly districts. By this plan use is made of the storm waters of the region, and a water is obtained as nearly pure from the clouds, by natural distillation, as can be done on a large scale. The hill country from which the supply is taken must be chiefly in woodland or pasture ground, and should not be in active cultivation. It is also to be noted that sewage contamination is less likely to occur in such a lake than in a river, for it has been observed in many places, and among them, Massachusetts, that the centres of population extend usually along the river courses and seldom settle on the shores of small lakes.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER–GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS.—MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS.—SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3 20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

THE AMERICAN MEDICAL ASSOCIATION.

We devote much of the space in this number to the proceedings of the American Medical Association, at its thirty-second annual session. The interest in the meetings of the Association is increasing with each year of its life, and it has now gained such a position before the profession that its proceedings will command the attention of all members of the medical world.

One pleasant feature is the absence of the barren discussion on personal and ethical points, which some years ago occupied so much time with so little benefit.

The scientific work of the Sections is extensive, and indicates great activity in all branches of professional investigation. The ability in the discussions of mooted points shows how wide awake to the advantages and disadvantages of the various topics of medical study are the physicians of the United States.

The proposition to establish a medical journal to act as the organ of the Association, may expect some comment on the part of editors of existing medical journals. Dr. Warren spoke of a hostility to such a project on their part. We have seen no signs of it. There should be none. A new medical journal is started in the United States about every three weeks, on an average. One more or less should not terrify those at present in the field.

If, however, the gentlemen who advocate this move fancy it an easy matter to establish and conduct successfully a weekly medical journal, they may discover that they are not quite right there.

The decision in reference to the propriety of regular medical teachers signing the diplomas of those who avowedly intend to practice homœopathy, etc., will meet with general approval.

As much cannot be said of the effort—for the time being unsuccessful—of those who wish to prevent the use of copyrighted pharmaceuticals by the profession. A trademark is a guarantee of quality, too generally recognized for the Association to put it aside. Any action in this direction could not be carried out, and would, in fact, be against public policy.

All in all, the meeting of the Association at Richmond was a satisfactory and gratifying one.

AN IMPORTANT QUESTION DECIDED.

Both in England and this country it has long been a disputed point as to whether the lectures delivered by a professor in one of our medical schools or hospital clinics are or are not the private property of the professor. Can a hearer take a verbatim report, publish it, and enjoy the profit of its sale, without the permission of the lecturer? For many reasons most lecturers have opposed such action, and these reasons are valid, so far as the lecturer's personal feelings are concerned. He may express himself without that due care which he would use in writing for the press; the reporter may make serious blunders; the substance of the lecture may be intended for a more complete exposition of the subject in point, etc.

Well conducted journals always ask permission of lecturers to have their lectures reported; and, of course, still less a respectable publisher would not publish the reports of a series of lectures in book form without such consent.

The matter has come before the courts in New York City, through a suit brought by G. P. PUTNAM'S SONS, in which they obtained an injunction from the U. S. Supreme Court restraining the publication of a report in book form of Prof. DARLING'S lectures on anatomy, it being in conflict with DARLING'S "Essentials of Anatomy," issued by the Putnams.

Dr. DARLING, it appears, gave permission to Dr. MEYER to print some reports of his, DARLING'S, lecture, but the Court ruled that this did not include the right to *publish* them in book form.

This case seems to rule decidedly, first, that a lecturer can legally prevent any report being printed of his lectures without his permission; secondly, that a permission to print does not include a permission to publish; and thirdly, that the right and title of a lecture rest exclusively with him who delivers it, and do not become vested in those who pay to hear it.

NOTES AND COMMENTS.

Rupture of Internal Organs without Apparent External Lesion.

We read of two such cases in the reports of the Societé Anatomique (Paris). The first occurred in the service of M. Duplay; the patient had been caught between a wagon and lamp post. There seemed to be no external contusion, but the patient complained of intense pain in the right hypochondrium. At the autopsy a complete rupture of the kidney was found, with a torn condition of the spleen; there was effusion of blood between the layers of the omentum and mesentery.

In the second case, a workman was thrown from a team; his hernia escaped from beneath the truss which maintained it, at the moment of the accident. There was no sign of abdominal contusion, and the symptoms simulated those of strangulated hernia. At the autopsy, a small opening, about the size of a dime, was found in the small intestine; there was effusion of the intestinal contents into the cavity of the pelvis, and generalized peritonitis, but no strangulation of the intestine.

Facts about Pneumonia.

Dr. Edwin M. Snow, in his report for March, as City Registrar of Providence, R. I., discusses the subject of pneumonia, as it appears in that city, and reaches the following conclusions:—

The consideration, thus far, of the subject of *Pneumonia*, justifies the following conclusions; always remembering that the conclusions are for the special latitude and special population of the city of Providence, and that they may, possibly, differ in some respects from those of other latitudes and other populations:—

First—Of the total mortality from known causes the percentage of deaths from pneumonia is no greater and no less than it was twenty-five or even forty years since. There has been no perceptible change in this respect during this time.

Second—The proportional mortality of males from pneumonia is considerably greater than that of females. This conclusion might be modified by a comparison of the mortality, by sex, at different periods of life.

Third—In proportion to the numbers of the living population, there is an excess of mortality from pneumonia among those of American parentage.

Fourth—The mortality from pneumonia seems to be specially influenced by season and temperature, the number of deaths being least in August, when the temperature is highest; increasing with much uniformity until February, and then decreasing regularly until August. See the table for illustrations.

Fifth—The debility of advanced life and the debility of infancy—age and want of age—seem to be the most important causes of death from pneumonia. Less than one-fourth (23.75) of the living population is under five years and over fifty years of age; but this less than one-fourth of the population furnishes nearly three-fourths (72.66 per cent.) of all the deaths from pneumonia. More than three fourths (76.25 per cent.) of the living population are between five and fifty years of age; but this more than three-fourths of the population furnishes only a little more than one-fourth (27.34 per cent.) of all the deaths from pneumonia.

Treatment of Eczema of the Scalp.

In such cases, accompanied by impetigo, M. Vidal employs, at the St. Louis Hospital (*Progrès Méd*, March 5th), the following treatment:

Lotions with decoction of walnut leaves. Frictions morning and evening with—

℞.	Glycerit. amyli,	℥j	(30 grams)
	Ol. cadini,	ʒj½.	(6 grams)

Suspend the frictions if they prove too irritating. As general treatment, iodide of iron, the vegetable bitters, and sulphur baths if the constitution be enfeebled, as it is in the generality of such cases. In another very different form of the disease, M. Vidal employed the following:—

℞.	Glycerit. amyli,	℥j
	Tannin,	ʒss
	Hydrarg. submuriat.,	gr.xv.

The patient was strong and vigorous, and an eczema of both arms, treated without success by enveloping in rubber bandages, was favorably modified by the above glycerite.

Psylium Seed in Constipation.

We read in *Paris Médical* that Mr. Noel Gueneau de Mussy proposes using *Psylium or Sarragota Seed*, besides *white mustard seed*, the use of which is excellent, or *flax seed* in the natural state.

Psylium is a species of plantain, commonly called *Fleawort*, because of the appearance of its seeds, which are quite small, and very mucilaginous. A tablespoonful in half a glass of water is taken before dinner. He says that with a number of persons this method has proven as successful as with the Spanish lady from whom he obtained it. In other cases, however, he was obliged to alternate with more powerful laxatives, such as aloes or rhubarb, so as to keep up the effects. It is probable that psylium seed, like others of its kind, is not persistent in its effects, although in a number of cases it seems to have been so.

Pilocarpin in Scarlatinal Nephritis.

Dr. Seemann gives the following indications for the use of pilocarpin in certain cases of nephritis:—

1. Muriate of pilocarpin is useful in cases of scarlatinal nephritis, and may often save life when other remedies fail; but it must not be resorted to except in very serious cases. 2. When, after its successful administration, the œdema begins to lessen, cure should be left to nature and to other remedies, because renewed doses of pilocarpin may cause too rapid absorption of the transudation, and may thus lead to uræmia. 3. After each dose of pilocarpin, the state of the respiratory organs must be carefully watched; if the bronchial mucus be not satisfactorily expectorated, or if the slightest indication of pneumonia show itself, further doses of the drug must not be given.

Concentrated Solution of Quinine.

A formula for a concentrated solution of quinine is given by Mr. S. W. Reynolds, in the *American Journal of Pharmacy*, April, 1881:—

He adds, that he has no difficulty in keeping any required length of time, and there is no crystallization except in very cold weather, and then it is redissolved very readily by warming.

His formula is as follows:—

℞.	Quiniæ sulphat.,		grs. 480
	Acid. sulphur. dil.,		f.ʒvj to f.℥j
	Glycerinæ,		f.ʒvj
	Aquæ destil.,	ad	f.℥vj.

Misce sec. art. and filter.

Prepare it without heating, and find the f.ʒvj of dilute acid sufficient in warm weather, but in winter the larger quantity is required, to maintain the solution. This solution contains exactly ten grains in each f.ʒj.

Death by Pulmonary Embolus in Phthisis.

M. Dugnet presented at a recent meeting of the Societé Med. des Hôpitaux (Paris), the lungs of a tuberculous subject, who died suddenly, through pulmonary embolus. Both lungs were tuberculous, except the inferior lobe of the left lung, which was obstructed by an embolus plugging up the bronchial tube, and which originated in the right femoral vein, although there was no phlegmasia alba dolens of this limb during life. In the discussion which followed, it was admitted that clots might form in the veins in cachectic conditions, without enough pain or œdema to attract the physicians' attention.

But there may be old thrombi in existence, and the collateral circulation is sufficient to efface the œdema without obviating the danger of a migratory clot.

Eczema from Chloral.

At a medical meeting in Paris, some months back, Dr. Brochin, in speaking of the inconveniences of chloral, related the case of a young, strumous girl, subject to eczema of the lips, who, on two separate occasions, found this affection to reappear immediately on taking a draught and an injection of chloral, and that with such intensity that the mouth and the tongue became involved. The diagnosis of buccal eczema was confirmed by M. Bazin. In the discussion which followed his remarks, others stated that they had frequently observed an erysipelatous-looking eruption on the face, of a painless character, following the administration of chloral in large doses, and disappearing when the drug was suspended.

Elixir of Salicylic Acid.

At one of the recent meetings of the Pharmaceutical Society of this city (*American Journal of Pharmacy*, April, 1881), a formula for *elixir of salicylic acid* was asked for, and Dr. Wolff furnished the following:—

Dissolve salicylic acid, ʒj, in alcohol, f. ʒ vj, and add simple elixir (or elixir curacoa), q.s., f. ℥ vj. The dose is a tablespoonful, containing five grains of salicylic acid, the taste of which is well masked. The elixir should not be given with water. The additional amount of alcohol in this preparation is not contraindicated, but seems to overcome the tendency of the salicylic acid to act as a cardiac depressor. In variola this elixir has been used with good results.

Impairment of Sight from Tobacco.

In the last volume of the *St. Thomas Hospital Reports*, Mr. Nettleship gives some interesting notes on the diagnosis of tobacco noctylopia, and draws attention to the fact that in this affection the central region of the visual field is first affected, and remains throughout the seat of the greatest relative defect, while the periphery of the field remains of the full size. The patients have no difficulty in walking about, but when reading they very often move a printed book about as if trying to discover some position in which it could be better seen. They generally see better first thing in the morning, again towards evening, and best on dull days.

CORRESPONDENCE.

A Severe Case of Double Quotidian Hemorrhagic Fever.

Ed. Med. and Surg. Reporter:—

Was called, March 8th, 1875, 5 A.M., to consult with Dr. Farrer, seven miles in the country. The history of the case, from my note book, is the following: Mrs. C. H. had, in the evening of March 6th, a slight chill, followed by fever and thirst. During the night she took Smith's Tonic. March 7th, early in the morning, her menses came on; soon after she vomited profusely, clear blood, bled also from the nose, and passed half a chamber full of pure blood, according to her husband's statement. Dr. Farrer, an old physician, was sent for, who gave her the following, viz.:—

℞.	Quiniæ sulph.,	gr. ij	
	Elix. vitriol,	gtt. v	
	Tinct. ergotæ,	gtt. x	
	Water,	℥j.	M.

Such a dose every two hours. This was preceded by a full dose of castor oil and turpentine; besides, she took five grains tartaric acid in one-third of a cup of strong infusion of cinnamon and cloves. At six P.M., of same day, another alarming hemorrhage from the stomach, nose and bowels. occurred, which nearly terminated her life. The Doctor was again sent for; but the hemorrhage nearly ceased when he arrived. He left her six powders, composed of one grain of opium and one grain of ipecac, each, to be given every three hours, and the other medicine continued, having given an unfavorable prognosis, in case the hemorrhage should recur.

March 8th. Early in the morning she had another alarming hemorrhage, and when it ceased, they all thought she was dying. The Doctor was sent for, and another messenger came for me. I found her in the following condition: Her face was blanched and white as a sheet, eyes sunken, voice whispering, pulse scarcely perceptible, respiration thirty per minute, and the extremities cold and covered with clammy perspiration. We retired into an adjoining room: where the good old Doctor objected to any further treatment as useless, she being already in *articulo mortis*. I insisted on doing something for her, and prepared, contrary to his wishes, the following, viz.:—

℞.	Quiniæ sulph.,	gr. v	
	Calomel,	gr. ss.	M.

One such dose to be given every hour, till five P.M., if alive, and then every two hours. I gave her also, strychnia sulph., one-quarter of a grain, morphia sulph., one-third of a grain, persulphate of iron, five grains at a dose, and then left her six powders of morphia sulph., one-third of a grain, ipecac., one grain, persulphate of iron, five grains each; one to be taken every three hours, till three powders are taken; further, to take freely the white of an egg, beaten with a little water and alternated with skimmed milk. This treatment was faithfully carried out, when, about five and a half P.M., instead of another attack, she fell into a tranquil sleep, which she enjoyed for three hours and awoke refreshed.

March 9th. Her husband brought me the good news that his wife is better, and requested me to see her again, as Dr. Farrer refused to consult with a doctor using such heroic and barbarous treatment. (Saying that the strychnia alone was sufficient to kill a hog). At my second visit, a pale, but cheerful and friendly face met my eyes, her cool and weak hands grasped my hand, and she exclaimed, God bless you, my dear Doctor, with tears rolling down her cheeks. She took all the quinine powders, twelve in all, which affected her hearing slightly; but the first powder she thought brought life into her, for it went like lightning through her body, and made a peculiar feeling. Of the other powders she took only four. Further, she used the whites of sixteen eggs, and one quart of skimmed milk, during these twenty-four hours. Presently she received the following:—

℞.	Chinin. sulph.,	gr. l
	Acid sulph. arom.,	ʒ iss
	Ext. caryophylli,	ʒ v
	Tinct. cinnamomi,	℥ j
	Ext. hydrastis canad.,	f. ʒ ij
	Syrup sarsaparillæ,	℥ iss. M.

SIG.—One teaspoonful every three hours.

Also,

℞.	Tinct. ferri muriat.,	℥ j
	Acid. nitro-muriat.,	ʒ ss
	Strychniæ sulph.,	gr. j
	Tinct. calami,	℥ j
	Glycerin pur.,	℥ ss. M.

SIG.—Three times a day; one teaspoonful a quarter of an hour after meals, in water.

These two prescriptions were once repeated' and in fourteen days from my last visit she came with her husband to my office, to settle the bill.

About eight months afterward this lady had another attack; sent again for her physician, Dr. Farrer, who promised to cure her with the same remedies I had previously given; but she died within thirty-six hours, from hemorrhage, which this time came from stomach and bowels only. One thing I shall mention with this case, that is the large dose of strychnia she received, producing a powerful shock to the nervous system, and at the same time keeping up a prolonged stimulant and tonic effect on the same. I had, time and again, flattering results from one quarter of a grain of strychnia sulph., sixteen grains of quiniæ sulph., and one-third of a grain of morphia sulph., given at a dose, in congestive chills, and then pushing the quinine and stimulants hourly, till out of danger. Only but two weeks ago I saved a poor widow from a too early grave by such a powerful dose, which acted magically. Her disease was cerebro-spinal meningitis, of a severe character. Her treatment, after this dose, consisted of a compound mixture of chloroform, ch. p., tinct. gelsemini, ergotin, ext. cannabis ind., fl. ext. belladonna and glycerine, in full doses every three hours; also a nightly dose of sixteen grains of sulph. quinine, and one-eighth of a grain of strychnia sulph., with hot applications to the nucha and upper part of the spine, frequently repeated. The other cases, not so severe, ended also in recovery, under exactly the same principle. J. PIRNAT, M.D.

Evansville, Ind.

Mechanical Uterine Support.

ED. MED. AND SURG. REPORTER:—

I was called, May 24th, 1880, to see Mrs. E., aged thirty-three, mother of five children; has had two miscarriages; had suffered five years with increasing discomfort until she was bedridden with five weeks' hemorrhage from womb. She was greatly reduced, anæmic, with some malarial poisoning; but, to be brief, for I desire to call the attention of the profession to two kinds of help, in mechanical therapeutics in uterine diseases and displacements, in this case I found the side of uterus just within vulva, the os against meatus, the fundus against rectum, preventing the passage of urine or catheter until pushed up. There was erosion of os, great enlargement and induration, also endocervicitis. The vaginal walls were so much weakened and dilated that for some time I was puzzled to keep the uterus in position; large-sized cotton pads would be slided right out as soon as she was lifted to the mug. I at last introduced a pad, and then packed the vagina with cotton wool, moistened with tannated glycerine, placing a large pad on external labia, and confined by a bandage fastened to the belt around waist. After ten days the vagina had so far recovered that the cotton pad was retained as a pessary.

Seeing the advertisement of S. S. Staufer, in the REPORTER, I ordered for this case a high-priced instrument, but asking him to use his judgment; he sent an "Economy" belt, with deep E. O. cup, two inch diameter, for $2.50 less than the amount sent. June 25th I fitted on this instrument; the lady resumed the care of her household immediately. On the 9th of July I met her at a camp ground, she having walked there, a distance of two miles. She was the picture of health. Two weeks ago she assured me that she was and had been in as perfect health as when a girl. To the os and cervix I applied, with a camel's hair pencil, tincture of iodine and carbolic acid. There was no hemorrhage after the first twenty-four hours. As soon as the cotton pad could be retained by the vaginal walls, the pad was covered with glycerite carbol., five per cent. carbolic acid.

This case has been of great value to me, and I am sure that I am largely indebted to the use of Staufer's hard-rubber uterine supporter. In fact, all of his instruments that I have seen are admirably adapted to secure success in their use, and I most cheerfully recommend them to the patronage of the profession.

J. C AUBREY, M.D.

Culverton, Ga., April 4th, 1881.

Vaccination and Measles.

ED. MED. AND SURG. REPORTER:—

Some two months ago we had somewhat of a smallpox scare in this community, and, consequently, I was called upon to vaccinate a great many persons. About two weeks after I commenced vaccinating an epidemic of measles started in the town, and very rapidly spread through the city and adjoining country, assuming quite a severe type. In fact, so severe, that several cases died, and some of the physicians reported the epidemic as one of "*black measles.*" I observed that all those cases that came down with the measles about the time that their arm was getting sore or was still sore, from the effects of the vaccination, had a very mild attack, and recovered quickly, without any complications whatever supervening, many of them not being confined to the bed at any time during the sickness, and if at all, not more than one day. This held true with adults as well as with children. And further, I observed that where I vaccinated after recovery from the measles, the results were very unsatisfactory. I remember one instance in particular, where I vaccinated five children in one family, some ten days after recovery from measles, and not one worked. Thirteen other children who had not had the disease during this epidemic, were vaccinated the same day, from the same virus, and in the same manner, without a failure. If any practitioner has an epidemic of measles on hand, or should chance to have in the future, I would like to have them investigate this subject further and report the result.

Parkersburg, Iowa. A. O. STROUT, M.D.

NEWS AND MISCELLANY.

The Sanitary Council of the Mississippi Valley.

The Council met at Evansville, Indiana, in the third week of April. A committee of eleven members, Dr. J. D. Plunkett, of Tennessee, Chairman, was appointed to submit propositions covering the work of the Council. They reported April 21. They spoke in favor of representatives of the National Board of Health residing at quarantine stations on the Mississippi river, and also one at New Orleans, with the privilege of searching the records of the State Boards of Health and attending their meetings. The difficulty with the Louisiana State Board of Health was deplored, and the action of the State Board condemned. The following resolutions were adopted:—

Resolved, That the inspection service of river and rail transportation by the National Board of Health is hereby desired, and its reëstablishment for the ensuing season is urged, on behalf of representatives in this Council; that certificates and bills of health issued by said inspection service shall be accepted as *prima facie* evidence of the sanitary state of vessels and trains presenting the same.

Resolved, That this Council, being firmly convinced that the safety of New Orleans, as well as the valley, lies in the rigid exclusion of infected ships from the Lower Mississippi, strenuously urge upon the State Board of Lousiana, a modification of section 6, of the rules and regulations for the government of quarantine officers and stations, etc., so as to read: Section 6. All vessels from ports at which yellow fever is prevailing, or from ports where contagious or infectious diseases are reported to exist, shall be inspected at Eadsport. If any such are found to be infected, or to furnish reasonable ground for suspicions of infection, such vessels shall not be allowed to pass Eadsport, northwise, except upon the presentation of a certificate from the Inspector of the National Board of Health, at Ship Island Quarantine Station, setting forth that the vessel has been subjected to proper treatment and is free from the liability of conveying the contagion.

Resolved, That in the judgment of this Council the quarantine of vessels and freight should consist of purification of the vessel and its contents, which should then be returned to commerce as speedily as practicable.

8. The means of informing the Board of Health in the Valley of apprehended danger.

Resolved, That this Council condemns all methods of suppression and secrecy with reference to information of contagious or infectious diseases; therefore discountenances the use of cipher telegrams; but in the event of danger from such diseases at any point in the Mississippi Valley, it is the duty of the executive officer of the health organization of such place to fully and promptly advise the proper authorities at all threatened points.

Dr. J. J. Speed, of Louisville, was elected President, and Dr. Johnson, of Mississippi, Vice President, for the ensuing year.

Smallpox in London.

Smallpox is epidemic in London. It was officially announced that during the month of April more than 1500 cases of smallpox had been refused admission to the hospitals, because they were full. There were then 1014 cases of smallpox in the London hospitals, and only one bed available. The deaths of 297 persons from smallpox, in their own homes, were reported since the outbreak of the epidemic, which, moreover, had much increased in violence.

Filthy Streets and Filth Diseases.

From New York City and Chicago come outcries against the filthy condition of the streets and the disastrous consequences on the health of the inhabitants. The New York mortality bills are far higher than usual at this season of the year, and even true typhus fever has broken out in some localities. In Chicago matters are even worse. In the first week in May, the Chicago *Times* stated:—

"The death-rate in Chicago is greater now that it has been at any time for many years past. The health of the city is worse than it has been for many years. The mortality among children is simply frightful, while grown people are suffering and dying from lung and bowel complaints in every section of the city. Our drinking water is unfit for use; it is breeding disease that may not develop in a day, or a week, or a month, but which will surely develop in time. Our streets and alleys are reeking with filth. Our sewerage system is incomplete and imperfect."

It was even said that twenty per cent. of the population of the city were more or less affected by these causes.

Act Relating to Color-Blindness.

The following Act has been passed by the Legislature of Massachusetts and approved by the Governor:—

Section 1. No railroad company shall employ or keep in its employment any person in a position which requires him to distinguish form or color signals, unless such person, within two years next preceding, has been examined for color-blindness or other defective sight by some competent person, employed and paid by the railroad company, and has received a certificate that he is not disqualified for such position by color-blindness or other defective sight. Every railroad company shall require such employé to be reëxamined at least once within every two years, at the expense of the railroad company.

Sec. 2. A railroad company shall be liable to a fine of one hundred dollars for each violation of the preceding section.

Sec. 3. This Act shall take effect on the first day of July next.

Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons.

The sixth annual session will be held at the Kentucky Institution for Feeble Minded Children (Dr. John Q. A. Stewart's), commencing Tuesday, May 17th, 1881, at 8 o'clock, P.M.

The following papers will be presented and discussed:—

1 "Some of the Abnormal Conditions of Idiocy, and the Method of Obviating Them." Dr. H. B. Wilbur, Syracuse, N. Y.

2. "The Epileptic Change: and its appearance in Idiocy." Dr. I. N. Kerlin, Elwyn, Pa.

3. "The Rate of Growth of Idiotic Children, Compared with the Normal Standard." Dr. Geo. G. Tarbell, Boston, Mass.

By resolutions of previous sessions, the following reports will be made at Frankfort:—

"On Bibliography of Idiocy, etc.," Dr. H. B. Wilbur, chairman (minutes, p. 43).

"On Statistical Records," Dr. G. A. Doren, chairman (minutes, p. 45, p. 113).

Dr. Tarbell, of this Committee, will report a special paper on the "Defects of Statistical Inquiry."

"On Causation of Idiocy, etc.;" Superintendents reporting illustrations from cases received into Institutions for past year (minutes, p. 48).

"On Status of the Work before the people and legislatures of the various States" (minutes, p. 43).

"On Development and Progress of the Institutions represented."

"Improvements in School Training and Hospital Care introduced during the past year."

"Clinical reports of special cases" (minutes, p. 41).

By resolution of 1880 (minutes, p. 114).

1. That in the State reports for 1881, statistics of epilepsy shall be furnished, *e. g.*, the number of cases in the institutions who are, or who have been, epileptic; also the number of applications for admission declined during the year, because of the complication of epilepsy.

2. That the members of the Association report, for 1881, the progress of pupils in the industrial departments of the same institutions.

It is especially requested that members report at least as early as 5.30 P.M. on the 17th instant, so that the first meeting may be held at 8 P.M.

Isaac N. Kerlin,
Elwyn, Pa., May 2d, 1881. *Secretary.*

The Kansas Temperance Act.

Some objections having been made to our statement of the effect of the Kansas prohibitory law (see Reporter, cur. vol., p. 453), we submitted a copy of the Act itself to two competent lawyers of this city, and both pronounced, unhesitatingly, that the statement we made is borne out by the wording of the Act.

Items.

—Smallpox appears to be making the tour of the world, coming on vessels sailing westward across the Atlantic, and eastward, on ships crossing the Pacific.

—Rhode Island physicians residing near the Connecticut line are denouncing a new law of the latter State which requires a heavy license of non-resident physicians practicing therein.

—The widow of the late Dr. S. B. Wylie Mitchell, a United States Navy Surgeon, has presented that gentleman's choice collection of works on Heraldry, Coats of Arms, etc., to the Historical Society of Pennsylvania.

—The Northern Medical Society, of Philadelphia, elected two lady physicians to membership at their last meeting. This is the first society to admit them in Philadelphia. They were Dr. Hannah Croasdale and Dr. Ida Richardson.

—The York Pennsylvania Hospital and Dispensary was opened, with appropriate ceremonies, April 28th. Dr. W. S. Roland delivered an address, followed by Dr. John L. Atlee, of Lancaster, and others. The Legislature has appropriated $7000 in aid of the Institution.

—The death is announced of M. Ramel, whose name will ever be associated with the beneficent Eucalyptus globulus, or fever destroying blue gum tree of Australia, introduced mainly by his means into Algeria and Europe, and about which there has been considerable interest manifested by American sanitarians.

—A number of physicians have permanently organized the West Philadelphia Medical Society. Officers for this year have been elected and a Constitution adopted, which says that the society's objects are to advance the cause of medical science and to promote original investigation on the part of its members.

—Advices from Bagdad state that the ravages of the plague are terrible, though not extending beyond the sanitary cordon. Four thousand inhabitants quitted Nedjed and encamped in salubrious localities. Nedjed and Dijukwa were burned on the 8th inst. The disease becomes very violent, the afflicted dying in ten hours after being attacked.

OBITUARY NOTICE.

Death of Mrs. S. W. Butler.

We announce with regret the death of Mrs. Annie H. Butler, widow of the late S. W. Butler, M.D., the former editor and proprietor of the MEDICAL AND SURGICAL REPORTER. Her death took place from cardiac disease and complications, at Asbury Park, New Jersey, May 9th, 1881. Her loss will be felt by a wide circle of friends in this city and in Burlington, New Jersey, her former home. To her unfaltering aid and willing sacrifices the successful existence of this journal during its early and struggling years was in no small measure due. As a devoted wife, a tender mother, and an earnest Christian woman, her memory will long be cherished by those she has left behind.

QUERIES AND REPLIES.

Ethical Queries.

1st. Dr. A. is a graduate of a regular school, and is the only physician in a rural village. Dr. B. locates in the same town with A. and is a stranger; claims to be a "regular," but never called on Dr. A.; not ever having met A. (even to speak to him), ignores him entirely. Is this contrary to the code? Should A. call on B. first?

Ans.—Courtesy requires B. to call on A. first, but the code does not demand it.

2d. A. and B. are physicians of neighboring villages. A. was called to see a case on Saturday. On Sunday, his second visit, he learned that the young man became alarmed and sent for Dr. B., early that morning, but now was sorry that he had sent for him, as he was doing well, and if B. did come, would not employ him. A., on his way home, met Dr. B. and apprised him of the facts; however, B. visited the patient and gave advice. Did B. violate the code? T. M. T.

Iowa.

Ans.—Dr. B. should not have called after Dr. A's statement to him.

MR. EDITOR:—In a recent case of asphyxia, from hanging, the patient was cut down before death, but remained insensible, breathing at irregular intervals, three or four times a minute. The insensibility continued twelve hours, at the end of which time he died.

I ask in regard to the propriety of injecting one-tenth of a grain of atropia every ten minutes, in such a case.

In a case of strangulation, the nervous and muscular systems are very much depressed, by the circulation of dark colored blood. The question naturally arises, then, would the hypodermic injection of atropia hasten death or prolong life? Would such a course of treatment rational? W. H. M.

Indiana.

MR. EDITOR:—Dr. W. H. K., of Ohio will find a pap on Soluble Compressed Pellets for Hypodermic Use, *Medical Times*, January 1st, 1881.

In answer to O. C. S. of Ala., p. 448, would refer y to an admirable reprint of a paper on Abuses of Med cal Charities, by Roswell Park, M.D., 1558 Wabash a Chicago, Ill. I am sure Dr. Park will take pleas in sending a copy to O. C. S., of Ala. H. A. W.

MR. EDITOR:—In answer to W. H. K., of Ohio, vo xliv, morphine and atropia salts dissolved in water parts, glycerine 1 part, will keep without changing. have used, for many years, the following solution morphine for hypodermic use, and have never seen cause any irritation where injected:—

℞. Morph. sulph., grs. xxiv
Glycerine, ʒiiss
Aquæ, ℥vss. M.

Grs. iii to ʒj—Hypodermic use. A. E. SPOHN.

Corpus Christi, Texas, April 22, 1881.

L. N. D., of Ind., writes: W. R., aged 25 years, neve perspired sensibly in his life; never had but one rudimentary tooth, which he soon lost; and little or n hair on his head. Is a farm laborer, and in hot weathe keeps his clothes constantly saturated with ice water. Has always enjoyed reasonably good health. Ar there any such cases on record? If so, what is the anatomical condition of the skin.

Dr. W. W. S., of Ohio.—Liquor carbonis detergens an English proprietary, antiseptic preparation, the exact composition of which is not published.

Dr. P. H. J., of N. Y.—On Bright's disease, the late (and the best) book is that by Dr. Tyson, just publishe in this city.

MARRIAGES.

KYLE—McCULLEY.—By Rev. Thos. S. Park, Apr 12th, 1881, at the residence of the bride's parents, near Smithfield, Dr. Warrick P. Kyle and Miss Emma J. daughter of Mr. John V. McCulley, the former of Hopedale, the latter near Smithfield, Ohio.

PRICE—ALDEN.—On Wednesday, April 20th, 1881, at St. Andrew's Church, 127th st. and 4th av., by the Rev. Francis Lobdell, Dr. Sherman B. Price and Miss Jann Hills Alden, daughter of James M. Alden, both of New York.

ROBBINS—PIKE.—April 30th, at Pomfret, Conn., by the Rev. Ebenezer Thompson, James Henry Robbins, M.D., of Hingham, Mass., to Mary Caroline Pike of Robbinston, Maine.

DEATHS.

ABBOTT.—On the 27th ult., Emma C. Abbott, wife of Dr. Benjamin T. Abbott, of Tuckahoe, New Jersey.

DAVIES.—On April 14th, Near Golden Lake, Ark., of pneumonia, Dr. J. F. Davies, aged 56 years.

GOLDMARK.—In New York, on Monday, April 18th, Dr. Joseph Goldmark, in the 61st year of his age.

HOLT.—At Montgomery, Alabama, Dr. W. J. Holt.

HUBBARD.—In Wauconda, Lake Co., Ill., January 25th, 1881, of cancer, Phebe N., wife of J. A. Hubbard, M.D., aged 42 years.

KRIDER.—Near Logan, Ohio, April 16th, Dr. S. C. Krider, of typhoid pneumonia, aged 65 years. He was one of the oldest physicians of Hocking Co.

TREVER.—April 21st at Quincy, Ill., Dr. Hugh Trever, of St. Joseph, Mo., in his 76th year. He had practiced in St. Joseph for nearly 40 years.

WARD.—April 22d, at Monticello, Ill., of heart disease, Dr. J. R. Ward, in the 70th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1264.] PHILADELPHIA, MAY 21, 1881. [Vol. XLIV.—No. 21.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CASE OF PROLONGED GESTATION AND UNUSUAL LABOR.

BY MARY HARRIS THOMPSON, M.D.,

Head Physician and Surgeon to the Chicago Hospital for Women and Children, Vice President of the Chicago Medical Society.

Read before the Chicago Medical Society.

On July 4th, 1876, I was called to visit a young Swedish woman, who was convalescing after a severe labor, which had occurred about two months before. Her friends stated that she had had "spells" for some five weeks previously; that she would have six or seven in a day; *occasionally* there would be *less*, but they were now generally increasing in frequency and violence, and that "each spell" was liable to last longer.

The patient was of medium height and size, had fair hair, light complexion, blue eyes and decaying teeth. She had lived in America some years, and spoke English well. She had at this time a nervous appearance and would start as if afraid of any movement made in the room. Her friends said, if a stranger should enter unannounced, she would fall to the floor in a "fit." She sat up but a small portion of each day.

During this visit, physical examination revealed no malady of heart, lungs, brain or spinal cord, unless the convulsions were indications of the latter. Other organs were healthy, so far as could be learned, until the pelvis was reached, when *here seemed* to be the whole cause; though we feared not, when chance compelled us to witness the first convulsion; it was so epileptoid in character.

A vaginal examination discovered a large amount of cicatricial tissue in that canal; the larger part of which was in two long ridges extending from the orifice of the vagina, on either side, to the cervix uteri, where they were lost on the lateral walls of that organ. Shorter ridges of the same cicatricial tissue radiated from points along the whole line of the longer ones, but were larger and more numerous near the cervix. A considerable stenosis was already the result, though these cicatrices were not yet healed. The cervix lay spread open like a book, in the vagina, from one long laceration in the median line anteriorly, extending from the middle of the anterior lip very nearly to the junction of the body and neck. Another laceration existed at the junction of the two lips on the right side, but was only about half an inch in length, and apparently healing. The walls of the cervix were thick, patulous, and denuded of their epithelial surfaces, both internally and externally, on the lower portion, as also was the os. The edges of the wounds were granulating. The ridges in the vagina looked as though folds of the mucous membrane had been taken up, with an effort to remove portions in these lines.

Her history was taken only from the time of marriage, or rather from the birth of the first child, which occurred about four years previous to this date. She was then twelve hours in labor, was attended by a midwife, who used the forceps, but for *what reason* she would not state. She began using them at two o'clock in the morning, and was three hours in terminating the labor. During these three hours she removed and replaced the instruments many times, a sister, who was present, says "twenty, at the least." Her gestation had been natural, except some pain, at the end of each month; and during the last one there was some pain almost the entire time. She had never been well since this labor.

Her second delivery occurred about two years before my being called in, and was quite natural; she was in labor but two hours and no forceps were used.

The third and last child was born about two *months* previous to this first visit. This labor "was long and tedious." She was attended by three doctors, who were a long time in using the forceps, the use of which was preceded by a knife, used probably upon the os uteri, preparatory to the use of the forceps.

I learned at this visit that she began having convulsions during the first month of this last pregnancy, and that they continued until she visited the dispensary of the Chicago Hospital for Women and Children, on one of my days, when she was five months advanced in gestation; that a specimen of the renal secretion had been obtained, and was being tested; also, that she had received one prescription, when she fell in a convulsion. In consequence of this accident, her friends hurried her home before another convulsion should come on. Hence she was not treated for albuminuria, though it was found to exist. Her address had not been taken, and I had never seen her since her visit at the dispensary until called to her home, some six months afterward. She assured me that she had taken the medicine regularly during the last four months of pregnancy, and had had no convulsions until three weeks after this last severe labor. She did have "stiffening" of the limbs and of one side, and would feel as though a convulsion was coming on. The prescription was the bromide of potassium in ten grain doses, ordered to be taken three times daily, when she felt nervous. At this visit the urine was examined and very little albumen was found, so little that nothing was done for it.

The treatment was the muriated tincture of iron and the bromide of potassium or ammonia. The local treatment was the vaginal douche and topical applications of a strong solution of nitrate of silver, made every fifth day. The convulsions grew less in frequency, and lighter in form, simultaneously with the healing of the parts, and disappeared wholly when this malady was removed.

I should have stated that, at the beginning of treatment, the body of the womb retained its normal relative position to the neck, but as the swelling of the cervix disappeared, it fell backward to the opposite side of the greater laceration, so that its canal made a right angle with that of the neck. This I could not correct. After many months the parts were healed and she was dismissed as well. About three months after this I was recalled, with the news that she was again having convulsions, and that she thought she had had a miscarriage of a few weeks. The only way this could be substantiated was by the condition of the parts. The body and neck of the womb were large and patulous, the internal os more open, and a sanguineous leucorrhœa established. The shorter laceration had nearly disappeared by cicatrization, the os was becoming eroded, and the edges of the larger laceration were again thickened and granulated, though there was no disposition shown to close up, like the shorter one. Once more we labored to stimulate the parts to heal. When healed, the question arose as to *how* to help the woman keep well, that she might not be a perpetual patient. We had heard of Dr. Emmet's operations upon these rents of the cervix, but I had not chanced to read any article upon the subject, though Dr. Emmet had already published one paper in the *American Obstetrical Journal.* I thought out my own plan of operating, but did not succeed in securing the best result.

The first operation was late in November, 1877. The result was a thin bridge of superficial muscular fibres, with a continuation of the mucous membrane covering the cervix, with a fistula at the bottom of the wound, or top of the cervix, and an open external os. As the denuding was not extended to the full edge of the os sufficiently, and I dared not denude the wound at the bottom (as the rent had extended so high into the supra vaginal portion of the cervix), we feared entering the peritoneal cavity. In consequence of this imperfect condition, there was a constant tendency to ulceration of the cervix and os (internally as well as externally), and as frequently a return of convulsions.

She consented to a second operation, which was made March 20th, 1878, with a much better, though not what I should now consider a *perfect* result. It kept the walls of the cervix together, also the body in its natural position. There was no longer any tendency to excoriation of the parts. It is now nearly three years since this patient had a convulsion.

Question. Had insanity occurred instead of convulsions, and the patient been placed in an insane asylum without the recognition of the cause, and had no treatment been given, where would insanity have ceased? Or, if the disease after these five years had been learned and cured, would the effect on the brain cease also?

But questions in physiology and pathology other than these can be asked; for the patient has passed through another gestation and labor, and it is our firm conviction that her pregnancy lasted ten and one half months, if not more. May 20th she came to my office, saying she had not menstruated since January 10th. I then thought it was occasioned by pregnancy, but could not declare this to be the case positively. She came again the 28th, when I felt more certain about it. July 27th, she appeared again, when, I find by my notes, my conviction was that she was *six*, *almost seven*, months pregnant. This was not only shown by the size of the body of the womb and the length of the cervix, but it corresponded to her time of "quickening," or when she felt life. Her labor occurred November 26th, 1880. Nine weeks before this date she called me, thinking herself in labor. I found the os uteri sufficiently open to admit the tips of two fingers, but not thinned away much. Its whole circumference seemed full of cicatricial tissue, in the form of little nodules, except at the point operated upon. We watched the pains, which came on every fifteen minutes, but which had no effect upon the lower segment of the wound. She had constant pains during the remainder of her pregnancy, which were really always worse at night. Some days they would recur every hour or so; at other times every fifteen minutes. even every *five* minutes. I was called several times during October and the early part of November. October 9th, the membranes ruptured, the os thinned away a little, and pains came on every five minutes, but there was no effect yet upon the os, more than a slight thinning and the least perceptible dilatation—when the patient grew more comfortable and "slept better that night than for a long time." I advised with Prof. Byford, who said, "leave it to nature." Soon after this I asked Dr. Bartlett to see the patient with me, which I think he did late in October. He, too, thought it "better not to induce labor." I was called again and again, to attend the woman in labor, but always with the same result—no dilatation, or even pressure upon the lower segment of the uterus synchronously with the pain.

She had some nervous symptoms, such as headache, during the last month of pregnancy, and some albuminuria, which was always relieved by dry cups.

During the latter part of November I was called east, and advised her to go to Dr. Bartlett if her labor should come on during my absence. The history of this labor is given by Dr. Bartlett.

Was this delay of labor caused by a loss of continuity in the muscular tissue at the point of the fistula, at the bottom of the wound? Dr. R. G. Bogue, who was present, said "the fistula dilated as the os did, until after he cut the bridge made by the operating."

Another question arises as to how these operations will affect after labors? Has any one had the experience in obstetrics of finding a cervix that has been rent and mended with silver wire by the surgeon?

Dr. Bartlett reports that the case continued under his observation, as reported, until November 26th, the patient having pains with considerable regularity, night and day, about every fifteen minutes, excepting that every third night she, apparently from sheer exhaustion, sank into sleep. The temperature was normal, the pulse about 100°, the skin and tongue natural. The bowels were regular, the appetite very defective. The morale of the patient was remarkably good. She was patient, courageous and even cheerful.

About noon on the 26th the severity and frequency of the pains increased so decidedly that Dr. Bartlett determined to consider that labor had set in, and to act in accordance with that consideration. The os uteri remained exactly as it has been described above, open to the extent of admitting the tips of two fingers, and in no wise yielding to the increased force and frequency of the pains.

Toward evening, Dr. Bartlett directed that a gallon of hot water be played upon the mouth of the womb for one quarter of each hour. At 11 o'clock, P.M., the os was perceptibly softer, the nodular indurations were less marked, and it was open enough to admit the ends of two fingers. The sinus or opening to which reference has been made as remaining after the operation, and which had always been easily recognizable, was now more distant, more patent, feeling so very like an os in the beginning of labor that it would have been easy to mistake the opening for the mouth of the womb.

Dr. Bartlett invited as consultants in the case two gentlemen to whom he had previously detailed its history, the one of whom favored trusting to nature and time in its management, while the other had expressed an inclination toward active interference: Drs. John S. Clark and R. G. Bogue. Upon consultation, it was agreed that the time had arrived when delivery should be effected. The pains were frequent and as severe as could be expected in so feeble a patient; the pulse was increasing in frequency. She was complaining of fatigue, and headache was threatening.

It was presently ascertained that the head presented, that it was hydrocephalic, with the sutures quite widely separated, that it was not large, and was not, on account of its size, impeding labor, that it was slightly fluctuating, so that during a pain its coverings became tense, like a bag of water. In view that at several different times during the past seven weeks the patient and attendants had stated that "there had been gushes of water," and seeing that the volume of the uterus had at times seemed less and the outlines of the child more apparent than usual, it was assumed at first, that the membranes had ruptured, and that the examining fingers rested upon the scalp of the fœtus; presently, however, toward one side of the pelvis a sac of water began to form, in the shape of a disk, which soon encroached upon the presenting part of the head, and finally assumed the position and feel of an ordinary bag of water.

It was determined to forward the labor by gently and slowly dilating the os, and this was accomplished by the fingers. Toward four o'clock on the morning of the 27th the pains were losing their force and frequency, the os was dilated to a diameter of two and a quarter inches, with edges about one-fourth of an inch in thickness, was apparently indisposed to dilate further. It was not exactly rigid; it was slightly yielding, and yet not in that state of dilatability which is required for safe delivery. Meanwhile, the powers of the patient were beginning to wane, and as the intensity of the headache became alarming, in view of the history of the patient, the presence of albumen in the urine, and the threatening head symptoms of uræmic character which had occasionally occurred in the past few weeks, while immediate delivery was desirable, it was regarded as impracticable or dangerous with the condition of the os that then obtained. With a hope of improving its state, chloroform was given, to a moderate degree, during pain, for half an hour, but without result. Meanwhile, the condition of the patient grew worse, she was losing hope, her strength was failing, her pulse was 120 to 124. Voluntary efforts during the pains were ceasing, and moanings were taking their place. It may here be stated parenthetically, that during the pains the pulse was 100, while in the interval it was 120 to 128. This peculiarity was explained thus: while pain was in abeyance the pulse was feeble, whereas the stimulus of the pain for a moment increased the power of the heart. This peculiarity of the pulse was regarded as indicating exhaustion. Toward six o'clock the os uteri, yielding, apparently from the approaching exhaustion of the patient, was found somewhat more dilated and softer. Immediate delivery was decided upon. Simpson's forceps were used, some difficulty being experienced in their introduction, because of the high position of the head and the imperfect dilatation of the mouth of the womb. The first blade being in position caused the opposite margin of the os to be drawn over beyond the centre of the presenting convexity of the head, thus embarrassing the introduction of the second blade. The head was finally seized above the superior strait. An examination revealed the os uteri greatly upon the stretch, and it was noted that the fistulous opening was greatly distended, the margin of the cervix formed by the united edges of the laceration being so stretched as to render a new laceration inevitable. It was decided to enlarge the os by incising this tissue with a knife. The head was extracted very slowly and very cautiously; the prolapse of the anterior and posterior walls of the vagina adding emphasis to the suggestion of caution expressed in the condition of the os.

The patient recovered without a single unfavorable symptom. The head of the child was found as described; a spina bifida and a club foot existed; it expired some hours after birth.

Dr. Bartlett says: "Naturally it will be concluded that the prolonged gestation was in part caused by the reunion of the lacerated cervix. In this connection this fact should be mentioned: The pregnancy preceding the last was prolonged, if we may believe the testimony of the patient and her relatives. Not only so, but according to testimony, she fell into labor at the usual period, and was visited by physicians, who gave her assurance of prompt delivery. In lieu of which the pains subsided and did not recur for a month, when, after three days of unavailing pains, she was delivered by the forceps, the knife having been first resorted to, as was believed, for the purpose of enlarging the cervical ring.

By reference to facts given in systematic works on obstetrics, it will be recognized as established that gestation may be prolonged far beyond the usual term. Thus Joulin, who writes at length on this subject, cites cases where pregnancy was extended to *ten* months, to *ten and a half*, to 343 *days*, and even to *one* YEAR.

I would like to bring before this Society, for discussion, the advisability of operating for lacerations of the cervix immediately after labor. The exposure of the patient at this date for an operation, when she is so exhausted, and when the whole physical economy seems to rebel against such an additional ordeal, seems fraught with great danger, too great, unless some severe accident has occurred, such as an extensive laceration of perineum, or other parts, which demands surgical interference, on account of hemorrhage or other danger to life.

All know how the perineum, when lacerated, and when the rent does not pass through the sphincter ani, will heal, if the wound is kept clean and there is a coaptation of its walls. Dr. Emmett says of lacerations which occur in the median line and are confined to the cervix, "these lacerations generally heal rapidly, leaving scarcely a cicatricial line to mark their course." Although the healing of this especial point is contrary to my general experience, I believe that many lacerations of this part are united by first intention, and afterwards are never recognized, but the locality of which is governed in each case much by the position of the patient while in bed. If there is even a small chance for repair, it seems better to wait two or three months than endanger the woman's life by exposing her for operation at a time when a slight chill may result in any or all of the inflammatory maladies of the pelvis that come to the puerperal woman.

It is the obstetrician only who knows how easily these chills are induced at this time.

These operations can be safely performed at any time after the second month subsequent to delivery, as I have recently proved to my own satisfaction; if done with care to both mother and child.

Of these cases, one woman had been *seven weeks* confined; one *nine weeks* and one *seven months*. Two were nursing their children; yet, in neither case was there any inconvenience to mother or infant, other than that the mother was restrained somewhat in regard to exercise, after getting up, the second day after the operation. There was perfect union of the parts in each case.

Recurrent Streams in Syringe Nozzles.

It is by no means a new device to provide urethral syringes with nozzles so perforated that the stream ejected is thrown backward, toward the external meatus, instead of forward. The same plan has been adopted in the manufacture of uterine syringes. The advantages are supposed to be that the discharges are forced toward their exit, without danger of injury to the deeper parts.

CATCHING COLD.

BY DR. CARL SEILER,

Of Philadelphia.

Read before the Philadelphia Laryngological Society.

In the February number of the London *Lancet* (American edition) will be found a short article on the rationale of cold catching, which in a few words says a great deal which it would be well both for the physician and the layman constantly to bear in mind. I shall, with your permission, quote from the article, which I am sorry does not bear the name of the author, and use it as a text for this paper.

I quote: "practically the human organism must be maintained at a temperature equal to 96.5 degrees Fahrenheit, in all climates. The source of this heat is within us, and we wear clothes to minimize the expenditure of this heat by radiation."

About the first part of the quotation I have nothing to say, except that 96.5 is rather a low average normal temperature for the human body, and it is generally estimated to be about 98 degrees Fahrenheit. The second proposition, that the source of heat is within us, requires some explanation. Heat is produced in the animal organism in two ways; first by oxidation of food, and second, by the conversion of muscular movement into heat, according to the now well established law of the correlation of forces. How and where this oxidation of food takes place I will not here enter into, but will state that certain articles of food yield a larger amount of heat than others. Thus animal food, and especially animal fats and oils, produce more heat when introduced into the system than farinaceous food and fruits do. This we find exemplified in contrasting the mode of living of the Esquimaux and other inhabitants of the north with those dwelling in the tropics.

The Esquimau lives almost exclusively on animal food and fish oil, while the South-sea Islander, who lives most of the time in an atmosphere the temperature of which is higher than the normal temperature of his body, eats chiefly fruits and vegetables. And even in temperate climates, where man lives both on vegetable and animal food, more of the former is consumed during the warm season, while the latter is in preponderance during the cold winter months. The Catholic church has long ago recognized this fact, and has introduced the lenten season, a period of abstinence from animal food, at a time of the year when the seasons change from the cold to the warm, for if more heat producing food is taken into the system than is required to keep the body at the normal temperature, the digestive system is taxed beyond its capacity, the blood is overcharged with effete material, which is not eliminated quickly enough, and as a result, we feel out of health, which, when it occurs during the first warm days of spring, we call spring fever. The same effect is produced when we change our abode from the North to the South during the winter months, and persist in the same mode of living, and take the same amount of animal food; and if we continue to live this way for a length of time, the result is congestion, and may be abscess of the liver. This is exemplified by the fate of so many Englishmen who go to India, where they eat their roast beef and drink their heavy ales, as they have done in England, but who in a few years have to return with a diseased liver, blaming the climate when they should blame themselves.

In order to oxidize the food, oxygen must be introduced into the system in sufficient quantity, through the lungs, otherwise part of the food only is burnt up and produces heat, while the rest is thrown out again as waste material, and by its presence materially interferes with normal action of the different organs.

Muscular exercise, as is well known, produces heat within the system by a conversion of motion into heat, but this motion depends for its sustenance upon the contractile force of the muscles, which is kept up by part of the food taken into the system. If this contractile force of the muscles is not exercised, it needs not as much nourishment, and the surplus is deposited as fat within and around the different organs. This is exemplified by the fact that in order to fatten an animal, it is kept confined within a narrow space and is overfed.

There can be no doubt that sunlight plays an important part in the oxidation of food within the system, and this is probably one reason why night air is generally supposed to be injurious to delicate constitutions.

This heat, which is generated within the body by the oxidation of food and by muscular movement, would be lost by radiation if the temperature of the atmosphere surrounding the body is far below the normal temperature of the body, and, therefore, this loss must be minimized by interposing between the integuments of the body and the air non-conductors of heat, in the shape of clothing, not to keep the cold out, but to keep the heat in. The face, part of the neck, and the hands are, however, generally exposed, and thereby the epidermis becomes hard and horny, thus becoming a bad conductor of heat, and very little of the systemic warmth is lost by radiation from these parts.

The hydrometric condition of the atmosphere, irrespective of temperature, has a great deal to do with the temperature of the body, at least as far as individual sensation is concerned. We feel more chilly in a cold, damp atmosphere than in a dry one of the same temperature, and we can endure a greater amount of heat when the air is dry than when it is filled with aqueous vapor. As far as I know, this fact has not, as yet, been satisfactorily explained, and I would suggest, as a reason, that the moisture is absorbed by the skin, thus making it a better conductor of heat and facilitating the ingress and egress of heat through it.

We also minimize the expenditure of animal heat by living the greater part of our time (in cities at least) in houses and apartments from which the outer air is excluded as much as possible, and the atmosphere of which, during the cold season, is artificially heated.

The maintenance of the normal temperature of the body, therefore, depends upon the production of heat by oxidation of food within the system, by muscular exercise, and upon the prevention, or at least reduction, of the radiation; and a lowering of this temperature, especially if it be sudden, causes contraction of the capillaries in the outer integuments, a disturbance of the heart's action, and a congestion of some of the internal organs, and particularly of the mucous membrane of the respiratory tract.

Taking it for granted that at a given moment there is a certain quantity of blood in the body which is distributed throughout the vascular system, a greater amount of blood than is normal will accumulate in some portion of the system when a contraction of the capillaries in an area of the surface takes place. Such an accumulation causes an over distention of the capillaries, and consequently a congestion of the part. As examples of this may be cited the facts that deep seated inflammations, or congestions, are relieved by counter irritation of the skin, and it is by no means necessary to apply the counter irritant directly over the organ affected to obtain the desired result; and also, that frequently inflammation and even ulceration of the bowels are a result of extensive burns and scalds of the skin, of the chest, or abdomen. In this latter case the capillaries of the skin are violently contracted and the blood driven to other parts of the body, and especially to the intestines, causing a congestion, followed by inflammation of their mucous membrane.

In connection with, and perhaps caused by, this contraction of the capillaries of the skin by cold there is always an irritation of the distal nerve ends, which, by reflex action, produces a change of the heart's action, which in turn becomes a factor in the production of the congestion in other portions of the body.

The blush of shame is produced by reflex nervous action, the cause of which, however, is central and not peripheral, and not unfrequently is congestion of the lungs produced by violent or long continued emotional disturbances. The reason why the mucous membrane of the respiratory tract is more liable to be the seat of this congestion than any other portion of the body, must be looked for in the fact that it, among civilized nations, is hardly ever free from irritation in one or the other portion of its extent. We constantly inhale particles of vegetable and mineral substances in the shape of dust, which, by engaging the cilia of the epithelium, act as irritants. This, together with the impure air surcharged with carbonic acid which we breathe in the confined atmosphere of our dwellings and public halls, produce a want of tone in the mucous membrane of the respiratory tract and its capillaries, thus predisposing it to congestion. For as all fluids, so will the blood in the body when pressed upon at any particular point, seek an outlet at the point of least resistance; in this instance the capillaries of the mucous membrane of the nose, pharynx, larynx, trachea and lungs. Catching cold may then be defined as a momentary lowering of the temperature of the body by external influences, which causes both directly and indirectly an uneven distribution of the blood and thereby a congestion or inflammation of internal organs.

Here the question may be raised: Why is it that some persons are more liable to catch cold than others, who, perhaps, are more exposed to cold and the inclemency of the weather?

In order to answer this question I must state that the power of producing heat in the system may be weakened by a number of causes, and that when thus weakened it is not able to produce an extra amount of heat when demand for it is made by exposure to lower temperature. Thus we find that a person who leads a sedentary life and confines himself in an atmosphere artificially heated to from 75° to 80° Fahrenheit, accustoms his system to habitually produce little heat, because little demand is made for it; or one whose digestive apparatus is out of order will not properly digest his food, and can, therefore, not produce sufficient heat by oxidation of the food; or one who is deprived, voluntarily or involuntarily, of the necessary amount of oxygen, be it by being confined in close rooms or on account of disease of the lungs; or finally one who does not take exercise, and so does not produce heat by muscular motion, will easily take cold from the slightest exposure. While on the other hand a person who lives an out of door life, and thus exercises his heat producing faculty, takes cold but rarely, even when much exposed.

To prevent taking cold, therefore, a person should take outdoor exercise at all seasons and in all kinds of weather, should not dress too warmly, should have plenty of fresh air in his house and especially in his bedrooms, and should not heat the air in his rooms above 68–70° F.

There remains much to be said in regard to this interesting subject, but the few hints which I have thrown out have already made a longer paper than I had intended, and I shall therefore close by inviting discussion on it.

1346 *Spruce St.*

HOSPITAL REPORTS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

A CLINICAL LECTURE DELIVERED BY WILLIAM GOODELL, M.D.,

Professor of Clinical Gynæcology in the University of Pennsylvania.

REPORTED BY WM. H. MORRISON, M.D.

Subperitoneal Fibroid Tumor of the Uterus.

GENTLEMEN—Here is a lady with a large tumor. She is thirty eight years old. She says that when this began, three years ago last November, the change of life came. For three years after having her last child the menses were profuse. Now, here is an interesting point to me; here is a solid tumor of the womb, and the menses have ceased. A solid tumor usually causes increased menstruation and delays the menopause.

As far as I can make out, from this external examination, it seems to me to be a fibroid tumor. I can detect no fluid at all. There is no elasticity. It is a dense, hard tumor. It does not cause any pain. She complains only of a distressing feeling across the chest, but I am disposed to attribute that more to some impression on the nerves than to the tumor. When she over-exerts herself, the tumor drops down, the abdominal walls having lost their resiliency, the tumor descends, and then she has trouble with her water.

I do not remember ever having seen a tumor of the womb, as this seems to be, that stopped the menses; the usual course is prolongation of menstruation. I find that this movable tumor passes down to what I suppose to be the womb, but the sound will be the means of settling that point.

Dr. Leash tells me that a year ago this tumor could not be moved. I asked him if it was lower down then. He says "it was." The reason that it was then immovable, was because it was impacted in the pelvis, but as it grew, it came out of the pelvis and became movable. She then had, I presume, more suffering than at present. She has been brought to me for diagnosis and to see what treatment I think best.

I shall now make a vaginal examination. In the first place, I find that the os is very much larger than it should be. I can pass my finger to the internal os. I cannot, however, get into the cavity. I feel, projecting into the front wall of the vagina, pressing through the bladder, a knob of this tumor. When I move the tumor, it moves the neck of the womb to a certain extent, but only to a certain extent. The attachment of the tumor seems to be pedunculated. I also feel a small polypus in the neck of the womb, a sessile polypus, or perhaps more properly, a little fibroid tumor.

I now pass the sound into the uterus and see if, when I move the tumor, the sound moves. When I move the tumor to that side (the right) there is a very trifling motion imparted to the sound. When I pull it to this side (the left) the sound moves considerably. There is evidently a connection between this tumor and the womb, and the connection is pedunculated, it has length. What inference do I draw from this? It is that this tumor is attached to the right corner of the womb, so that when I pull it toward the left I put the pedicle on the stretch and move the womb, but I have to push it far over toward the right, in order to affect the womb.

I believe this to be a fibroid tumor of the womb, a subperitoneal tumor, originally starting from the surface of the womb and with an attachment to it of some length.

Let us see how far the sound has entered. It measures four inches exactly. I should not be at all surprised to find that in addition to this tumor there were several fibroid tumors in the walls of the uterus.

What is the meaning of this large os? I think that it has nothing to do with the tumor, but is the result of an old laceration.

My diagnosis is, then, a fibroid tumor, subperitoneal in character, with a partly ligamentous attachment to the womb; a possibility, therefore, of its removal.

The next question is, what shall be the treatment? As far as the history goes, this tumor does not appear to be growing. If I should make an abdominal incision and remove that tumor, the woman would run a far greater risk than she would if it was an ovarian tumor. The pedicle of this tumor, although partly ligamentous, is not wholly so, for some uterine tissue passes into the tumor. We shall, therefore, let it be, for the present.

My advice would be to give ergot, in as large doses as she could stand, either the fluid extract by the mouth or Bonjean's extract of ergotine by hypodermic injections, in order to cause condensation of the womb and a diminution of the amount of blood going to the tumor, and so cause it to stop growing or to decrease in size.

If it goes on increasing, there will come the time for the woman to decide as to an operation. We can do nothing now but give ergot, either by the mouth or subcutaneously, and with it I would be disposed to associate muriate of ammonia, giving ten grains three times a day, to see what effect it would have.

I must honestly say, however, that with a pedunculated subperitoneal fibroid tumor, I do not think that treatment by the mouth is going to do much good.

Vesico-vaginal Fistula.

The next case, gentlemen, I got in rather a singular manner. I went to the Pennsylvania Railroad Depot, the other day, to secure a berth in the train, and as I was passing by a colored man, he recognized me, and asked me to go into the ladies' waiting room to see a colored woman who had been there from the previous day, and could not be moved.

I went in, and found her on her knees and suffering great pain. She told me that two or three years ago she had had a severe labor, an instrumental labor; at last, after having been in labor a long time, craniotomy was performed. After her labor she could not hold her water. Her physician could do nothing for her, and she came north to see if anything could be done for her relief.

She had come from the lower part of Virginia, and the hot weather, sitting on the car seats, and the urine trickling over the skin, had so excoriated her person that the skin around the vulva, buttocks, and on the thighs, was raw. This was the cause of her great suffering. I wrote an order and had her brought to the hospital. She was first given a bath, and then I put her on a treatment which I have found very valuable in these cases, that is, injections of a saturated solution of alum into the vagina, and the application to the skin of an ointment of the oxide of zinc, made as thick as possible. Why a thick ointment? Because the thicker it is, the less likely is it to be washed away by the urine. I sometimes use a two and a half per cent. solution of nitrate of silver.

I tried to make an examination, but she made such an outcry that I was not able to obtain any information, except that there was a vesico-vaginal fistula at the neck of the bladder, a very bad place.

She told me that directly after her labor the doctor found a stone in her bladder. If she is correct in this, the stone has been the cause of the fistula, the pressure of the head against the stone has caused the sloughing. I thing that this is a frequent cause of vesico-vaginal fistula. When I say frequent I am using a wrong word, for stone in the bladder is not a frequent disease in women, but I believe that in some cases of vesico-vaginal fistula the fistula is attributable to the fact that there has been a stone in the bladder.

I have not time to go into the history of vesico-vaginal fistula, but it is an opening between the bladder and vagina, allowing the urine to be constantly dribbling away. It is a great infirmity; the urine causes excoriations, her person is offensive, from the urinous odor, and her clothing is always wet.

What posture shall we put the woman in, for operation? The posture in which the fistula is most easily reached, sometimes directly on the back, sometimes in the knee-breast position; then, again, it is sometimes a good plan to put her on her chest, with the chest resting on a box, as a soap-box with a pillow over it, and having her in a kneeling position.

I find that there has been considerable cicatricial contraction here. We have, unfortunately, a very poor light for this purpose, but there you can see the fistula. That little budding you see there, looking like granulations, is the wall of the bladder. Another difficulty we have to contend with is operating in such a small and contracted space.

I shall now begin and denude the surfaces as best I can, and bring them together. This operation will probably not be sufficient to close the opening entirely, so I will, most likely, require another. There are cases that have been operated on as many as thirty times. There is one thing in the way here, that I must be careful not to touch, that is the bladder. I shall take this knife and try to make an incision all the way around, if I can, without hitting the bladder on the opposite side. The bleeding here so interferes with the operation that I shall try the scissors. If this operation was performed on the surface of the body, it would be exceedingly simple, but being here, in a confined place, it is exceedingly difficult. This is an operation which I very much dislike to perform before you, for two reasons. One is that you can see very little, the other is that I have to take time and do this slowly, and knowing that you are weary of it, the tendency is to hurry too much; but still, it is necessary for you to see the operation, its mode of performance, the position of the woman, and then you may learn something as we go along.

Now, gentlemen, while a sponge is being held firmly over this, to stop the hemorrhage, let me talk a little on the subject of vesico-vaginal fistula. It is produced by delay on the part of the physician; that is, in nine cases out of ten the fistula is caused by the physician not applying the forceps, or not performing craniotomy soon enough. I wish you to bear that in mind. It is delay in the second stage of labor, for no matter how contracted the pelvis, if the bag of waters is unruptured there is no danger of sloughing. By the by, this accident does not usually occur in women with very small pelves, but where the pelvis is under-sized, for it is necessary that the head should get into the pelvis in order to produce a fistula.

The question arises, How long must you wait before interfering? That is a very difficult question to answer. If there is any progress of the head, then by all means wait or put the forceps on. As I say, it is usually caused by not putting the forceps on soon enough; either because the physician is afraid or the family object to it. Under circumstances of that kind, I advise you to send for another physician. While rupture of the perineum is frequently due, as I have told you before, to the use of the forceps, vesico-vaginal fistula is due to the non-use of the forceps.

The bleeding here is quite profuse, and we rely upon our stitches to stop it, but sometimes we cannot stop it in that way, and then the operation fails. We cannot apply a ligature to these little arteries, for if we did there would be a failure of union.

The light is so poor here that I shall finish this operation before a window in the next room. I have got this tolerably well denuded, but I am going to go over it again, carefully. It will probably take another hour before it is finished.

There is another thing about these operations: they are exceedingly unremunerative. I have performed this operation a great number of times, but all the money I ever received was $40, for two operations on the same woman. Dr. Emmet, of New York, told me, I am not quite certain about the figures, but I think it was that his first one hundred and fifty operations paid him only $300, an average of two dollars for each operation.

What does this mean? I think that it reflects a little on our profession. It means that these fistulæ occur in poor women. A physician is called to a poor woman; the head does not descend; he has a number of patients and he leaves her for awhile and goes to see them. If that were a rich patient, he could not do so. He comes back again in a couple of hours, but still there is no progress, and he goes out again; so in this way there is a certain amount of neglect. The question may arise in his mind, "shall I send for Dr. Smith?" Perhaps Dr. Smith lives five or six miles away, or he thinks that Smith will make fun of him, and so he does not send. If that was a rich patient and the head was delayed, the family would insist upon him sending for another physician, and he would be willing to do so, for there would be a responsibility in this case much different from that in the poor woman's. Occasionally fistulæ occur in women of position, but this is the exception.

Now, when you get into a scrape of this kind, and the head will not descend, your best plan is to send for some one else to share the responsibility with you. I have been in positions where I would have given all my old boots and shoes, and something over, to have had a friend with me, to share the responsibility. In other cases, I have been ashamed to send for a friend, fearing that he would make fun of me.

I shall now simply tell you what I shall do, and finish the operation in the other room. After I have denuded the surface carefully, I shall pass the needles, taking care not to put them through the whole thickness of the mucous membrane, but simply from one edge to the other. I do this for two reasons: first, the needle might cause troublesome hemorrhage from the mucous membrane, which is very vascular, as you have seen. Secondly, each one of the punctures might possibly produce a little fistula if I passed the needle through the entire thickness of the wall of the bladder. I shall have a large number of stitches, probably, thirteen or fourteen. I shall shot each one and leave them in a week. I shall put a catheter into the bladder, to allow the urine to escape as fast as it is secreted.

MEDICAL SOCIETIES.

AMERICAN MEDICAL ASSOCIATION—32d ANNUAL MEETING.

Proceedings of Sections—Second Day.

In continuation of last week we give the Proceedings of the various Sections, condensing them as much as practicable, owing to the pressure upon our columns from other material. Some of the papers read will be referred to in more extended abstracts in future numbers of the journal.

On State Medicine.—A paper on the National Board of Health and the International Sanitary Conference of 1881, was read by Dr. J. L. Cabell, which gave a résumé of the work of the National organization and explained the reasons for calling the Sanitary Conference.

Dr. C. F. Folsom read an able and interesting paper on the Relation of the State to the Insane, which advocated the establishment of State boards of lunacy, composed of experts in insanity and its treatment.

These papers were discussed freely and referred to the Publication Committee.

Surgery and Anatomy.—Dr. C. F. Stillman, of New Jersey, presented his Sector Splint, adapted to different parts of the body.

Dr. Alfred C. Post, of New York, reported two cases of "Plastic Operation on the Face," and described the method of operating.

Dr. D. H. Goodwillie, of New York, read a paper on Treatment of Anchylosis of the Temporo-maxillary Articulation, which elicited considerable discussion, in which removal of a wedge-shaped piece of the ascending ramus was advocated by Prof. Gross and Hunter McGuire.

Dr. L. A. Sayre applied a plaster jacket to a case of lateral curvature, to demonstrate his method of treating spinal disease.

The Chair appointed as members of the Prize Award Committee from this Section, Drs. Kinloch, South Carolina; Pratt, St. Louis; and Burgett, New York.

Diseases of Children.—The discussion of treatment of "Eczema of Infants" was continued by Dr. Jacobi, of New York.

A paper on the "Treatment of Diphtheria" by Dr. Nunn, of Savannah, was read by the Chairman, in which insufflation was strongly recommended. A powder used is as follows:—

℞.	Sulphur sub.,	gr. xlviij	
	Acid tannic,	gr. xij	
	Acid salicylic,	gr. j	
	Pulv. potass. chlor.,	gr. xij.	M.

Precaution must be used in compounding this prescription. A little of this powder is put on the back of the tongue every hour or two, and a small piece of ice given afterwards. It will be seen that this prescription is a combination of antiseptics principally.

In another case treated by Dr. Nunn, the following formula was used with good effect:—

℞.	Sulphur,	gr. vij
	Acid boric.,	gr. iv
	Acid tannic,	gr. j
	Acid salicylic,	gr. j
	Resorcin,	gr. j.

Another formula is:—

℞.	Sulphur sub.,	gr. viij	
	Acid boric,	gr. iv	
	Acid benzoic,	gr. j	
	Acid salicylic,	gr. j	
	Acid tannic,	gr. j	
	Acid tartaric,	gr. iv	
	Sodii chlorid.,	gr. iv	
	Resorcin,	gr. j.	M.

The subject led to a general discussion, during which the chairman expressed an opinion unfavorable to the use of pilocarpia, and also said that he did not have as much confidence in lime water as some appear to have.

Dr. E. H. Bradford, of ——. presented a clinical report of two cases (aged eleven and thirteen years respectively) of "Resection of the Tarsus in Severe Club Foot," with excellent results in each instance. The operation was resorted to after tenotomy and all ordinary treatment had failed to relieve the deformity.

Practice of Medicine.—The afternoon was devoted to the discussion of the etiology and treatment of pneumonia, after the reading of a paper on this subject, by Dr. Wm. C. Dabney. Diverse opinions were expressed, and no agreement was had upon the causes, nature, or magistral treatment of the disease.

A paper on the Nature and Treatment of Pulmonary Phthisis, by Dr. B. Robinson, of New York, was read by title.

Ophthalmology, Otology and Laryngology.—Dr. Carl Seiler read a clinical paper on Syphilitic Laryngitis, in which he pointed out the diagnostic points afforded by the red areola of the mucous membrane, and the symmetrical disposition of the ulcers. He recommended general and local treatment.

Dr. Chisholm read a paper describing a peculiar form of Tinnitus Aurium caused by rhythmical contraction of the tensor tympani muscle, caused by stimulants, reflex irritation, etc.

Dr. Eugene Smith, of Detroit, reported a plastic operation for the relief of ectropium, when the piece of cutis vera was transplanted from the arm of the patient, with success.

Dr. H. Augustus Wilson, of Philadelphia, exhibited some pellets of atropia (gr. 1–100), which were adapted to ophthalmic use, for relaxing the accommodation. A number of different varieties of these pellets are made for hypodermic use.

A paper from Dr. Laurence Turnbull, of Philadelphia, was read by title. Otitis Intermittens, with Observations upon the use of Quinine in Diseases of the Ear; On the importance of Ear Examinations in Effecting Life Insurance.

Obstetrics and Diseases of Women.—A question to the chairman led to an interesting discussion on the question of the investing capsule of uterine fibroids.

Dr. H. P. C. Wilson exhibited some gynæcological instruments to the Section, and Dr. H. O. Marcy, of Mass., exhibited a double drainage tube for continuous irrigation.

Third Day.

Surgery.—Dr. B. A. Watson, of Jersey City, read an elaborate paper on Traumatic Fever, in which he detailed a number of experiments. He concluded that there was a septic and a non-septic form, each of which required appropriate treatment.

Labial Carbuncle, was the title of a paper by Chas. A. Leale, of New York, in which free incisions and nitric acid applications were highly recommended.

OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.—The chairman made some remarks upon Astigmatism, which led to a general expression of opinion.

A paper on the Treatment of Nasal Polypi, by D. S. Reynolds, was read by title and referred.

OBSTETRICS.—Can we make a positive diagnosis of pregnancy prior to the audible sounds of the fœtal heart, and the detection of fœtal movements? was discussed by Dr. Jas. Tabor Johnson, of Washington, who, after enumerating the ordinary symptoms, concluded that the increase in the temperature of the vagina offered the most certain indication.

A number of instruments of original devices were shown by Paul F. Mundé, of New York, which were discussed up to the time of adjournment.

PRACTICE OF MEDICINE.—Dr. L. D. Bulkeley read a paper on Diet and Hygiene of Eczema, which admirably supplemented the paper of Dr. White, read before another Section.

The treatment of Diphtheria was discussed by Dr. Whittaker, in a paper recommending quinine, salicylic acid, or the benzoates, internally, and the local application of Monsel's solution.

Dr. J. A. Octerlony read a paper on the Treatment of Dysentery.

Dr. S. E. Atkinson read a communication on the Production of Albuminuria by large doses of Iodide of Potassium. These papers led to considerable discussion of great interest.

Dr. Henry A. Martin described a case of true variola equinæ, and read a paper on Variola Vaccinæ and Variola Equinæ in Massachusetts. He also read an extract from the *College and Clinical Record*, on Pseudo-vaccination, and after discussion moved that a committee be appointed by the Association to visit these various farms and investigate the whole subject of the supply of bovine virus," which was adopted.

Dr. F. E. Stewart read a paper on the Materia Medica of the Future.

On motion of Dr. Dunster, of Ann Arbor, it was

"*Resolved*, That the spirit of the code of ethics forbids a physician from prescribing a remedy controlled by a patent, copyright, or trademark. This, however, shall except a patent upon a process of manufacture, or machinery, provided patent be not used to prevent legitimate competition; and shall also except use of a trademark used to designate a brand of manufacture: Provided, that the article so marked be accompanied by working formulæ, duly sworn to, and also, by a technical, scientific name, under which any one can compete in manufacture of same."

Dr. Upshur, of Richmond, Va., read the report of a case of paralysis of motion of both upper extremities, in which the prominent symptoms were complete paralysis of motion of both upper extremities, *except in the hands*, intense pain in the shoulders on any attempt to lie down, and inability to sleep. The attack was ushered in by convulsions, epileptic in character.

Dr. H. Augustus Wilson, of Philadelphia, presented his Soluble Compound Pellets for Hypodermic Use and General Medication.

STATE MEDICINE.—Papers on "Cellars," by A. N. Bell, and on the Necessity and Means of Removing Putrescible Matter from Inhabited Places, by Dr. Wright, of Milwaukee, were read by title.

DISEASES OF CHILDREN.—Dr. Blake, of Massachusetts, read an interesting communication on Middle Ear Disease in Children in the course of the Acute Exanthemata.

Dr. Jacobi read his address on Children's Diseases, which referred particularly to the eruptive disorders, and claims for rubeola (German Measles) a distinct place among them. He also condemned the free use of chlorate of potassium, and mentioned the fact that several deaths have been caused by its employment.

PHILADELPHIA LARYNGOLOGICAL SOCIETY.

Stated meeting, held at the house of Dr. J. Solis Cohen, on Friday, April 22d, 1881.

Before the meeting was opened, Dr. Cohen stated that the case exhibited at the last meeting, by himself, had proved to be one of tuberculosis and not of syphilis.

Dr. Chas. Turnbull then exhibited a case in which basilar fracture of the skull is suspected, produced by a crushing force applied to the neck, which shows peculiar, ocular, auditory and laryngeal symptoms. The Dr. stated that he would furnish a detailed account of the case at the next meeting of the Society.

The President, Dr. Cohen, then called the meeting to order, and after the minutes of the previous meeting had been read and approved, Dr. Carl Seiler read a paper on "Catching Cold," which was discussed by most of the members present.

Dr. Turnbull then exhibited a new form of ear trumpet and audiphone combined, which was the mouth piece of a Waat's telephone. The Dr. suggested the name of "Tympanphone" for the new instrument. He then reported a remarkable cure of specific ozæna by smoke from a wood fire.

Dr. Seiler next exhibited a new galvano cautery knife, which was insulated with vulcanized fibre, a substance which is not affected by heat and which is a non-conductor of electricity. Dr. Cohen, in the discussion which followed, said that he was glad that Dr. Seiler had used such a substance, for he had found that the silk generally used to insulate the two conducting wires did not afford sufficient protection to the parts not to be cauterized, and was, besides, easily burned off.

Dr. Bean then, by permission, exhibited a specimen of a larynx from a patient who had died of phthisis, and who had coughed up two pieces of bone, which, after having been examined by the members, and it having been found that in the specimen the cricoid cartilage was denuded of mucous membrane and the arytenoid cartilages were missing, were pronounced to be the ossified arytenoid cartilages.

The Society then went into private session.

CARL SEILER, *Secretary*.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Shock.

In M. Furneaux Jordan's recent work, entitled "Surgical Inquiries," Shock is defined as a peculiar condition of the animal system, characterized by depression of all its functions, the result of a powerful impression applied to the nervous centres, or to a portion, more or less considerable, of the peripheral nervous expansion. The author's view is, accepting the correlation of forces, physical and vital, that as the result of this impression there is a conversion of nerve force into some other force, and in this way the functions of the body become depressed, from want of nerve force. This is no doubt a very plausible view, but it hardly seems the most probable. Granting that shock is caused by, or is intimately related with, a deficiency of nerve-force, is it not more probable that this force is not manufactured—*i.e.*, that the physical or other vital forces are not changed into nerve force—while the patient is suffering from shock, rather than that nerve force is manufactured and then rapidly changed into some other force? Such a view would surely agree better with the great depression or abolition of function throughout the body which is so characteristic of shock.

The author thinks that shock arises from impressions produced on the cerebro spinal system rather than on the sympathetic system, and he looks on the "*Klop-versuch*" of Goltz as indicating the effects of impressions on the pneumogastric nerve rather than on the sympathetic ganglia. At the same time he admits that a powerful impression on the sympathetic nerves may give rise to shock. How far this view is justified is doubtful, and we can hardly admit that in Goltz's experiment the effect was due to the injury done to the pneumogastric rather than to the sympathetic. And the author demonstrates that in amputation the shock occurs, or is greatest, when the bone is divided. Here it is surely sympathetic rather than cerebro-spinal fibres which are affected.

The effects of mental shock, more especially when combined with bodily injury and shock, are well brought out by the author. This is seen in injuries to healthy persons, where the patient has time to realize the approaching danger, or afterwards to picture to himself the future results of the mutilation.

Some very interesting thermometric and sphygmographic observations made on patients suffering from shock are given: and the ulterior effects of shock and the condition of chronic shock are carefully described. The physiological and pathological phenomena of shock are discussed at length.

In the treatment of shock the author chiefly advocates heat, in the form of hot-water bottles, applied, not to the feet only, but to many parts of the body. Stimulants are also recommended, and the combination of opium with them is also advised. When the heart has ceased to beat, he believes, from experiments on animals, that it might be possible to restore its action by means of a rapid puncture with a long, sharp needle.

A Case Illustrating "Missed Labor."

At a recent meeting of the Obstetrical Society of London, Dr. Barnes stated that the term, "missed labor," proposed by Oldham, was not justified by the facts of Oldham's case, which proved on autopsy to have been one of extra-uterine gestation. Discussing other cases of presumed missed labor, accepting the arguments of Stoltz and Muller, the author affirmed that no authentic example of missed labor—this term being taken to mean the prolonged retention in utero of a fœtus, living, at term—is yet known. He cited examples of the retention of the ovum, which had perished in utero at a pre-viable age, for some time, and notably until the arrival of the natural term of gestation. He related a case which came under his own care:—

A lady, aged thirty-nine, had borne three still-born children, the last of them five years ago, before consulting Dr. Veitch, at Penang, in December, 1872. Pregnancy dated from early in November preceding. The usual signs of pregnancy were manifest; she verified quickening; and up to the seventh month she felt movements of the child. About the eighth month, after a slight accident, a flow of blood came. Three weeks later another bleeding occurred, but no labor pains. Eleven months after the presumed date of conception she came to England. There was an impression that she might be suffering from fibroid of the uterus. She came under the author's care in December, 1873. Under chloroform, the cervix uteri having been dilated by laminaria tents, he felt what he took to be the interior surface of the uterus: the sound passed six inches. In January, 1874, some colored discharges went on. Pieces of bone, which turned out to be bits of the spinal column, passed by vagina. After dilatation by tents, more bones were removed by fingers and forceps. In February this manœuvre was repeated, and by craniotomy-forceps the remaining parts of a fœtus, which appeared to have reached the eighth or ninth month of gestation, were extracted. Her health then improved, the discharges became less offensive, and the uterus gradually shrank, as in ordinary involution, but more slowly, until it reached the common conditions of the non-pregnant state, and the pa-ient perfectly recovered. The author submitted that this was a clear instance of the retention of a fœtus dying in utero at a viable stage, for some months after the normal term of gestation had been reached; and that in this sense the term "missed labor" might apply.

Excessive Eating as a Cause of Disease.

Some just remarks on this point are made by Dr. Liveing, the well known dermatologist, in the *Lancet*. He observes:—

I frequently meet with cases of intractable eczema pudendi in women past middle life, of sedentary habits, and eating three large meat meals a day, and trying by all means in their power to stimulate their appetite, under the erroneous impression that they are "keeping up their strength." Now, in these and similar cases, medicine and local treatment are almost equally useless, unless there is, at the same time, a thorough reform in the diet. The first point is to deprive the patients of sugar as an article of food, except just enough to make light puddings palatable. The reason for this is that much of the sugar passes the liver unchanged, and is therefore worse than useless as a food. The next point is greatly to reduce the animal food, especially mutton and beef, and to substitute for it simple clear soup, and poultry or fish in moderate quantity once a day. Lastly, the chief part of the daily diet should be made up of light farinaceous and milk food, such as bread, rice, and macaroni. This is, I know, contrary to the view often entertained, that saccharine urine should be treated by an animal diet, and that starch should be as much as possible excluded. Now, whatever good may result from such a diet in some cases, I am quite sure that it does not answer in those to which I refer; on the contrary, exactly the reverse holds, and the old routine practice, except so far as sugar is excluded, is quite wrong. I have seen the sugar disappear from the urine and the eczema depart under a change of diet such as I have above recommended. The truth is that many people at sixty, when the tissue changes are slow, eat as much, or more than they did at twenty, when all the processes of change are at the height of their activity; what wonder, then, that unnatural work is thrown upon the skin, kidneys, and other excreting organs of the body. There is some substantial truth in the saying that small eaters live the longest.

Types of Imbecility.

In February last, at a meeting of the Harveian Society of London, Dr. Fletcher Beach read a paper "On Types of Imbecility." The author commenced by referring to the different systems of classification of cases of imbecility which have been adopted and brought forward, one of which, by experience, he had found useful in describing the disease. Cases under this system are classified under the headings of congenital and acquired imbecility, including under the former those occurring at the time, under the latter those supervening after birth. The following classification was the one suggested by the author: *Congenital Imbecility.*—1, Simple congenital; 2 Microcephalic; 3, Hydrocephalic; 4, Scalphocephalic; 5, Pearly tic; 6, Cretinism (sporadic, endemic). *Acquired Imbecility.*—1, Eclampsic; 2, Epileptic; 3, Hydrocephalic; 4, Paralytic; 5, Inflammatory (*a.* Hypertrophic); 6, Traumatic; 7, Cretinism (endemic). It was shown that under the heading "Simple Congenital Imbecility" are included cases of a very low, and others of a fairly high type. The cause of microcephalic imbecility was discussed, and the difference between the hydrocephalic and rickety head was pointed out. The cause of scaphocephalic imbecility was said to be obscure. Pearly tic imbeciles were shown to make good progress mentally, but little physically. The characteristics of sporadic and endemic cretinism were usually the absence of a thyroid gland, and generally the presence of fatty tumors in the posterior triangles of the neck. More improvement was stated to take place in cases of acquired than in congenital imbecility, and the reason for this was explained. Eclampsic imbecility was shown to be due to convulsions coming on soon after birth, continuing some years and then ceasing, but so injuring the structure of the brain during their continuance that the patient becomes imbecile. Under the heading "Epileptic Imbecility" are included some cases where, with cessation of fits, the greatest improvement takes place, and others who go on from bad to worse and finally end in utter dementia. Inflammatory imbecility was said to be due to measles, typhoid fever, and other acute diseases, as a result or complication of which inflammation of the brain and membranes was produced, not sufficiently grave to be fatal, but serious enough to cause mental impairment. The reason for placing hypertrophic imbecility in this class was explained, and the difference between hypertrophy of the brain and chronic hydrocephalus was pointed out. Traumatic imbecility was stated to be due to some injury of the brain, hereditary predisposition acting as a predisposing cause in these as in other cases where a slight exciting cause seemed scarcely sufficient to produce so grave a result.

The Treatment of Gout.

Mr. A. Meldon, M.R.C.S., writes to the *British Medical Journal*, March 26th, 1881:—

Looking on gout as having a predisposing and exciting cause, it naturally follows that we may cure the affection by either of two plans, as directed against one or other cause. I invariably commence my treatment, when my patients are strong, by taking from four to eight ounces of blood from the arm; and repeatedly I have found the pain subside while the blood was flowing, and not again return. A purge then follows, with colchicum: and then I resort to more tonics. Phosphate of quinine is my favorite; but sulphate of nickel, phosphorus, strychnia, or copper, may be used in cases where quinine will not agree. I always order occasional doses of quinine as a preventive. I have found a ten-grain dose of sulphate of quinine cut short an attack.

In one case which fell under my notice, the patient stated that an electric shock had com pletely relieved him of pain; and in another case the patient was in the habit of inhaling oxygen, and stated to me that it always shortened the attack.

There is one more point on which I wish to touch; that is, the power of the skin to eliminate uric acid. If a considerable quantity of the cutaneous secretion be obtained and evaporated, abundance of crystals of urate of soda will be obtained. In a Turkish bath, with the aid of a watch-glass, this can readily be obtained.

The conclusions which I would draw from this paper are as follows:—

1. The presence of uric acid and soda in the blood is not the sole cause of gout.
2. Want of exercise and animal diet will produce an accumulation of uric acid in the blood.
3. Uric acid and soda must exist in the blood before the disease can be produced.
4. There must be depression of the nervous system to cause an attack of gout.
5. Depression of the nervous system causes union between uric acid and soda, forming urate of soda.
6. When an attack of gout has passed away, it does not necessarily follow that the uric acid has disappeared from the blood.
7. Uric acid may exist in the blood in considerable quantities, and for any length of time, without causing gout.
8. The use of nerve tonics, as quinine, strychnia, and caffeine, and such like, as well as the inhaling of oxygen and the use of electricity, are of much service in the treatment of the disease.

Symptoms of Cantharides Poisoning During its Internal Administration.

Mr. T. F. Clarke, M.R.C.S., England, writes to the *Lancet*, March 26th:—

The two following cases, exhibiting symptoms of poisoning by cantharides during the later treatment of gonorrhœa, may be of interest, on account of the favorable result in each case.

I may preface my remarks by stating that in nearly every case of gonorrhœa, for the primary symptoms, *e.g.*, scalding, chordee, etc., with thick discharge, I prescribe saline medicines and tepid-water injections. When the discharge becomes thinner, and all active inflammation has abated, I prescribe iron and cantharides internally (tincture of the perchloride of iron and tincture of cantharides, of each five minims, three times a day), and an injection of sulphate of zinc (two grains to the ounce). Such was the course followed in the present instances.

In the first case my patient had been taking the cantharides mixture for five days, at the end of which time he was virtually cured. A week after the discontinuance of the medicine I was summoned to him for violent pain over the bladder, and this was accompanied, on the following day, with strangury. These symptoms, at first very severe, passed off at the end of about four days, during which time I gave him nitric ether and hyoscyamus, internally, and ordered hot baths whenever the strangury came on.

In the second case the patient, after taking two doses only of the cantharides mixture, had some of the symptoms of poisoning, viz., frequent desire to pass urine, burning pain during micturition, which was very difficult, and always accompanied towards the end of the process by a few drops of blood. I ordered him to take only half the dose, but these directions were not followed, and he continued with the full dose, the symptoms, nevertheless, rapidly abating.

In each case every trace of the gonorrhœa was removed, and as soon as the active symptoms produced by the cantharides passed off, the patient felt as well as ever, and had not the slightest discomfort in the urinary organs. Why these symptoms of cantharides poisoning should have presented themselves—for I frequently administer the drug in much larger doses, and without any untoward symptom—I am at a loss to understand. The delay of the symptoms in the second case may, I think, be explained by the supposition that the drug became stored up in the kidneys, and that after a short time its cumulative action gave rise to the poisoning symptoms.

Iodoform in Nasal Catarrh.

Dr. B. T. Mouser, of San Francisco, gives this case in the *Western Lancet*:—

H. B., aged 14; exposed in occupation to constant inhalation of fine emery. Patient called on me in April, complaining of offensive breath, occasional headaches and epistaxis. The fossæ dry and lack of secretion, epiphora caused by closure of the punctæ lachrymalis. On examination anteriorly with nasal speculum and posteriorly with small mirror, much after the style commonly used in laryngeal examinations, the fossæ are found to be roomy, pituitary membrane dry, and lacking that glistening appearance seen when there is sufficient mucus. On the posterior aspect of the septum and margin of the turbinated bones a varying amount of thin, white crusts are seen, which it is impossible for patient to free himself of by hawking down the throat or blowing the nose. Expired air is very offensive, so much so that the disagreeable odor is noticed immediately on patient's entering the room. Sense of olfaction so thoroughly blunted that this most obnoxious symptom of the disease is not apparent to himself, but is often mentioned by his friends and relatives. The punctæ lachrymalis being opened, after the lapse of three or four days all indications of epiphora disappeared: it not being necessary to dilate the canalicula or sacs. Nasal douche was used for many months, and applications of the numerous disinfectants made—carbolic acid and glycerine, permanganate of potash, salicylic acid—all proving of no avail. Pellets of cotton-wool, saturated with iodoform, carbolic acid and vaseline were placed in the superior meatus from behind and removed every second day. Iodoform acts on the pituitary membrane as a tonic and stimulant, and while it is a disinfectant, its own not pleasant odor is disguised by the remaining two ingredients. After the removal of each pellet the full expanse of pituitary membrane was thoroughly washed with a spray of the ten per cent. boracic acid solution. During the first month of treatment it was frequently found necessary to remove some deposits of incrustation on the turbinated bones by means of brush introduced into the posterior nares.

For some time the patient has been free from headaches and epistaxis, the offensiveness of expired air is not apparent to members of his family; and during the last two months the most thorough examinations have not revealed any fetid and tenacious crusts.

On Sudden Death in Cases of Hysteria.

At a meeting of the Medical Society of Paris, M. Raynaud reported (*Revue Méd.*, quoted in the London *Medical Record*, March 15th), a case of sudden death, which had occurred, as he stated, in the midst of a hysterical attack. The woman was thirty-seven years old, unmarried, and had long suffered from very singular attacks of vapors, and, from time to time, formidable attacks of hysteria. She had eczema of the foot and hand, which seemed to excite attacks. On each occasion she was seized with laryngeal spasm, like that of hydrophobia, and plunged her nails into the flesh of her hands. Fragments of nails had frequently to be extracted from the flesh; but, on the last occasion on which this was done, she complained, on the following day, of severe pain in the back, like the true 'hysteric clavus.' She was feverish; temperature above the normal; pulse frequent. A blister was applied, and dressed with morphia. The next day the pain had changed its place; it was in the neck, and excited trismus and howling exclamations. The patient preferred the sitting position, and suffered extremely when the head was moved. She took from five to six centigrams of morphia a day. by hypodermic injection. Two days passed; the symptoms increased in extent; pharyngeal spasm followed, with frequent expectoration or trismus, and dyspnœa set in. The slightest touch excited her to fury. Her character changed; she became insolent and abusive. She presented an absolute picture of hydrophobia. Careful inquiry showed that she had not been bitten, and that no dog had been in the house. Two days afterwards the pain changed to her abdomen, and remained there for three or four days, accompanied by contraction of the diaphragm and arrest of breathing without thoracic expansion. Finally, on the following day, the patient was livid, cyanosed; her pulse was imperceptible; she was groaning, and her agony extreme. The next morning she was a little calmer. Towards the middle of the day a fresh spasmodic attack occurred, to relieve which artificial respiration was vainly employed. The patient succumbed, in spite of all that could be done.

On Catarrhal Diphtheria.

The observations of Dr. Marx on this form of disease are given in the London *Medical Record*, March 15th.

He defines it as that form in which there is only superficial and unlimited diphtheritic membrane combined with simple catarrh of the mucous membrane, slight constitutional symptoms, inconsiderable glandular swelling and limitation of the disease to the throat. That it is a true diphtheria, he considers, is shown, (1) by its clinical character; (2) by its not unfrequently passing into the severer forms; (3) by its infective power; and, lastly, (4) by its microscopic pathology. The disease begins with slight fever, malaise and pain in swallowing. The mucous membrane of the throat at some part, generally the tonsil, is swollen, red, and has on it one or more grayish spots like hoar-frost. These spots are superficial, limited, and disappear in two to three days, rarely lasting six days; unless, as sometimes occurs, the disease passes into the severe form with thick and spreading membrane. Microscopically these spots are found to consist of colonies of micrococci, which pass through the comparatively unaltered superficial epithelial layers into the deeper layers where the cells are swollen up and contain large nuclei. After twenty-four hours, pus forms in the deeper layers, and the superficial layers are thrown off. Catarrhal diphtheria differs from the severe form in the absence of a fibrinous exudation between the epithelium, and from simple catarrh of the mucous membrane by the presence of micrococci in place of the numerous organisms in catarrhal muco-purulent secretion, such as leptothrix buccalis, oidium albicans, etc. In the treatment of this affection, the author recommends (1) immediate isolation of the case, notwithstanding apparent mildness; (2) frequent inhalations of steam; and, (3) disinfection of the mouth with gargles, etc. Astringents ought to be avoided, as checking the separation of the membrane, which is furthered by a rapid formation of pus under the influence of warm inhalations.

Treatment of Lupus and Rodent Ulcer.

Dr. J. Ferguson writes, in the *Canada Journal Medical Science*, March:—

Lupus may sometimes be due to a syphilitic taint; but it is very doubtful if rodent ulcer can ever be traced to such a cause, and the few cases occurring in a syphilized constitution may be mere coincidences. In such cases, it is clear, "specifics" will avail very little. The proper use of caustics is also beneficial; yet they should seldom or never be alone trusted to, as local means of radical cure. I purpose briefly to give the results of observations on the operations of others, and my own experience in two cases of lupus and one of rodent ulcer.

The operative treatment is very simple, and is as follows: After the patient is anæsthetized, the whole of the diseased tissues are freely and thoroughly removed with a Squire's scarificator, or a Volkmann's spoon, and the fresh surface well touched with a solution of chloride of zinc, of the strength of 40 grains to the ounce, or nitric acid may be used in its stead. If the operation be near the mouth or nose, the patient ought to be allowed to recover pretty fully from the anæsthetic before the application of the caustic, lest any of it should be swallowed. A light water dressing is then used, and a healthy granulating surface springs up in a few days, on which any of the ordinary plastic operations can be performed.

I have seen the above operation about two dozen times; and, so far as I have been able to ascertain, with universal success. It has been done by myself on a case of lupus non-exedens, one of lupus exedens and one of rodent ulcer. The two former are completely cicatrized, while the latter exhibits a healthy healing surface. These affections being purely local, their removal can be made complete and the cure thorough.

An excellent after-dressing may be made by soaking thick, soft lint in a saturated solution of boracic acid, and applying it to the wound. This dressing is a clean, non-irritating, and, at the same time, antiseptic one.

Hemorrhage from the Rectum Treated by Pyrogallic Acid.

In the following case, says Dr. Wallace, in the Glasgow *Medical Journal*, I tried the remedy as recommended in the above "Item," with the best results:—

A young lady had, for four or five years, suffered from an almost daily, though, as a rule, slight discharge of blood from the rectum. A doctor was consulted, and the question of piles was raised, but she would not permit an examination to be made. Her health, naturally good, began very gradually to be affected, but as the hemorrhage was at no particular time excessive, she still delayed treatment. It having, however, increased of late, she consulted me, and I ascertained the following facts: 1. The discharge presented all the characters of fresh blood, and came away equally freely and without warning, whether the patient was lying, sitting, or taking active exercise. 2. There was not, and there never had been, the slightest pain in the bowel on defecation, nor did the bleeding occur specially at that time. 3. Though, as a rule, of almost daily occurrence, the hemorrhage sometimes ceased for three or four weeks. 4. The catamenia were quite regular. On general grounds, I was certain of the accuracy of her statements. (These conditions seem to point to some lesion of the rectum, or at least the lower bowel, and yet preclude the idea of piles, fistula, or even of polypus.) Before insisting on an examination, I tried the ordinary astringents and hæmostatics, including ergot, but without any result except causing nausea. I then gave pyrogallic acid in one grain doses three times a day. This was readily taken in water, without causing the slightest derangement of the stomach, and in one week bleeding had completely ceased. For a few days after its cessation she had a feeling of uneasiness in the loins, but this soon went away. It is two months since then, and she continues perfectly well.

Salicine in Acute Rheumatism.

Dr. Chas. Jas. Fox, of Willimantic, Conn., writes to the *Indiana Medical Reporter*:—

Inasmuch as the treatment of the above affection is so unsatisfactory, any therapeutic agent which is successful in arresting the course or diminishing the complications of so common an affection cannot be too much valued, or too well appreciated. During the past four years I have had wonderful success by the use of the salicine n these affections. From a review of some seventeen cases allow me to show the results I obtained by a history of the following case:—

Mrs. A., aged 32; June 8th, was taken with all the marked symptoms of rheumatic fever: extensive effusion was found in both joints, with œdema of the ankles, wrists, metacarpal and phalangeal joints; she complained of great pain: at my first visit the temperature was 102°, pulse 110 and respiration 33; at 9 P.M. the same day her temperature was 103°; I had her placed on salicine, grs. x, every two hours. June 10th the temperature had fallen to 100.5°. I increased the salicine to 15 grs. every two hours. June 11th, physical examination showed a displacement of the apex of the heart downward and upward, with a systolic bruit over it. June 12th, temperature ranges from 102 to 103°, pulse 120, respiration 40; I increased the salicine to grs. xx every two hours. June 13th, temperature had fallen to 100.5°. June 15th, pulse, temperature and rest quite normal. This was her second attack; the first attack lasted six weeks. As far as my experience goes the salicine treatment seems to me to be the true desideratum in these affections, and, if given early, prevents all cardiac complications, and that its free administration is the best means of staying the progress of these complications should they occur.

Moreover, the value of the salicine plan of treatment should be determined not by the results obtained in a certain number of cases, but by the general verdict of the profession.

How to Vaccinate.

Dr. B. Dozier describes the details of this little operation as he performs it (*Independent Practitioner*, March, 1881):—

My percentage of successful vaccinations so far surpassed my expectations and also that of my colleagues, who used the same virus as myself, but a different mode of scarifying the surface, that I have concluded failures in vaccination should be more frequently attributed to an improper mode of scarification than to poor or ineffective virus, or a "peculiar condition of the system."

I use *only fresh bovine virus*, and prefer the ivory points to any other. I dip the point to be used in *cold water*, then lay it aside, in order that the virus coating may become well dissolved or softened. In the interim I scarify with a dry ivory point, stroking very lightly, scraping off as completely as possible, *without bringing blood*, the cuticle or scarf skin, for a space of about a quarter of an inch square. I then rub over the abrasion the previously prepared point, until the virus is all off, and insist on the sleeve being kept up for at least five minutes after the operation. I then place over the part a piece of adhesive plaster of sufficient size to cover well the scarification. Out of two hundred and twenty-five vaccinated adults and children, and many of the former having been successfully vaccinated before, I got a result of *ninety-seven* per cent. of successful vaccinations! While my colleagues, who used lancets, principally, with which to scarify and *cut*, rather than *scrape* through the outer skin, consequently causing more or less bleeding, were successful in not more than fifty per cent. of their cases.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS. — MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS. — SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3 20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

THE THEORY OF MATERNAL IMPRESSIONS.

The subject of fœtal deformities attributable to mental impressions on the mother during pregnancy, offers an interesting field of study, which it may not be presumptuous to say has not yet been cultivated to the extent it merits. There are many theoretical questions of much significance related to it, and many deductions of great practical importance may be derived from it.

Twenty years ago it was the fashion to treat the whole subject with contempt, as being one of those popular delusions or superstitions which are unworthy the attention of a thoughtful student of nature.

This period, we may assert with confidence, has definitely past. The coincidences are too numerous and too extraordinary to leave room for skepticism. It may, indeed, be urged with justice that there are hundreds of infants born with deformities which cannot be traced to any maternal impression; and conversely, that there are hundreds of mothers frightened or shocked during pregnancy, whose infants are perfect in form. Frequently, also, the deformity bears little resemblance to that which was seen by the mother, and believed by her to be the cause of the child's condition.

To these objections it is answered in a general way that it is not pretended that all fœtal deformities arise from this cause; nor that a mental shock always produces such effects; nor that the deformity is or must be precisely like that which originated it; but only that, under circumstances and conditions not yet defined, such a sympathy exists between the mother and the child in her womb that the nutrition of the latter may be materially altered by fixed attention on the part of the former.

We all know that a sensitive person can have a pain anywhere in the body by this same process of fixed attention; actual organic changes are easily and rapidly produced; and probably the same is the case with the fœtus in utero. The analogy is strong, and the relations are parallel.

The researches of Dr. MAX RUNGE, on the

influences of alterations in the maternal blood on the fœtal organism (*Archiv für Experimental Pathologie*, Bd. x, s. 324), show in a striking manner how the nutrition of the fœtus is effected by alterations in the blood-pressure, more, even, than by alterations in the constituents of the blood, and that the processes of its growth are, therefore, more dependent upon nervous than alimentary conditions.

The subject has been revived in some of the English societies of late, and various cases reported, which appear to owe their deformities to mental impressions. Thus, at one of the meetings of the Obstetrical Society of London, Dr. **Heywood Smith** showed photographs of a young woman, aged twenty-eight, whose profile showed a remarkable concavity of the face, ending in a prominent under jaw. The mother had been frightened by a monkey, about the fourth month of gestation. He remarked that among animals it was at the moment of conception that the mother was supposed to receive an impression, while in women a maternal impression was often referred to the third or fourth month.

Dr. **Braithwaite**, however, said that he had seen a puppy having a bifid and flattened forefoot, the owner of which said that during the mother's pregnancy a stone had fallen upon the foot, and crushed it similarly to the flattened foot described.

Another case was lately laid before the Dublin Obstetrical Society, by Dr. **Purefoy**, in which, in the opinion of some members, the connection of the deformity with its supposed mental cause was more intimate and marked than in almost any on record. It merits, therefore, quotation :—

> The infant possessed the following peculiarities: The right ear, or, to speak more technically, auricle, was altogether wanting, nor was there even a depression in the spot usually occupied by it. The right eye was also entirely absent, the position of the orbit being indicated merely by a slight depression, while on the left side the orbit appeared to contain an eyeball, completely concealed, however, by the eyelids, which were intimately united along the whole line of the palpebral commissure. The trunk and genitals were those of a large, well-made, male infant, but the limbs presented the following peculiarities: On the right side the arm and forearm were absent, but from the head of the scapula there hung, suspended by skin only, an appendage which appeared to be an abortive hand. The left upper extremity was normal in size and shape, but the fingers were united by a web of skin extending between each. The lower extremities presented no peculiarity except a similar webbed structure extending between the toes, and this was present on both feet.
>
> When she was three or four months pregnant, a cow belonging to her husband gave birth to a calf which wanted the right ear, the right eye, and both forelegs. This extraordinary object was watched by her with great assiduity, and she superintended its feeding and endeavored to rear it. It lived for several months; and the occurrence is supposed to account for the extraordinary object of which she was herself afterwards delivered. It was born alive, but only survived a few hours. Its head was thickly covered with black hair. On the right side there was nothing at all to indicate the position of the ear.

If now the doctrine of materno-fœtal symmetry could be established, and its general laws defined, why could it not be made a most useful branch of ante-natal education? If ugly and disgusting objects can be made to produce such lasting impressions, why not, on the other hand, cannot beautiful and symmetrical ones be employed to insure perfectly formed infants?

We are aware that the idea is not a novel one: it is, indeed, centuries old, and there are more than a few instances in which it is alleged to have been successfully put into practice. Necessarily, however, this was done in an empirical manner only, and what we want is such a scientific knowledge of the laws of this physiological relation that we can apply them with a reasonable certainty of obtaining their good results and counteracting their injurious operations.

NOTES AND COMMENTS.

Chronic Nicotine Poisoning.

In the *Revue des Sciences Médicales*, we find the two following observations of nicotism, taken from the *Archiv für Psychiatrie*:—

The patient in the first case, which terminated fatally, commenced to suffer from rachidian pains in 1876; they were of extreme violence and radiated toward the thighs. There was a sensation of muscular rigidity, with tremors, in the lower limbs, causing difficulty in walking. These troubles disappeared for a few weeks, galvanic currents being used, but the pains in the back soon returned, and the patient had an appearance of general suffering.

Notwithstanding the physician's strict prohibition, he continued to use large quantities of tobacco, and the following summer complained of a sensation of violent constriction about the head, with vertigo.

He was troubled with palpitations of the heart, which came on by access, waking him from his sleep; there was considerable præcordial anxiety and acute pain behind the sternum, during the access. There was nothing on auscultation but marked feebleness of the heart sounds.

The patient soon commenced to lose appetite and suffer from gastric troubles.

He was placed in an asylum, but he soon managed to smuggle in cigars, which he smoked during the night. Progress was rapidly downward, thoracic pains were felt, he was completely spent, and was seized with tremors on the slightest effort; for nine months he was completely impotent; the urinary secretion was normal. He soon died, quietly, without convulsions; nothing was found at the autopsy except very pronounced anæmia of the nervous centres.

The second, a stout, vigorous man, commenced to smoke from eight to ten strong cigars per diem.

He soon became remarkably nervous; there was great hyperæsthesia of hearing, in particular; soon he began to suffer from a feeling of constriction about the head, rachidian pains, tremors while walking or when he attempted to write.

These symptoms continued for a period, when the patient had a sudden attack of angina pectoris; after this he was induced to give up smoking, and the symptoms gradually disappeared.

The symptoms in both cases strikingly resemble each other, and conform exactly with the tableau of nicotism. These cases may, then, in certain difficult cases, give a clue to the etiology of morbid troubles of the same nature.

Transmission of Favus from Animals.

M. Megnin presented to the Soc. de Biologie, (*Progrès Médical*, January, 1881), a mouse having the head and body almost completely covered with the crusts of favus.

This mouse was found in a leather shop where, about a year previously, the first mice affected in this way had been remarked: the malady soon spread, and many of the animals were found wandering about, unable to return to their holes, being rendered blind and deaf by the crusts which covered their eyes and filled up the external auditory meatus.

This is the third example of favus in mice, the first being reported by Dr. Draper, of New York, who also observed its transmission to a cat and to some children accustomed to play with the animal.

The second case was reported by M. Tripier (Soc. Méd. de Lyon, Aug. 12th, 1867), and he succeeded in inoculating himself therewith.

Favus has also been observed in rabbits, and M. Jacquettant has observed its transmission from two children to a cat they were in the habit of fondling.

M. Saint Cyr (*Receuil Veterinaire*, 1869) has observed its transmission from cats to children, and has also, like M. Trasbot, seen it in the dog. Dr. Williams (Prin. and Practice of Veter. Surgery) has observed it in a large number of cattle and horses occupying a stable frequented by a cat affected with the disease.

In concluding, M. Megnin states that fifteen men in one battery of artillery suddenly presented numerous rings of herpes circinatus on the face. It was found, on investigation, that these men had, during a period of chilly weather, added the horse blankets to their bed covering, and that many of the horses were affected with tinea tonsurans. They were treated with ol. cadini, and with very good results.

Diphtheria and its Treatment.

M. Constantin Paul ends his review of the methods of the treatment of diphtheria brought before the Societé de Thérapeutique during the year 1881, in the following terms:—

"Diphtheria and diphtheritic poisoning still remain one of the preoccupations of therapeutics. This year, like the preceding, the results of many new experiments undertaken by members of the Society have been laid before you.

"First, the treatment of the diphtheritic patches by the bromide of potash, by M. Peyraud. M. Cadet de Gassicourt, who repeated conscientiously the treatment of our colleague, has shown, in a very interesting report, that bromide of potassium does not constitute, any more than chlorate of potash, or cubebs, a medication sufficiently efficacious to warrant the belief that we are at last able to control this scourge which has proven so redoubtable for young children and those who nurse them.

"The same must be said of the treatment of M. Brame, cauterization with the iodide of silver; of that proposed by M. Perati, cauterization with carbolic acid and camphor; of that of M. Bergeron, with fluorhydric acid, which had as advantage, that it might be applied almost at distance, without demanding the docility of the child, so difficult to obtain for applications to the throat. Will we be more fortunate with pure carbolic acid, which has been recently proposed by M. Bournonville?

"It is necessary to say this year, as we concluded last year, that the best treatment in diphtheria is to sustain the forces of the patient by stimulants, particularly alcoholic stimulants; to disembarrass the throat of false membranes by removing them mechanically, when possible; and to perform tracheotomy, in case of obstruction, if the strength of the subject permits.

"Chlorate of potash, cubebs, carbolic acid, camphor, fluorhydric acid, lime water, and tartaric acid, are of use in diphtheria without toxic symptoms, but are insufficient remedies."

Treatment of Movable Bodies in the Knee-Joint.

The *Concours Médical* informs us that Mr. Ganjot lately read a paper on this subject, in which he states that the extraction of foreign articular bodies may be practiced without much danger. It should, however, only be undertaken when warranted by the severity of the functional troubles, and the insufficiency of all palliative means. Extraction by means of an open cut is preferable to the subcutaneous process, because it is easier and more certain in its result, without being any more dangerous, if performed while observing all proper precautions, either with or without the aid of Lister's dressings.

Hygienic Treatment of Biliary Calculi.

In the *Bulletin de Thérapeutique*, Prof. Bouchardat gives the following rules: 1st, abstain from bread, eggs, nitrogenized aliments in excess, tomatoes, strong liquors, from fish, oysters, etc., from old cheese. Instead of bread make use of potatoes, and take ordinary vegetables containing potash in preference to those containing soda. Make an indirect alkaline medication by using fruits containing malates and citrates. 2d, keep the bowels in a soluble condition, taking a tablespoonful of tartrate of potash or soda, or of sulphate of soda in lemonade or orangeade, each morning. 3d, moderate exercise. 4th, render the cutaneous secretions more active by frictions, etc. One to three baths weekly, containing—

℞. Potass. carb., ℥ iij
Ol. lavand., ʒ ss
Tr. benzoin, ʒ j,

followed by prolonged frictions and massage. 5th. (*a*) In order to induce expulsion of the calculi, small doses of spts. terebinth, and of ether in capsules, either at meals or preferably, between meals. *b*. To prevent the formation of calculi. for ten days, before the morning and evening meal, a pill containing one decigram (gr. iss) of tartrate of potash and lithia; during the ten days following—

℞. Potass. acetat., ʒ v
Syr. sarsæ comp., ℥ xij. M.
Tablespoonful morning and evening.

Then, for ten days, a quart of water daily, containing ten grams (ʒ iiss) of Rochelle salts.

Rose-flavored Sulphuric Lemonade.

The *Concours de Médical*, gives the following formula for its preparation and general application:—

℞. Red rose petals, 20 grams (ʒ v)
Boiling water, 1000 " (Oij)
Dilute sulphuric acid, 4 " (f. ʒ j)
Sugar, 100 " (ʒ xxv).

The rose petals are to be infused for an hour in the boiling water, after which strain, and add the dilute and sugar.

This lemonade may be used in all cases where acids are recommended. In *fevers*, in *hemorrhages* without circulatory troubles, or when attended by inflammation or fever.

It may be given in *anginæ* of a serious type, or in *diphtheritic angina*. In this last disease it acts on the lesions in the same way as an acid, by modifying the affected surfaces, and readily takes the place of a *detersive* gargle, which children generally are unable to use.

It is well indicated in *scurvy*, and in the *putrid* and *hemorrhagic* stages of *typhoid fever* and *variola*. It may be taken cold or even iced. Small quantities should be taken at a time, and at reasonable intervals, so as not to irritate the stomach. About a Madeira glassful every three or four hours is a quantity which will suit almost all cases.

The Treatment of Malignant Pustule.

At a meeting of the "Société de Chirurgie" Mr. Boisset alluded to the fact that the treatment of malignant pustule and malignant œdema by intestinal injections of iodine, is at present in great vogue, and expressed his regret at not receiving the credit to which he believes himself entitled in connection therewith. The fact is, that ever since 1855 he has advocated the use of iodine in the various forms of anthrax; he recommends it for its anti-virulent qualities, not only in charbon, but also in farcy; iodine is far more efficient than the actual cautery, because in the shape of tincture it penetrates within the tissues, and reaches far deeper; therefore, when injected in the tissues they are so energetically acted upon that a sort of barrier is thrown around the evil, and its further progress is permanently checked. The effects of the iodine are greater in proportion to the concentration of the tincture.

Trichinæ in Meats.

The *Progrès Médical* reports that Mr. Pouchet has made experiments in his laboratory, on three rats, which he fed on both salted and smoked trichinous meats. On dissecting those animals, he found no trichinæ cysts in their muscles, but great quantities in the intestinal cavity, showing no signs of having been acted on. He therefore concluded that those meats were not dangerous.

Mr. Bert says that pickling, when recent, does not kill trichinæ, but after a time they die of their own accord in salted meats, in the same way as they die in the human muscles. How long does it take to bring about this result? From experiments made in Denmark, it would seem that from one to three or four months are necessary. The fact is, this point is still in darkness, and it is the more to be regretted that there exists no reliable method by which it is possible to ascertain whether trichinæ contained in meats are alive or dead.

Sulphate of Copper in Croup.

M. Thibon, in the *Lancette Belge*, becomes quite enthusiastic over the therapeutic effects of this medicament. He considers it to be not only a very efficient emetic, but also a powerful parasiticide, and therefore of especial value in croup, first causing the expulsion of the false membranes and then preventing their reproduction, through its destructive action on the vegetable organisms.

Practically, he asserts that this medicament has given him favorable results in very desperate cases; it should be given in sufficient doses; children of two years of age have taken over one gram (gr. xv) in 24 hours without any toxic effects. M. Thibon employs the following potion:

℞. Cupri. sulph., gr.viij
Aquæ, ℥ ij. M.

A teaspoonful should be given every ten minutes until vomiting is induced; afterwards the same dose may be repeated every hour, and later, every second hour.

Accidents Attending the Internal Use of Iodoform

The "*Deutsche Zeitschrift*" reports that Oberlænder, in Dresden, met with two cases of syphilitic women who experienced very serious accidents from the internal use of iodoform. The first, in the space of eighty days, had taken 42 grains (f. ʒ xss), in the form of pills, of 5 centigrams each. She experienced weakness, giddiness, diplopia, and coma, followed by violent excitement, by headache, and continued loquacious delirium, and, finally, by real paralytic weakness of the limbs. These symptoms continued for two weeks, and then disappeared. The other was overtaken by similar symptoms, after seven days of iodoform. She fell into a somnolency, which continued for five days, and was followed by giddiness, and a paralytic weakness of the limbs, which lasted several weeks.

Nerve Stretching in Neuralgias.

The "*Progrès Médical*" reports that in October last Mr. Quinquand had recourse to stretching of the frontal nerve, in a case of supra-orbital neuralgia; in November, one of his colleagues, a surgeon, performed the same operation for an epileptiform facial neuralgia, and also for a supra-orbital neuralgia. The first and third operations were followed by permanent cure. The second has not been attended with so favorable a result. In the two cases cured, anæsthesia had immediately been total and complete, and continues to this day; while in the epileptiform neuralgia anæsthesia lasted only a couple of hours. The inference to be drawn from this, and what appears as our sole operative guidance in nerve stretching, is that anæsthesia must become persistent in order to insure a cure. What is it, then, that takes place within the tissues? In the absence of any histological examination, it was supposed that a dynamic action took place. Mr. Quinquand has elucidated this question by means of experiments made upon animals. He has observed that when the stretching is insufficient, that is, when attended by only temporary anæsthesia, the nerve presents no perceptible lesion. On the contrary, when anæsthesia is persistent, he finds that a number of nerve tubes give evidence of secondary degeneracy; in some, the myelin appears granular and divided; in others no trace of it is found; while others again are intact. He, therefore, concludes that the operation should be pushed so as to bring on complete anæsthesia, and that the result is not due to a dynamic effect, but to an anatomical lesion.

Treatment of Chronic Ulcer of the Stomach.

The treatment of chronic gastric ulcer by injection of water and other fluids into that organ, or rather complete washing out of the stomach (lavage de l'estomac), has not attracted the attention which the therapeutic results obtained would seem to merit.

A very interesting case is recorded in a recent number of the *Progrès Médicale* (April 2d). A patient fallen into a very cachectic condition was admitted as incurable, into M. Debove's service at Bicêtre. He recounted that ten years previously, during the war, he once found himself in great danger and lost consciousness; when he came to himself he vomited a considerable quantity of blood, and this has happened five or six times since then; during the intervals he vomited bilious and glairy matters, and these symptoms were accompanied by intense pain over the stomach. When he entered the service there was absolute intolerance of the stomach; he vomited even a few spoonfuls of milk that he attempted to take; he was reduced to the last stage of emaciation, could hardly support himself upon his limbs, and death seemed imminent.

In presence of such a desperate condition, M. Debove determined to make use of the process of Faucher for washing out the stomach. A long soft tube in caoutchouc was employed; there was no difficulty in introducing it into the stomach, and no danger of doing any injury if it was introduced too deeply; a simple glass tunnel was adapted to it externally, and in this way eight quarts of ordinary water and two quarts of Vichy water were daily allowed to circulate in the organ. After three or four days, the patient was able to introduce the tube and perform the treatment himself; at the same time a milk diet was ordered, with 200 grams of raw meat daily, and concentrated meat juice or essence, prepared by five or six hours' coction in a hermetically closed vessel.

The treatment has now been continued for six weeks, and with very remarkable results. Pain has completely disappeared; vomiting has ceased, and the patient is much stronger. The patient is able actually to digest vegetables and salad but his augmentation in weight demonstrates best the results of the treatment.

The first day of treatment he weighed 125 pounds, seven days later 132 pounds, and for four weeks following he gained 100 grams, three and (one-third ounces) per diem.

The results are then very remarkable, and as can be seen, the treatment was executed with facility.

Pesudo-Caverns in the Lungs.

In the *Revue de Thérapeutique Méd. Chirurg.* attention is called to the fact that frequently all the stethoscopic signs of an excavation are present at the apex of the lung when in reality there is no cavity.

This happens in pleuritis; the liquid compresses this part of the lung, and the sounds generated in the trachea and bronchial tubes are transmitted through the compressed pulmonary tissue.

The course of the disease clears up the diagnosis; the effusion being absorbed, the signs of a cavity disappear; if they persist, there is probably a cavern.

In certain cases, the lung being in a state of atelectasis, with concomitant bronchitis, humid, sub-crepitant râles are transmitted through the condensed tissue, and give the idea that the gurgling râles of phthisis (gargouillement) are present.

Treatment of Infantile Diarrhœa.

A fact not sufficiently considered, remarks a writer in a recent number of the *Revue de Thérapeutique Méd. Chirurg.*, is that the treatment of intestinal catarrh in infants should be persevered in until a complete cure be obtained; the gastro-intestinal functions should be completely re-established before ceasing treatment. The proper therapeutic measures consist in the employment of bismuth and laudanum, and without this last medicament it is very difficult to have complete cure, in infantile diarrhœa. The following potion may be given, a teaspoonful at a time, in the course of twenty-four hours:—

℞.	Bismuth. subnit.,	ʒ ij	
	Tr. opii,	♏ ij	
	Mucilag acac.,	℥ iv.	M.

An enema of starch should be administered morning and evening. The little patient should be kept in bed; alimentation should consist of milk, panada, etc. This treatment should be continued for eight days, then the doses may be diminished, but the progress of the case should receive careful attention.

Sulpho-cresylate of Soda.

This is a new chemical agent discovered by Mr. Rabuteau in the mother liquors resulting from the preparation of sulpho-phenate of soda. It is a white salt, has first a saline, then a sweet taste, and its properties are analogous with those of sulpho-phenate of soda.

CORRESPONDENCE.

Doctors' Mistakes and Blunders.

ED. MED. AND SURG. REPORTER.—

Seeing that only so few of your host of subscribers were willing to throw their colors to the breeze and come up like true Spartans and give us a piece of a column now and then, on that very interesting subject, "Doctors' Blunders," I hasten to contribute my mite, deeming it a duty of every physician, which he owes his medical brethren, particularly the novices, to publish his failures as well as his successes. But possibly all who ever sinned have confessed, have been heard from in the column of "Blunders;" nevertheless my conviction is, if every case of the kind came to light, where the physician saved his neck, so to speak, by adroitly covering in his tracks, they would fill a book larger than Webster's Dictionary.

Why does not some ambitious book writer come to the front with a treatise on this subject? It would outstrip any work in the book market, in the way of sales, and the author would immortalize his name besides.

Of course its sales should be limited to the medical fraternity, else it might place us in a bad light. No doubt it would at first seem a curiosity; but then we must move early, with our eyes wide open, to be up with the enterprise of the ninteeenth century.

Let us have the cases of pneumonia and other diseases which have been strangled by paralyzing doses of poison—veratrum, aconite, belladonna, digitalis, strychnia and morphia! Those which have come to an untimely end by the injudicious use of the lancet and leech; those cases wherein we are told that the way to strengthen is to weaken.

Let us hear from those health officers who are sending cases of scarlatina, measles, chicken pox and nettle rash to the pest-house, that they may be treated for smallpox.

A case was reported in this city some time since, of a youth who was spirited away from his father's comfortable dwelling, amid fumes of burning sulphur, in a closed van, to the Island Hospital. There the doctors declared that he had measles. He was detained long enough to absorb sufficient of the variolous contagion to infect a whole neighborhood, however. Thousands of mistakes (*errors in diagnosis?*) might be found.

I shall delay no longer with preliminaries, but launch out and give the history of one among the many of my own. About the middle of the summer of 1880, a young man with his wife came to my office for the purpose of securing my services when she would be confined, saying that she expected it would be in one month from that time. She was very anxious to learn as to whether I could be found in at night or not, and so on. Shortly they both left. The month passed, another came and went, but no Mr. B. called. Alas! no call to Mrs. B., I said to myself; ten dollars out. My patient could certainly not have held out so long; and to confirm my suspicions I soon met Mr. B. in the street, but, to avoid me, he crossed to another corner. But, thanks to my lucky planet, bang! goes the gong, next evening, at midnight. I raise the window. Mr. B. is there, and in an anxious and hurried voice calls me to go at once and see his wife, who is *sick*, and to bring such things as I might need. Well, it did not take long for me to get inside of my clothes. Let us see what I need. Ergot, pernitrate of iron, iodine, opium, tape, and a good, stiff-backed syringe. Now, with a copy of Handy Andy crammed into my pocket, away I ran, soon reaching the sick chamber, nearly out of breath, fearing that I might be there in time to be too late. I made all possible haste. Off with my hat and coat, and into the sick chamber I went. Mrs. B. had so much pain that she could not answer me, whether the pain was in her back or bowels, or, in fact, anything. Not being able to make her yield to an examination, and the pains ceasing entirely—as the obstetric teacher tells us, when the doctor arrives, they often do—I made her swallow a good full drachm of the fld. extract of ergot (Squibb's), quickly followed by a cup of ginger tea. Now, says I, comfortably stretching myself in a large, soft, rocking chair, I will read a while. O Doctor! she cries, and up I jumped: the pain, she said, would kill her; the medicine is doing the work, I said. She turned on her side, declaring that I knew nothing; a whim, too trifling to notice. I told her she would think differently by and by. I made my way, as well as I could, up to the mons veneris. Vagina moist; natural heat. The os uteri patulous, readily admitting the finger.

The presentation and bag of waters are what I am after. As I kept my finger there for a moment, I rapidly revolved in my mind the different presentations, and possible monsters, though sharply eyed by the nurse and savagely stared at by the husband, from another room. Still I could not forget what I once heard the late lamented Dr. Chas. A. Budd say, in his lectures, "That sometimes one could not tell, in making a vaginal examination, whether he was afoot or on horseback." While in this momentary quandary, I heard something that made my hair stand, from the very roots, and my knees suddenly weaken—my heart seemed packed into my trachea—the cry of an infant in a cradle, covered with a canopy. There! get out, you quack, shouted the patient, the lying in? I said you knew nothing. The husband swore he would prosecute, and I got out with my life, but no fee.

New York City. THOS. H. MANLEY, M.D.

The Concentration Theory of Trance.

ED. MED. AND SURG. REPORTER:—

In your last issue you say, editorially, that a theory of the phenomena of trance is the great need.

That need was supplied nearly five years ago, by my *concentration theory*, which was first publicly announced at a meeting of the New York Medico-Legal Society, in the Autumn of 1876, and subsequently published in my work, "The Scientific Basis of Delusions," which work was, if I remember rightly, strongly commended in your journal. Prof. Prüger, of Jena, in his very latest paper on this subject, which he has just sent me, states my concentration theory and gives me credit for it. His attention was first called to it by my remarks on the subject at the last meeting of the British Medical Association, in Cambridge.

Although my theory attracted attention only among a very few experts in psychology, yet by these experts it was received, in the main, with approval, though not always with intelligence. Last summer, while in Germany, I purchased the pamphlet of Schneider to which you refer, and saw at once that he was in the direction of my theory, and I so stated in a lecture on induced or mesmeric trance, before the New York Academy of Sciences, in January of the present year. I do not think that Schneider had ever read my paper, although it was several times republished in Europe.

Heidenhain's theory of suspension of the higher centres with activity of the lower, is also in the line of my concentration theory, so far as it goes, but does not account for the phenomena, and is, therefore, not pushed or pressed by him or by others to any great extent.

My theory is psychological, not physiological or anatomical; it is based on mind, not on the brain; and, briefly stated, is concentration of nervous activity in one direction, with suspension in other directions. The time has not come, perhaps may never come, when a theory of trance can be based on the anatomy or physiology of the brain.

In my work I did more than suggest this concentration theory; I proved it, by showing that it accounted for and harmonized all the phenomena of trance in all its varieties; and, yet further, I stated that if any new phenomena of trance should be discovered, this concentration theory would account for them all, up to a certain point, at least. This prediction has been fulfilled; for during the past few months I have made a number of discoveries of detail, all of which are explained by this theory. These new facts will be brought out in my work on trance, now in preparation. Some of these later experiments were made public at a meeting of the Medico Legal Society, last week.

Among these new facts may be mentioned the absolute demonstration of blindness in one eye, of abolition of the sense of vertigo, hemianæsthesia and hyperæsthesia, and absolute deafness; color-blindness I have also demonstrated, as Cohn had done before, though not, I think, by the same method. I have also confirmed the old claim that a trance subject may, in rare instances, see, with thoroughly bandaged eyes; the tests were made with playing cards, all the six sources of error being eliminated. This last experiment was confirmed and repeated by Dr. C. L. Dana and Dr. W. G. Morton, of this city; and is the easiest to verify of all the experiments that can be made with trance subjects.

But, as you truly say, what we want is the explanation of these phenomena; while some of these detailed experiments are new—but a few weeks or days old—others have been known or claimed for centuries.

My claim for the concentration theory is, and from the first has been, absolute and uncompromising; that it accounts for and unifies all the phenomena of the varieties and sub-varieties of trance, by whatever names known or described, and brings order out of confusion in this whole subject, doing for it what the theory of gravity does for the movements of the heavenly bodies, or the wave theory for the phenomena of light. GEORGE M. BEARD, M.D.

161 *Madison Ave., N. Y., May 9th.*

Feeding of Infants.

ED. MED. AND SURG. REPORTER:—

Reading, in the MEDICAL AND SURGICAL REPORTER, April 30th, page 490, "Constitution of Human Milk," by F. Hoppe Seyler. leads me to offer my substitute for human milk, which may, for aught I know, not be new to some of your readers; to me it did not come from reading, but from a determined effort to prevent a bottle-fed baby from dying of inanition. The history of my little patient is the usual one of vomited and defecated, undigested curds, with emaciation and pain, in spite of pepsin, subnit. bismuth, lime water, etc.

I ordered milk, one part, the whites of eggs, well beaten, two parts, warm water, one part. Place in the nursing bottle, and allow only at regular intervals of three hours. Continued pepsine. Allowed no sugar, believing that cane sugar in the stomach of the infant with undeveloped salivary glands is incapable of behaving like sugar of milk.

The result was all that could be desired, the patient improved at once and soon became as plump and perfectly nourished as any breast-fed baby could be. This method of feeding only occurred to me last summer, and the opportunities for verifying its value were not numerous, but in the dozen cases tried the results were eminently satisfactory. I got rid of a large amount of the caseine and substituted fresh albumen in its place.

Greeley, Col. G. LAW, M D.

Treatment of Measles.

ED. MED. AND SURG. REPORTER:—

Having seen *quite* a number of cases of measles in the past eight weeks, both mild and severe, complicated and uncomplicated, I have been induced to say a word in regard to its treatment.

As we all know, when this malady affects a patient, it goes naturally through its several stages without any *special treatment*, except that of "Old Times" ("Saffron Tea, etc.") There is generally a diarrhœa, about the fourth or fifth day, which should be allowed to go unarrested, for the reason that it is seemingly an effort on the part of "Nature" to rid the mucous membranes of both the stomach and bowels of the infectious matter accumulated therein; should, however, this state of *affairs* continue to such an extent as to affect the strength of the patient, we might give relief by medication.

The *headache* in the early stages of the disease is quite severe, and in the same way could be relieved, for it, as a rule, accompanies the vomiting and diarrhœa.

The simple treatment I offer for ordinary cases of rubeola, or rubeola simplex, is the following:—

℞. Morphiæ sulph., gr. j
Liq. calcis,
Aq. menth, āā ℥j. M.
Ft. solution.

Sig.—One to two teaspoonfuls every hour, according to age, until relieved.

Any form of opium can be used, according to age of patient, and the time prolonged or shortened, according to choice of physician.

Having seen a case a few hours ago, which presented symptoms of dysentery, I ordered the following prescription:—

℞. Pulv. opii, gr. ij
Bismuth subnit., ℈j
Salicin, gr. vj. M.
Excipiente, q. s. ut ft. pil. No. iv.

Sig.—One pill every two hours, until bowels are quiet.

I will report from time to time. any case that might be worthy of reporting. This disease I report because there are many younger members of the profession who might be induced to use simple remedies, and have good success, whereas they might use *violent medicines*, and do more harm than *good*. W. B. Powell, m.d.

Natchitoches, La.

NEWS AND MISCELLANY.

Medical Society of Pennsylvania—Thirty-Second Annual Session.

The Society met at Lancaster, in Fulton Hall, Wednesday, May 11th. At 11 o'clock, the President, Dr. J. T. Carpenter, of Schuylkill county, called the meeting to order, and the exercises were opened with prayer by Rev. J. Y. Mitchell, d.d.

The reading of the list of delegates was dispensed with, as all the delegates had not registered their names. Dr. Henry Carpenter, of Lancaster, Chairman of the Committee of Arrangements, welcomed the delegates in the following words:—

Gentlemen—Delegates to the Meeting of the Medical Society of the State of Pennsylvania:

It is my very pleasing duty—on behalf of the Lancaster County Medical Society—to tender to you a cordial, hearty welcome to this, our ancient city, the birthplace of your Association thirty-three years ago. This Association was organized in this city, and alas! how sad to contemplate how few of the cherished old familiar faces of that day are present here now. We miss the cordial, friendly grasp, and genial, pleasant faces of Hume, Muhlenberg, Burrowes, Hays, Emerson, Worthington, Coates, Norris, Parrish, Hiester, Jackson, Mutter, Duffield, Carpenter (of Pottsville), Kerfoot, Carson, Richards. Maybury, Raub, Huston, Condie, and scores of others who "have passed the bourne," whom we were formerly so delighted to meet, and unto whose voices, pregnant with words of wisdom and instruction, we were so pleased to hearken. But in the language of the poet, "*Mors Janua vitæ*"—

> "Death is the gate to life eternal—
> The entrance to immortal life."

So that we may console ourselves by the reflection that "our loss has been their gain."

We may claim for Lancaster that it is the largest, as well as the oldest inland city of our rapidly-growing country. It was laid out as a borough by James Hamilton, a landed proprietor, getting title from the English crown, in the year 1728; and the adjoining territory erected into a county in 1729, one year subsequently. The city contains a population bordering upon 30,000 inhabitants, while the surrounding country is a little empire, comprising an area of over 620,000 acres, or about 969 square miles, and peopled by about 150,000 inhabitants. It is eminently an agricultural district; its great fertility and productiveness having long since gained for it the enviable name of the "Garden of America." It has been long famous for its big Conestoga horses, great crops of wheat, corn, and latterly of tobacco, industrious and frugal inhabitants, and last, but by no means least, its large number of pretty girls; which condition of things may serve to explain to you the fact that all of our physicians are well-to-do married men (I myself have enjoyed that felicity three several times), all surrounded by the bounties, as well as the cares and consequent responsibilities of the situation, which facts you can prove by calling upon them, at their homes, where you will find the latch-string hanging freely out, and all most delighted to meet and welcome you. But I will not longer tire your patience with these crude and hastily conceived sentiments, but in their name, and that of their families, wish you a hearty, sincere and cordial welcome to their homes.

On motion of Dr. S. T. Davis, of Lancaster, all physicians in good standing in neighboring societies were given the privileges of the floor and the courtesies of the meeting.

Dr. E. P. Townsend, of Beverly, N. J., a representative from the State Medical Society of New Jersey, being present, was received and invited to the platform.

Dr. Townsend replied as follows:—

Mr. President and Gentlemen:—It gives me great pleasure to meet with you again, to represent the State Medical Society of New Jersey, before this distinguished body. The State Medical Society of New Jersey believes in the policy of Inter-State delegations, and regularly appoints delegates to adjoining State Societies

Having had the pleasure of representing her at your last annual meeting, at Altoona, I carefully watched your proceedings and tried to report to my Society the salient features of your meeting. One of the most notable of these, was your resolution, formerly passed, and last year so earnestly advocated by Dr. Traill Green, requiring a preparatory examination of all applicants for the study of medicine, as to moral and mental qualification. This resolution was reported to the New Jersey Society, and I am happy to say, similar regulations were adopted, and made incumbent upon the county societies to fulfill. The old centenarian is proud to copy all from her younger sister organization that may tend to the elevation of our beloved profession.

I shall watch the working of your action of last year, on this subject, with considerable interest. In conclusion, gentlemen, I cordially extend, not only to the delegates whom I hope you will appoint, but to each and every member of this honorable and distinguished body, an invitation to attend the one hundred and fourteenth annual session of the New Jersey State Medical Society, to be held at Long Branch, on the fourth Tuesday of this month.

Dr. Henry Carpenter read the programme as arranged for the session. On motion it was adopted.

Dr. O. H. Allis, of Philadelphia, Corresponding Secretary, reported but one item, the formation of a new medical society in one of the counties. He also presented his report on the library, with a set of rules for its government.

At the meeting of 1880, the following resolution was adopted:—

Resolved, That the Philadelphia County Medical Society be constituted the custodian of the publications of the Pennsylvania State Medical Society and of the transactions of such other State medical societies as shall exchange with it, until the Pennsylvania State Medical Society shall make other provision for the same.

Resolved, That the Publication Committee shall be constituted a library committee, to report at the next meeting of this Society the rules and necessities of such a library.

In pursuance of these resolutions the following rules were offered:—

Name.—The name of the Library shall be The Library of the Pennsylvania State Medical Society.

Contents of Library.—The Library shall consist of the Publications of the State Medical Society; the Exchanges with other State Medical Socities and medical organizations as may be effected and deemed judicious by the officers of the Library.

Officers of the Library.—The officers of the Library shall consist of the Committee of Publication of the Pennsylvania State Medical Society, together with the Librarian of the Philadelphia County Medical Society.

Duties of the Officers.—They shall appoint one of the members of the Publication Committee as the Correspondent of the Library, whose duty it shall be to solicit suitable additions to the Library, and to make an annual report of the condition and progess of the Library to the State Medical Society. They shall meet at the call of the correspondent. They shall appoint the necessary officers and make the necessary rules for the promoting of the objects of the Library.

RULES OF THE LIBRARY.

1. The Librarian of the Philadelphia County Medical Society shall be the Librarian of the Library of the Pennsylvania State Medical Society.
2. The Library shall be accessible to the members of County Medical Societies of the State of Pennsylvania.
3. The books of this Library shall not be taken from the Library Building. They shall be for reference, not for circulation.

On motion, the report was accepted and the rules adopted.

Dr. Traill Green presented a bill for committee expenses, which was ordered paid.

Dr. R. S. Sutton, of Pittsburgh, offered the following, which provoked some discussion, viz:

SECTION 2, Article III, of the Constitution shall be so amended as to read as follows:—

Every member of a county medical society in Pennsylvania shall, so long as he is in good standing, be a member of the State Medical Society, and a delegate to its annual sessions.

Under the law, it laid over for one year.

On motion of Dr. S. T. Davis, it was agreed that in future each delegation to a sister society, or the American Medical Association, shall organize and appoint a chairman, who shall report at next meeting of this body.

Dr. Varian reported that, as a delegate to the Connecticut State Society, he had been unable to find that body.

On motion, a recess of twenty minutes was allowed for the delegation from each county society to select its representation on the nominating committee.

After which, the society adjourned until 2 P. M.

(*To be continued.*)

The Association of Medical Editors

Met at Exchange Hotel, Richmond, on Monday evening, May 2d, at 8½ o'clock. In the absence of Dr. J. F. Shrady, President, Dr. Octerlony was called to the chair, Dr. D. S. Reynolds, Secretary.

Dr. Shrady's address was read by Dr. Carpenter, and on motion it was ordered that the same be printed.

The Committee on Necrology (Drs. Dunstar, Cole, and Edwards), was appointed. The Committee reported the death of Drs. Davis and Cowling during the past year, and requested indulgence for the preparation of their report on memoirs, which was granted.

The Committee on Nominations of Officers for the ensuing year reported as follows: President, Dr. Landon B. Edwards, Richmond, Va.; Vice President, Dr. Ralph Walsh, Washington; Secretary, Dr. D. S. Reynolds, Louisville.

American Medical College Association.

There was quite a full attendance at the meeting of this body. The meeting was called to order by the President, Professor S. D. Gross, M.D., of Philadelphia, Professor Laertes Connor, of Detroit, acting as Secretary.

The following are the officers elected for the ensuing year:—

President.—Professor J. M. Bodine, of the Medical Department of the University of Louisville, Kentucky.

Vice President.—Professor W. T. Briggs, of Nashville, Tennessee.

Secretary and Treasurer.—Professor Laertes Connor, of Detroit, Michigan.

Secretary Connor's report shows an increase of two in the active membership of the Association since the last annual meeting. From the reports of the several colleges, made to the secretary, it appears that these institutions had conformed more universally and completely to the requirements of the Association than heretofore, and that everything pertaining to their connection with the body was entirely satisfactory.

The report of the Committee on Medical Colleges showed that sixty-four catalogues of colleges had been examined, and that only sixteen of them had failed to come up to the Association's requirements in the matter of graduation. It also appeared that twenty-two of the colleges had surpassed these requirements in one or more of the three following particulars: First, matriculation examinations; second, nine months' regular attendance; third, the three regular terms required.

The American Surgical Association.

The American Surgical Association met at the hall of the House of Delégates, Richmond, Dr. S. D. Gross, of Philadelphia, presiding, and J. R. Weist, of Indiana, secretary.

At the request of the President, Dr. Packard read the Constitution and By-Laws, which were unanimously adopted. Under this constitution, surgeons known as "specialists" are allowed to become members of the Association. Under the old constitution that class of surgeons were excluded.

Dr. Packard, the treasurer, reported that he had received $925 from members, which, with the interest ($9.25), was deposited to the credit of the Association in the Philadelphia Savings and Trust Company.

An amendment to the constitution was adopted, to the effect that all nominations for membership shall lie over until the next regular session.

The Oriental Hotel, Coney Island, New York, was selected as the place for the next annual meeting. The 13th, 14th and 15th of September was selected as the time.

The following is the list of officers of the Society:—

Samuel D. Gross, President; Drs. S. A. Dugas, 1st Vice President; James R. Wood, 2d Vice President; J. R. Weist, Recording Secretary; W. D. Briggs, Cor. Secretary; John H. Packard, Treasurer.

Council—Drs. Moses Gunn, John T. Hodgen, Hunter McGuire, J. C. Hutcheson, Samuel D. Gross, J. R. Weist, R. A. Kinloch.

Pepsin Preparations.

The pepsin preparations of William Proctor, Jr., of Philadelphia, have acquired an honorable and merited reputation with the profession. He prepares a saccharated pepsin, a pepsin fortior, and a vinum digestivum, all presenting in various strengths this active element. The pepsin fortior dissolves coagulated albumen, in the ratio of gr. j. to gr. 150. It is soluble, pure, and free from unpleasant odor. The saccharated pepsin consists of purified pepsin and milk sugar in such proportions that ten grains of the powder dissolved in a fluid ounce of the water, containing six drops of muriatic acid, will completely dissolve 120 grains of coagulated albumen in from four to six hours, when digested at the temperature of 100° to 105° Fahr. The vinum digestivum we have also employed in various cases, and can report highly satisfactory results from this as well as the other preparations mentioned.

Pharmaceutical Display.

The displays of pharmaceuticals, etc., at the meeting of the American Medical Association this year, were uncommonly rich and attractive. Among the firms giving the finest exhibits we may name Messrs. Parke, Davis & Co., Detroit; W. H. Schieffelin & Co., of New York; McKesson & Robbins, New York; John Wyeth & Brother, Philadelphia; Trommer Extract of Malt Co.; E. F. Houghton & Co. (cosmoline); John Reynders & Co. (surgical instruments); Charles T. White & Co., New York; and Jerome Kidder Manufacturing Co., New York.

Most of these exhibits were extensive and advantageously displayed. It is an indication both of good taste and business energy for firms to make them, and we trust that the Association will always favor this collateral branch of its activity.

On Vivisection.

A committee of the Medical Society of the State of New York have addressed to the officers and members of the American Society for the Prevention of Cruelty to Animals a letter, the main paragraph of which reads as follows:—

With you we earnestly desire to prevent every form of unnecessary suffering. But we would most strongly draw your attention to the radical difference between the infliction of wanton cruelty and the serious and careful use of the lower animals for the benefit of humanity and the brute creation; and we respectfully ask that the name and authority of your Society may not be employed to the injury of the medical profession and of medical science.

Medical Association of Georgia.

The Thirty-second Annual Session of the Medical Association of Georgia was held in Thomasville, on April 20th and 21st, 1881. The following are the officers for the ensuing year:—President, William F. Holt, Macon; First Vice President, Eugene Foster, Augusta; Second Vice President, T. M. McIntosh, Thomasville; Secretary, A. Sibley Campbell, Augusta; Treasurer, K. P. Moore, Forsyth. The next session will be held in Atlanta, on the third Wednesday in April (19th), 1882. Communications should be addressed to A. SIBLEY CAMPBELL, *Secretary.*

The Louisville Medical News.

The publishers of the Louisville *Medical News* have secured as its editor Dr. J. W. Holland, a gentleman already known as an able chemist, an eloquent lecturer, and a graceful writer.

International Pharmaceutical Congress.

The Pharmaceutical Society of Great Britain deemed this year to be a fit opportunity for inviting the International Pharmaceutical Congress to hold a meeting about the same time as the International Medical Congress. Under date of January 1, 1881, the invitations were sent out to the various pharmaceutical bodies and to prominent pharmacists in different countries, and no doubt can be entertained that the meeting will be a success, certainly as far as will concern the presence of representative pharmacists, and it is to be hoped, likewise, in regard to the number of nationalities represented.

The Plague.

Telegrams to early in April represent the plague as very severe in certain parts of the Euphrates valley. In some houses ten out of twelve have died. All vessels from the Persian Gulf have been quarantined at various Red Sea ports. The disease is undoubtedly the genuine bubonic pest.

Personal.

Dr. W. J. Holt, an eminent physician of Montgomery, Ala., died April 27th. He was one of the young Americans who, after completing study in Paris, entered the service of the Russian Government, in the medical department, during the Crimean war.

Over 1000 Deaths from Smallpox.

During the last week 146 cases of smallpox were reported in Philadelphia, of which thirty-five were fatal. Since November last there have been very nearly 5000 cases of smallpox in the city, of which over 1000, or one in five, died.

—The Washington *Republican* states that many recent patents relate to interments.

Thus one of them provided a lock and alarm arrangement, which is intended to give notice of any interference with a grave. Among other things the scheme provides for the explosion of a bomb of dynamite, which would send the unfortunate grave robber a quarter of a mile up in the air. Another was for a patent swinging cooling board. A third was for an embalming fluid or process, and another was for an improved cooling board with a kind of coffin attachment.

OBITUARY NOTICES.

—Dr. Salvator Caro, of New York City, died April 30th, from prostration and worry, brought on, it is said, by a law-suit. Dr. Caro was a native of Sicily, Italy, where he was born Feb. 15, 1823. His parents were wealthy, and he was educated in the College of the Franciscan Friars at Trapani, and the University of Palermo. He was connected with the Civic Hospital of Palermo from 1843 until 1852, when he came to America. He resided in Elizabeth, N. J., for three years, and then settled in this city. In the lapse of twenty years he amassed a considerable fortune. Dr. Caro was a member of the County Medical Society, a highly esteemed Fellow of the New York Academy of Medicine, an active worker in the Pathological Society, and a corresponding member of the Royal Academy of Medical Sciences of Palermo. As a medical author, his memoirs on the action of bromide of potash and the sedative properties of the sulphate of quinia were highly regarded.

—Dr. Max Herzog died in N. Y. City, April 13th. He was a prominent and active member of various medical and scientific societies, among them the Medical Society of the County of New York, the New York Academy of Medicine, the Physicians' Mutual Aid Association, the Neurological Society, and the Medico-Legal Society. He was one of the founders of the new infirmary on Madison Avenue, and generally noted for the zeal and spirit with which he entered into all benevolent enterprises.

—Dr. Charles McGill, a well-known physician of Richmond, Virginia, died early in May, in the 75th year of his age. Before the war he was a resident of Hagerstown, Maryland, but he joined the South, and after the close of the war made Richmond his home.

MARRIAGES.

FINCH—MYERS.—In New York, on Thursday, April 28th, at "Chatsworth," the residence of the bride's parents, by the Revs. H. V. S. and A. E. Myers, Edwin W. Finch, M.D., and Emma W., daughter of James Myers.

FITCH—AKERMAN.—May 5th, at Trinity Chapel, New York, by the Rev. C. T. Olmsted, Simon Fitch, M.D., of Halifax, Nova Scotia, and Elizabeth J. Akerman, daughter of the late William Akerman, Esq., of Portland, Me.

GREEN—CARPENTER.—On April 21st, 1881, at St. Peter's P. E. Church, by the Rev. Thomas F. Davies, D. D., Dr. William L. Green and Miss Mary Frances Carpenter, daughter of Frances Carpenter, both of this city.

HARWOOD—SMITH.—At the Church of the Holy Trinity, N. Y. City, on Thursday evening, April 28th, 1881, by Rev. Stephen H. Tyng, Edward Coke Harwood, M. D., and Ida Acheson Smith, daughter of Wm. Smith, Esq., of N. Y. City.

PRICE—WILEY.—At Bridesburg, Philadelphia, April 14th, by Rev. A. A. Dinsmore, Thomas H. Price, M.D., of Morgantown, West Va., and Georgie Wiley, of Philadelphia.

READ—WHITNEY.—April 28th, 1881, at Spruce Street Baptist Church, by the Rev. Wm. S. Roberts, William Pratt Read, M.D., and Miss Kate R. Whitney, both of Philadelphia.

DEATHS.

CLARK.—In this city, on the 29th ultimo, Dr. William H. Clark, aged 68 years.

EVANS.—Early on Thursday morning, April 28th, Anna Richards, daughter of the late Wm. H. Richards, wife of Horace Y. Evans, M. D., of this city.

HAMERSLY.—In this city, on the 26th ultimo, Edwin S. Hamersly, M.D., in the 65th year of his age.

McGEORGE.—On the 25th ultimo, Annie F. McGeorge, wife of Wallace McGeorge, M.D., of Woodbury, N. J., and youngest daughter of the late Hon. Isaac Pullen, of Hightstown, N. J.

PARMELEE.—At Watertown, N. Y., April 18th, 1881, S. L. Parmelee, M.D., in the 53d year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1265.] PHILADELPHIA, MAY 28, 1881. [VOL. XLIV.—No. 22.

ORIGINAL DEPARTMENT.

LECTURE.

ON TETANY.

BY DR. N. WEISS,

Of Vienna.

TRANSLATED FOR THE MEDICAL AND SURGICAL REPORTER.

The affection of which I am about to speak belongs to those disturbances of the nervous system which we are wont to call neuroses; in other words, to those affections which we believe to be caused by changes in the nervous system, which changes, however, cannot be demonstrated as yet.

We have in tetany an ailment whose clinical character can be demonstrated with entire precision, and for which we can frame a well-defined clinical history, but whose anatomical character has not been revealed as yet.

The affection is characterized by a series of paroxysms, which are divided by longer or shorter periods of freedom, during which there is little or no trouble complained of or discoverable in the muscles which were affected by the spasm.

The attacks are almost always preceded by perverse sensations; these consist of rigidity and darting pains in the hands, forearms, and legs, somewhat seldomer of the sensation of formication in these parts; this is soon followed by stiffness in the arms and legs, so that they are moved with difficulty, and immediately thereafter the spasm is fully developed.

The latter attacks the upper extremities most frequently, and causes such a degree of rigidity, especially of the forearms and hands, that even passive movements of these parts are rendered impossible.

The position in which the hand is found is variable, owing to the predomination of the spasmodic contraction in the flexors or extensors. Often the thumb is found violently adducted and the fingers pressed together and over it; the hand is made hollow by the approach of the ulnar to the radial side, and is best described by Trousseau, as the hand of the obstetrician when introduced into the vagina. This position of the hand is characterized by Trousseau as almost pathognomonic of this affection.

In other cases the thumb is pronated and bent and the fingers closed over it so tightly that the impression of the nails is often left in the palm. In exceptional cases the pressure is so severe and long-continued that, as is reported by Herard, sloughs may be produced.

In still other cases the thumb is protruded between the middle and index fingers.

In all these cases there is generally a more or less severe ulnar flexion of the hand in the carpal joint. In some very rare cases the hands and fingers are found to be violently extended and the fingers standing far apart. With these positions of the hands the forearms are generally found half bent on the arms, the arms firmly adducted, and the forearms thereby crossed over the epigastrium. In rare cases, however, the arms are found to be abducted.

In many cases, and especially in the beginning of the affection, the spasms are confined to these regions. In a vast majority of the cases, however, and especially later in their course, the spasmodic contractions spread to other groups of muscles; in particular to the lower extremities; yes, there are even cases in which the spasms are entirely confined to these parts. The lower limbs are almost always found adducted and extended, and the feet in a position of violent plantar flexion.

In severe cases there is also found rigidity of the muscles of the abdomen, trunk, and back.

The tonic contraction of the muscles of the chest and abdomen, by hindering the movements of the diaphragm, evidently give rise to difficult respiration, and even without participation of the diaphragm, to excessive dyspnœa and cyanosis. If the muscles of the neck are also affected, they prevent the flow of the venous blood from the brain, and in such cases there is produced excessive cyanosis of the face, and I have even seen one case in which it produced insensibility at the height of the paroxysm.

The spasms of the muscles of the back cause either opisthotonos or pleurosthotonos. As a rule, however, we find opisthotonos, just as in tetanus.

When the affection has reached such an intensity, the patient will present the same picture as would one suffering from tetanus; the more so because in such cases trismus and tonic rigidity of the muscles of the face are often present. But even in this stage tetany can be distinguished from tetanus if we regard the fact that in tetany the spasm never originates in the masseter muscles, which is the rule in tetanus, if we observe that the spread of the spasm is always from the periphery to the centre, while in tetanus the contrary is the case, and finally, that in the severest paroxysms of tetany there is never present that extreme degree of reflex sensibility which is found in tetanus. Then, if we have the opportunity to observe such patients for a longer period of time, we can convince ourselves that there exist periods during which they are entirely free from the complaint, which periods may last for hours, days, weeks, and even, as some observers teach, months, a condition of things which is not found in tetanus.

During the paroxysms the patients complain of severe pains in the affected muscles; these, however, disappear entirely with the cessation of the spasm.

The cessation of the spasm, which, like its beginning, takes place gradually, is often accompanied by the sensation of formication.

During the paroxysms there is sometimes a condition of anæsthesia in the extremities, so that patients are unable to distinguish the surface of any substance with which they are brought into contact, and if they put their feet on the floor they seem to be walking on a soft carpet.

Sometimes the temperature rises (to 104° F.) during the paroxysms, but I regard this as accidental, as I have only observed a rise in temperature once in twelve cases. Besides these symptoms there have been observed headache, vertigo, and tinnitus at the moment the attack begins.

In the intervals between the attacks, the patients, in many cases, with the exception of a slight stiffness and immobility, which lasts for a short time after the cessation of the spasms, feel perfectly well and go to work again at their occupation. In some cases, however, there have been observed tonic rigidity of one or the other of the muscles of the extremities.

The duration of the paroxysms and of the intervals between them differ greatly. In general it may be stated that the intensity of the spasm is proportional to its duration, as intense spasms generally last for hours; this, however, is not always the case. In the milder cases the paroxysms last from a few minutes to a quarter of an hour; in the more serious cases, however, they may last for hours; yes, there have even been cases observed, in which they have lasted for from one to three days. These latter, however, apparently consisted of a continuous recurrence of various spams.

The length of the intervals between the paroxysms varies still more. In most cases they vary from a few hours to as many days; there are, however, cases in which the intervals last for weeks, and even several months.

Of especial importance in diagnosing this affection is the so-called symptom of Trousseau, and the peculiar electric excitability of the affected muscles and their nerves.

The symptom of Trousseau consists of the possibility of producing a typical spasm in the affected muscles by pressure on the arteries or nerves leading to the parts. The compression must be continued for one or two minutes before the spasm is produced, and the latter lasts until the pressure is discontinued. The electric excitability of the peripheral nerves is increased to an extraordinary degree, as well by the faradic as by the galvanic current.

A very important diagnostic point is the increased excitability of the nerves by mechanical means; this is best observed by light percussion of the facial nerves. If we strike the face, in the region of the pes anserinus, with the tip of the finger, an instantaneous contraction of the muscles on that side of the face will be produced.

This phenomenon is so easily produced that I would recommend its trial in all cases which are in doubt, and only resort to Trousseau's method in case it prove unsuccessful.

This reflex contraction of the facial muscles can sometimes not be produced, but in cases where it can be demonstrated, I think it pathognomonic of this affection, as I have not been able to produce it in any of the other neuroses.

As regards the ætiology of this affection: It is an important fact that it almost always attacks young subjects. There is a remarkable predisposition to it in young children (from four to six years); the largest number of cases, however, occur between the sixteenth and the thirty-fifth year. Pregnancy, childbirth and lactation are predisposing causes. Formerly the occupation of the patients was believed to be a predisposing cause (shoemakers and tailors), but closer observation has failed to confirm this opinion.

As occasional causes, cold, especially working in wet, cold rooms, working in cold water, sleeping on moist ground, may be stated. An important cause is intestinal irritation, the presence of entozoæ, etc. Tetany is not infrequently a sequence of variola, Bright's disease, intermittents, cholera, and dentition.

In exceptional cases it has been observed to follow violent emotional excitement.

I have observed that tetany is most frequently met with in the months of January, February, and March, and I would not have the possibility of an active genus epidemicus positively excluded.

I would also call especial attention to the fact that I have repeatedly known tetany to supervene after extirpation of the thyroid gland.

The pathology of this affection is, as already stated, almost entirely unknown. It is not even proven beyond a doubt that the seat of the trouble is the medulla spinalis, even if we include the medulla oblongata. My own opinion, however, is, that the affection is caused by a condition of irritation of the anterior gray columns of the cord, and that this irritation is caused by variations in the blood supply to these parts. The ætiology of many cases speaks for the connection of tetany with the irritation of sympathetic nerve fibres in the periphery. There seems to be a constantly present and periodically increased interruption in the innervation of the vessels in the gray substance of the medullæ oblongata and spinalis.

Our knowledge of the pathological anatomy of this affection is also very meagre. Langhaus found the nervous elements of the cord unchanged, but the vessels of the white commissure and of the anterior horns showed remarkable changes. These changes he designated as pericarteritis, and periphlebitis, as they consisted mainly in an unequal thickening of the adventitia of these vessels, which was produced by a deposit of cellular elements, granules, and pigment. I have, however, been unable to verify any of these changes.

The diagnosis of tetany cannot be difficult if the symptoms which I have mentioned are carefully considered.

The prognosis is generally favorable; only in very rare cases does death result.

The therapeutics of tetany consists, for the milder cases, in a mere expectant treatment and the removal of any predisposing causes. If the paroxysms are severe and often repeated, subcutaneous injections of morphia should be given during the paroxysms, and hydrate of chloral 4.0–8.0 (ʒj–ʒij) p. d., in the intervals.

Bromide of potassium, in large doses, 5.0–10.0 pro die, may also be given.

The application of ice-bags to the cervical region during the paroxysms is attended with beneficial results. The treatment with electricity has not been attended with success.

Warm full baths, arm-baths, and cold-packing of the extremities are also said to act beneficially.

COMMUNICATIONS.

THE UNDEFINED POISONOUS QUANTITY OF MORPHINE.

BY A. S. HUDSON, M.D.,
Of Stockton, Cal.

There is alacrity with which morphine saves life; there is tardiness in its action to destroy life. The curative dose is undefined; the quantity is whatever is needed for the case in hand. The amount required to destroy life is likewise undefined; so that in some constitutions the drug is *not* poisonous in any known quantity.

The wife of Dr. Case, of California, who died of that painful malady, cancer of the breast, uniformly got rest and immunity from pain with one-sixteenth of a grain of morphia, taken by the mouth. She was unable to bear a larger dose, and, as the case advanced to the final loss of life, it never became necessary to increase the size of it above that small amount. In that instance a grain or a grain and a half might have proved fatal to life. This case is an exception to the requirements usual for the use of the drug.

The number of instances in which it will not prove fatal to life is, perhaps, larger than is generally believed.

Most of the recoveries following a frightful dose have got well after strenuous restorative efforts have been made, and the recovery is naturally ascribed to those efforts, and particularly to the agents therein employed.

Thus Dr. W. F. Norris, *American Journal of Medical Science*, October, 1862, attributes to belladonna the property of an antidote to opium; and to opium the antidote to belladonna. But as these agents are generally used precipitately, and also conjoined with others, the exact influence of the one or the curative agency of the other are alike hasty and mixed; and self-deception obtrudes as the misleading goal. In the *cures* reported by Dr. Norris, he seems to take no account of the systemic resilience to hurtful agents.

In the instance where he reports some seventy-five grains of morphine to have been swallowed, it was nearly three hours before full narcotism set in. The patient had been vomited with sulph. of zinc, and a strong decoction of coffee was given before belladonna was resorted to; and then recovery of the patient is ascribed to belladonna; when in reality, there is no evidence to believe that belladonna exerted any influence in the case, save to change the pupil from small to large size.

It is quite probable the man would have recovered if nothing had been done.

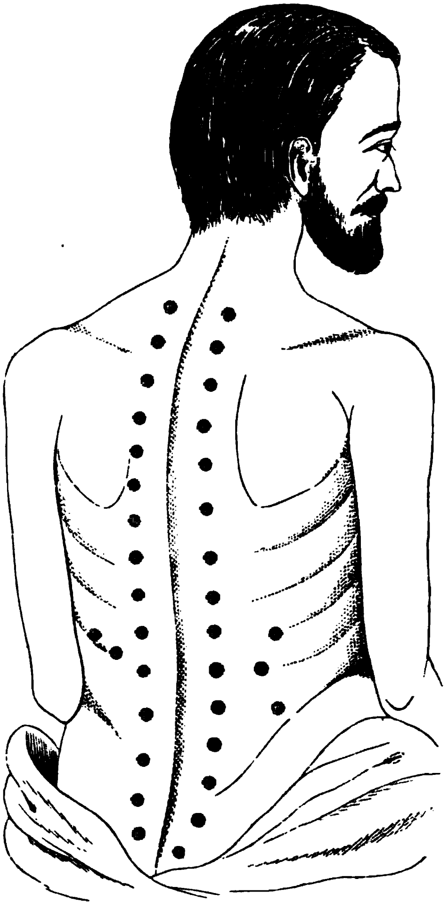
Dr. Norris mentions the number of respirations were eleven per minute. Two cases of profound narcotism that came under the observation of the writer, a man of thirty-five years, and a young woman, presented still more remarkable respiratory features. The man had resorted to opium for relief from a painful fistula and recklessly took an overdose. The woman was narcotized with hypodermic injections of morphia, therapeutically employed. The pupils of the eye in both presented the pin point contractions, and their breathings were, in each case, a little over one respiration per minute, or more nearly, three respirations in two minutes.

These patients recovered with merely watching and an occasional shaking, to start the breathing. If belladonna had been given, the "cure" following could have easily been ascribed to it. There is as much reason to believe belladonna or atropia will augment the hurtful powers of opium as to look for any other result.

The following noteworthy case, with the carefully prepared drawing, was kindly furnished me by A. T. Hudson, M D., physician to the San Joaquin County Hospital. California.

Frank Grinnell, from Texas, aged thirty-seven, married. Overborne by despondency he resolved to end his life, and took two bottles of morphia, each containing one drachm, about six P.M., November 15th, 1879. The drug failed to answer the hopeless intention. The next morning the man could not walk, suffered from pain in the limbs, back and stomach. He vomited all food and drink. Admitted to the hospital the 19th.

A singular eruption was observed upon his back, as shown in the figure herewith, of which there was no history. It presented two rows of rose colored spots, nearly the size of a dime piece, symmetrically arranged on either side of the spinal column, and numbering fifteen on either side, and three spots over each kidney. They had no raised surface, nor did they disappear on pressure. After several days the spots gradually faded and disappeared.



MORPHIA MACULÆ.

Doubt was expressed about the quantity of morphine Grinnell had taken. All the evidence consisted in the two empty bottles found near his bed, with their labels, and the statement of the patient himself. He got well and left the hospital. But some two weeks later Grinnell was found dead in bed, with two other empty morphine bottles and with a nearly empty half-pound bottle of chloroform near him.

It appeared that, to make sure of self destruction, he had supplemented the opiate with the inhalation of chloroform. This kind and amount of unhappy proof confirmed the truth of Grinnell's statement; and we were now obliged to believe that on the prior occasion he had, as he said, swallowed the two drachms of sulph. morphia at one dose: and that he would probably have survived the second two drachms, had he not added thereto the chloroform. In his case morphia by itself would not kill, but was fatal when united with the action of chloroform. This case presents the visible effects of the cerebro-spinal action of opium in a startling manner. At the post-mortem, the above mentioned spots had returned with their original form and brightness.

Therefore, there is no telling beforehand what will prove a fatal dose of morphine. Nor is there any telling, after a recovery from its threatening power, what was the curative agent.

HOSPITAL REPORTS.

UNIVERSITY OF NEW YORK CITY.

CLINIC OF WILLIAM M. POLK, M.D.,

Professor of Obstetrics and the Diseases of Women and Children.

Laceration of the Perineum.

The first patient, gentlemen, whom I shall show you, presents a difficulty which is likely to arise at childbirth, usually at the first one. At first the patient may experience little inconvenience from the difficulty, viz., laceration of the perineum, but after a while, owing to changes which take place, she begins to suffer from various complaints, most of which are well illustrated by the patient before us. In order that we may have a thorough understanding of the case before we proceed with the operation, let us find out just what she complains of.

In answer to my questions, she says she is twenty-nine years old, that she has had five children, her first confinement being thirteen years ago, and the last one four years ago. She states that she feels no soreness, no pain, and that she is quite as well as any of us, only that her womb is down; she knows that her womb is down, because when she walks, or strains at stool or micturition, she feels that it comes down. She says she has no pain in the back. is regular in her menses, has no leucorrhœal discharge; her bowels are regular; once in a while, however, she does have trouble in passing water; she wants to go frequently, and passes but little at a time. And I may say that rest relieves this difficulty with the bladder, for under the quiet of the hospital during the past week she has not suffered any in that respect.

That, gentlemen, is about all the history we can get from this woman. Now, she is a robust looking woman, and it is unnecessary in this case to wait for time to build up her constitution, or put it in good condition for success to attend the operation for laceration of her perineum. I have spoken to you before of the importance of first treating the patient for an anæmic condition, a low condition of the system, if such happen to exist, before performing this operation; and I will not refer to it again, more than to remind you of the importance of doing so. In a large general hospital it is generally necessary to put the patient under a course of tonic treatment before you will be able to succeed in getting primary union from a plastic operation. Since this patient is in a robust state of health we have had to wait only for her menstrual period to pass over. Of course no operation should be performed about the vagina or uterus during the menstrual flow; not until it has fully ceased.

A first glance at her external genitals shows no abnormal condition, but when the labia are separated, and she makes a bearing down effort, you can see at once that all is not right; the perineum is lacerated down almost to the sphincter ani, and the anterior and posterior walls of the vagina prolapse. The tear is in the second degree. It has healed up a little in the angle near the rectum, by granulation. Now, when this woman makes bearing down efforts, as she does in defecation or micturition, there being no support to the vaginal walls, there is, in the first place, a rectocele; that is, a downward and forward projection of the posterior vaginal and anterior rectal wall, and, secondly, a cystocele, or a prolapsus of the anterior vaginal wall and base of the bladder. Now, when we introduce the finger into the rectum, we find between it and the vagina, not the thick triangular body which should represent the perineum, but a very thin structure, not more than a quarter of an inch thick at its deepest part, and higher up there is no perineal body; only a thin wall represented by the anterior rectal and posterior vaginal walls, which prolapses as she makes an effort at expulsion. Such is the condition of things at the external orifice; now, let us see what is the condition within the vagina. The cervix uteri is not more than an inch from the labia, which is entirely too near the vaginal orifice; the cervix is carried forward nearly up to the symphisis pubis, while the body of the uterus is thrown somewhat backward into the hollow of the sacrum. In other words, there is the first stage of retroversion. Grasping the body of the uterus between the two hands, one on the abdomen and the other in the vagina, we find that it is enlarged.

We have here, then, just the condition of things which favors procidentia of the uterus; it could not be better demonstrated upon any patient. Let us consider what are the supports of the uterus, for it is upon the integrity of these that the maintenance of the uterus in its proper position depends. It is generally supposed that the uterus depends upon the round ligaments, the broad ligaments, and the utero-vesical and utero-sacral ligaments for the maintenance in its proper position in the pelvic cavity. Now, it can be shown, by pulling the uterus down with a strong tenaculum, as we have so often to do in operating for laceration of the cervix, that it is the sacral ligaments which under certain circumstances tend to hold it in position, and which are dragged upon when the uterus is pulled down; that the broad ligaments and the utero-vesical ligaments are relaxed, and can have very little to do with maintaining the organ in position. The ligaments, therefore, have little to do with the maintaining the organ in proper position until it has descended some distance into the vaginal canal, and then the only ligaments which come into play are the sacral. Then there must be some other tissues upon which the uterus depends for support, and they are those upon which the organ rests, and these, in turn, depend upon the perineum for support. Now, if the entire perineum and vagina, and all tissues below the uterus be removed, the uterus and its appendages would undoubtedly descend, fall into the space below. The perineum is the one structure, the abutment, so to speak, which stands between the rectum posteriorly and the vagina anteriorly, and upon the integrity of this body depends the support of those structures which more immediately retain the uterus in position. The rectum, you know, descends down the pelvis to the left of the median line, until it gets to a point a little above the sphincter ani, when it reaches the median line, then, descending along the anterior curve of the sacrum unto within about an inch of the anus, it makes a sharp turn backward. The point at which this turn is made represents the upper portion of the posterior surface of the perineal body. Now, in the well person the fecal matter, as it descends into the rectum, strikes against the anterior wall of the rectum, resting against the upper posterior surface of this perineal body, and is then deflected backward by this wedge-shaped mass, the perineal body. Now, if the wedge-shaped perineal body be destroyed, as it is in this woman, the fecal matter will find nothing to resist it and deflect it backward when it reaches the point referred to, and the rectum will be pushed forward into the vagina, forming a rectocele. If there were here a good perineal body it would prevent the prolapsus of the anterior rectal and posterior vaginal walls. Now, you will remember that the posterior wall of the vagina is attached to the uterus at about the junction of the body and the cervix; therefore, when you make traction upon the posterior vaginal wall, you, of necessity, make traction upon the posterior wall of the uterus itself, and the uterus is dragged lower down into the pelvis, the cervix being drawn forward and the body thrown backward into the hollow of the sacrum. Now, while traction is made upon the posterior wall of the uterus by the posterior wall of the vagina, a certain amount of traction is also made upon the anterior wall of the uterus by the anterior wall of the vagina, for the anterior wall of the vagina rests upon the posterior wall, the two being in so close juxtaposition that no air can enter unless they be separated. The bladder, resting upon the anterior wall of the vagina, descends along with the uterus when this support is taken away. You see, therefore, how important a part the perineal body plays, and when it is destroyed its restoration becomes a matter of primary impor ance.

Now, destruction of the perineal body is not always the only element at work in causing prolapsus of the uterus. There is usually a certain amount of sub involution, which, possibly, may be due to some laceration of the cervix, or the constitutional condition of the patient; that is, the uterus remains somewhat enlarged, and does not return to its original condition before pregnancy; the measurement of its canal may be represented by three inches, or three and a half. The uterus being enlarged, it, of course, tends, of its own weight, to fall, and the support from below then becomes more important; and when the two conditions exist—increased uterine weight and a weakening of the support below—you have a state of things most favorable for procidentia of the uterus. Now, in this patient, you would soon have not alone rectocele and cystocele, but a prolapsus of the uterus down to or below the vaginal orifice, one of the worst conditions we have to deal with in gynæcology.

Now, what we propose to do in this case is, first, to restore the perineal body, not simply sew it up externally, but restore the whole perineal body. The rest which the woman will have to take after the operation, for proper union to take place, will have a good influence upon the uterus also; but if afterward we find that organ still enlarged, we shall adopt measures for its support and its return to a normal condition. In performing this operation the lacerated tissues will be denuded from about the lower edge of the remains of the nymphæ to the angle next the anus, and you will find that this is a tedious procedure. Having done this, sutures will be passed in, drawing the denuded opposing surfaces together, the first suture being passed close to the angle next the anus, deeply into the tissues between the anal and vaginal walls, and drawn out on the opposite side; then about five more stitches, one after the other, will be passed higher up, and one just above the denuded surfaces, so as to bring all of these surfaces perfectly in apposition. After the insertion of the sutures, composed of silver wire, they will be twisted and the denuded surfaces thus brought in contact, so as to unite and form a new perineum. If this laceration had been greater, extending through the sphincter ani, we should have a more difficult job to accomplish, namely, restoration of the perineum and also of the sphincter muscle of the anus.

Malignant Uterine Disease.

This patient, gentlemen, does not speak the English language, and I shall have to give you her history as it could best be obtained from her. She is about forty-seven years old, and has had five or six children. Her health was good until a year or more ago, when she noticed a greater loss of blood than usual at her menses, but as she was at about that age when a change of life is expected, she supposed it was due to that fact, and paid little attention to it. Later she had some pain and a feeling of weight about the genital organs, but being rather averse to consulting a physician, she let matters take their course until about six months ago, at which time her general health became so much reduced that she found it necessary to seek relief. We cannot gather any definite information regarding the examination which she received at that time, but when she presented herself at the hospital there was some emaciation, though not a great deal; there was a great deal of loss of strength; the bleeding was considerable, and grew more profuse, and caused considerable anæmia. There was also a yellowish-brownish appearance about the skin, which could not be accounted for by simple loss of blood. She had no symptoms referable to the rectum or bladder, and so far as she could judge, she had simply some uterine complaint. Now, you see, there is nothing very definite in such a history; several conditions which often exist at this time of life might give rise to the symptoms which she narrated. Her chief symptom is bleeding, and this often occurs, as before said, at this time of life. On making an examination you will find, in some instances, that it is due, simply, to a polypus, or a fibroid tumor, and if so, it may be considered fortunate, for these can often be relieved without much difficulty. Again, it may be due, simply, to a granular degeneration of the lining membrane. There is another condition which, although not particularly liable to occur at this time of life, may do so and give rise to hemorrhage; and women are apt to think it more liable to make its appearance then than at other times. I refer, of course, to carcinoma. The points, then, which we have for consideration are, whether this bleeding be due to granular degeneration of the mucous membrane of the uterus, a condition which occurs frequently at this period of life; or, whether it be due to a kind of hyperæmia which is liable to occur at this time, not connected with any special change in the mucous membrane of the uterus; or, whether it be due to a fibroid tumor or a polypus; or, lastly, whether it be due to carcinomatous degeneration.

Now, if it be cancer of the uterus, you would expect to find its seat in the cervix, as it occurs there more frequently than in any other portion of the uterus. Will one of you please come forward and make the examination? Now, Doctor, if there be cancer of the cervix, in what condition would you expect to find it? "Enlarged, indurated, nodular, and it would probably bleed readily." Yes, sir; especially if the cancer had existed for some time, it would probably bleed quite readily, and it is for this reason the examination should be made with the greatest care. A portion of tissue may be scraped off with the finger, a little bleeding may occur at the time, but not sufficient to specially attract the attention of the examiner; the patient may go home, and after a few hours the doctor may be sent for in haste, and going to her house find her greatly reduced from loss of blood. This accident is especially liable to occur when the speculum is used, and for this reason the examination should not be made with the speculum, except it be absolutely necessary to do so. These are practical points, and I will mention another. Patients having such symptoms as this woman has complained of, rarely think they have cancer; and you may, upon making an examination, find a cauliflower like growth, which, being touched, bleeds readily and freely, and it is to this fact, the result of your examination, that the ignorant class of patients are apt to attribute the commencement of malignant disease. An example of this kind occurred in this hospital lately. About a year ago a woman was admitted who had a cauliflower like growth on the cervix, pointing plainly to cancerous degeneration, but, wishing to conceal the fact from her, to prevent mental depression, she was not told of it, and I tried not to use a term in her presence which would render her cognizant of the fact that she had cancer. No hemorrhage occurred until later, when on one occasion, using Sims' speculum to make an application, a little bleeding occurred. She afterward went out of the hospital and remained some time, and then returned a victim of severe hemorrhages, perhaps the result of some treatment which she received outside. The hemorrhages were so severe that it was necessary, on a number of occasions, to tampon the vagina. The cancerous degeneration had involved the peritoneum and organs neighboring the uterus. The time had come to let it be known what was her true condition, and when she heard of it she said immediately, and believes now, that the cancer was caused by our examination at the time when hemorrhage occurred. It may not be best to tell the patient herself, at an early stage of the disease, that she has cancer, but her friends may be informed of the fact, or, at least, that she has an incurable disease, and thus avoid any such false impression.

Now, if the cause of this hemorrhage be a granular or fungous degeneration of the mucous membrane of the body of the uterus, will the cervix or os present any indications thereof? "Not necessarily." No, not necessarily; but if the granular degenerations be large and polypoid in structure, the external os may be more open than normal, and present some indications pointing to the affection; if the degenerations be small, it will offer very little diagnostic information. If there be a polypus, or a fibroid tumor, it may present in the cervix, and if it be of considerable size the body of the uterus will be so enlarged as to be recognizable by bimanual manipulation, and by the passage of the sound. If, then, cancer of the cervix be not clearly evidenced in itself, it may be diagnosticated negatively, by excluding other conditions which might give rise to the symptoms which exist; but cancer frequently presents conclusive evidence of its presence in itself, and, if required, a microscopical examination can be made. Now, besides the other signs of cancer mentioned, which are present in this case, there is a very offensive odor upon making examination, which is almost characteristic of this disease. I say almost, because even a portion of a polypus, in sloughing, may undergo degeneration and give rise to an odor of decomposing flesh, probably, however, not quite so bad as exists here. The disease has invaded other tissues in this case, so that the uterus is bound down, and the prognosis is altogether unfavorable. I speak openly before her, because she does not understand our language.

Now, the question arises, what can be done in such cases; for they cannot be abandoned altogether. As they live a varying length of time, from one year to two or three, the first indication is to improve or maintain the general health, as far as can be done by food and tonics, and general hygienic conditions. Then cleanliness, and getting rid of the offensive odor and leucorrhœal discharge, as far as possible, is indicated. Then, if there be much pain, relieve it by anodynes, and these are cases in which we are justified in using opium freely, if necessary, to relieve suffering. The patient cannot live a great length of time, especially where the disease has gone as far as it has here, and there can be no harm in making her comfortable during the remaining short period of her life, by the administration of opium. If the disease were in its earlier stages, and involved simply the neck, it might be amputated; but when other tissues have become infiltrated, as in this case, such an operation would be altogether unjustifiable. In cases in which there is great bleeding from the degenerated tissue, the loose part of this may be scraped off with the curette, and then cauterized with the actual cautery, the only safe cautery to use as a hæmostatic in these cases; nitrate of silver, sulphuric acid, and the caustic alkalies, are too difficult to limit in their effects. Thus, you see, very little can be done in these cases but to control symptoms and make the patient as comfortable as possible.

MEDICAL SOCIETIES.

PENNSYLVANIA MEDICAL SOCIETY—THIRTY-SECOND ANNUAL MEETING.

First Day.

AFTERNOON SESSION.

(Concluded from page 586.)

At 2 P.M. the President called the Society to order.

Dr. Albert H. Smith, of Philadelphia, offered the following:—

Whereas, This Society has reason to believe that in a recent bill before the State Legislature, in reference to the organization of the Warren Hospital for the Insane, the principle set forth by this Society at the meeting at Chester, in 1879, and afterward embodied in a law enacted by the Legislature, recognizing the propriety of the female insane of the State being treated by physicians of their own sex, and their right so to be treated, has been ignored, and a plan of organization adopted or is about to be adopted, which will prevent the female patients of the Warren Hospital from being under the unrestricted control of female physicians in their medical treatment and general care;

Whereas, The correctness of the principles enunciated by this Society in this matter has been proven and clearly established by the thorough success of their practical working in those hospitals already organized in obedience thereto: therefore,

Resolved, That this Society does respectfully but earnestly protest against any action in relation to the State Hospital at Warren, or any other to be hereafter founded, which involves a retrograding from the principles recognized, by placing the insane female patients under the sole care of a male medical superintendent, or making the female medical officers subordinate to, or dependent upon, or controllable by such superintendent, or by any plan of organization other than one placing a woman practitioner in unrestricted and absolute authority over the medicinal, moral, and physical treatment of the female patients in State hospitals for the insane.

On motion, it was made the special order, as the first business for Thursday morning.

The amendments to the constitution, offered last year, were called up and discussed, but the hour having arrived for the address in surgery, further action was postponed.

The address in surgery was then read by Dr. S. M. Ross, of Altoona. He warmly advocated conservative instead of heroic treatment, unless the latter was absolutely necessary to save life or prolong life. Conservative and successful surgery are almost synonymous. The doctor described at some length several cases he had treated, in which the limbs, or parts of limbs, had been saved by conservative treatment. The profession are apt to be too unwilling to trust to nature's recuperations. Tight bandage of wounds, he said, has done more harm than all other causes combined, by obstructing the circulation. The antiseptic treatment of wounds and lacerations was commended. After the second battle of Bull Run, wounded men were permitted to lie on the field for many days before they could be placed in hospitals; all of them got well; while those who were at once placed in crowded hospitals died off, like rotten sheep, owing to the crowded condition of the hospitals, the impurity of the air and the medicine, etc.

Dr. W. B. Ulrich, of Chester, endorsed Dr. Ross's views, and gave the particulars of one or two of his own cases.

After which the paper was referred to the Committee of Publication.

Dr. Jacob Price, of West Chester, read a paper on "The Importance of Local Treatment in Congestion and Inflammation of the Cervix of the Impregnated Uterus." He took the ground that in very many instances, the double duty resting upon the physician is to alleviate suffering as well as to save life. The observations of the writer led him to the conclusion that in many cases the existence of inflammation of the os and cervix during pregnancy, and even when recognized, its bearing upon the comfort and, indeed, the safety of the patient, was not properly estimated. Its frequency, especially in the primiparæ, he believed, was much greater than is generally supposed. The over-mental strain and physical exertion involved in the establishment of a new home, the prolonged standing at reception, as well as the disturbance of frequent sexual intercourse, conspire to its development in this class of patients, and their timidity and reticence are likely to keep the true difficulty hidden, unless the medical attendant is carefully on the alert to detect it. The presence of the foetus he believed an aggravating influence, often bringing to light a cervicitis too slight for previous notice.

The local suffering, as well as the reflex disturbance, he believed much intensified by the presence of pregnancy. The latter in some cases is so profuse as to lead to a fatal result. He traced the history of five fatal cases, not heretofore reported, no two of these occurring in the practice of the same physician. A part of the paper dwelt forcibly upon the physical and mental suffering entailed by an obstinate case of the sick stomach of pregnancy, and urged in strong terms the duty resting upon the practitioner of giving them the most active care and sympathy.

Dr. Price claimed that most of these obstinate cases, defying, as they usually do, medicines directed to the stomach itself, were but a reflex disturbance, dependent upon a congested or inflamed condition of the cervix, and are to be relieved by treatment usually relied upon in cervicitis, viz: a soluble state of the bowels, rest in bed, and local treatment. His practice is to use the speculum, and apply to the canal of the cervix (a short distance) and its whole vaginal surface, a solution of iodine, crystallized carbolic acid, and tannin, each two drachms, dissolved, by the aid of heat, in an ounce of concentrated glycerine. Then to place in contact with the uterus a tampon of absorbent cotton, saturated with pure glycerine. This is kept in situ by a second large tampon of dry cotton. The osmotic property of the glycerine causes a free, watery flow for about a day, which unloads the congested vessels of the cervix, and adds to the astringent effect of the agents used. His success with this plan of treatment was most satisfactory.

From numerous cases, he selected two, that all through previous pregnancies had suffered from sick stomach and nervous depression, till life was a burden and the danger became imminent. These had failed to be relieved by the most careful and skillful general treatment, directed by physicians of acknowledged ability and experience. Both were promptly and permanently relieved by the course above indicated.

The use of the speculum, he urged, is not always essential. Medicated tampons placed against the cervix by means of the suppository tube, are sufficient in some cases, and in others vaginal injection of a simple astringent and anodyne solution. These he does not, however, regard as effectual, or as safe as the direct application by means of the speculum.

The author had found the literature of this subject—in view of its bearing upon the welfare of so many sufferers—strangely merged. Dr. T. E. Bennett was the only one that had clearly and fully traced the dependence of the obstinate vomiting of the patient upon an inflamed cervix. Cazeneauve had given the subject considerable space, but had developed nothing in regard to its pathology.

The paper closes with an earnest appeal to physicians to give these cases the careful attention their bearing upon the safety and comfort of the patient demands.

Dr. Sutton, of Pittsburg, not only disputed the soundness of Dr. Price's treatment, but declared it to be based upon a false pathology, exploded hundreds of years ago, and revived again recently. Dr. Price found able advocates in A. M. Pollock, of Pittsburg, Dr. W. W. Dale, of Carlisle, Dr. Albert H. Smith, of Philadelphia, Dr. John L. Atlee, of Lancaster, and Dr. Ulrich, of Chester, all of whom, in general, accorded with Dr. Price in theory and treatment. The paper was then referred to the Committee of Publication.

Dr. S. D. Risley, of Philadelphia, read a paper on "Affections of Lachrymal Passages, their Nature and Treatment." Attention was given only to the affections of the drainage system of the lachrymal apparatus. Disease and consequent constriction might occur in any part of drainage tubes, resulting in retention of tears in the *cul de sac* of the conjunctiva. The presence of the retained tears resulted in lachrymal conjunctivitis, with thickening of the conjunctiva and blepharitis ciliaris, causing a red and watery eye. One of the most serious annoyances arose from the irregular refraction by the cornea, produced by the follicle of tears, which heaped themselves against the surface of the cornea on the border of the lower lid. Obstruction might occur at any point between the puncta and the nose. The style as a means of treatment for obstruction of the nasal duct was obsolete. The method of treatment now quite universally employed was that of Bowman, by slitting the lower canaliculus and probing the lachrymal duct. When the constriction was in the canaliculi this was unnecessary, since simple dilatation, without slitting the canal, was sufficient. Many cases of retained tears were due to a closure at the puncture only, and a few dilatations were sufficient to remove the trouble. When the stricture was in the nasal duct it was necessary to lay open the canaliculus well up to the sac, in order to secure readier access to the duct. The theory for the treatment by probing, in Dr. Risley's opinion, was pressure, and not the stretching or tearing of the stricture. Hence, a probe should be used sufficiently large to pass tightly, but not to rupture the tissues composing the stricture. It should remain until firmly grasped by the constriction, twenty to thirty minutes usually being sufficient. The constricted part was thus subjected to considerable pressure between the probe and the bony walls of the duct.

The old method of forcible dilatation by large probes was again being employed by some, but strenuous objection was made to this. Several skulls were shown, in which even the bony duct would not admit the larger probes of a series now recommended for use.

Acute purulent inflammations of the sac did not require to be opened on the cheek, since they could be emptied through the slit canaliculus, thus avoiding the conspicuous fistula on the face.

Dr. J. W. C. O'Neal, of Gettysburg, read a paper entitled "Contributions to the History and Use of Katalysine Spring water at Gettysburg." After referring to the battle of Gettysburg and its decisive results, Dr. O'Neal stated that many of the people of their section were left in an impoverished condition, and were compelled to look around and find means of support. Just west of the ridge on which Gen. Reynolds was killed is a mineral spring, which, up to that time, was held in small account; but the owner conceived the idea that it might prove valuable in both a pecuniary and medical sense. The historic associations of the locality, the beauty of its surroundings, its variegated scenery and salubrious air, would of themselves be attractive to tourists, and if the waters of the springs should prove to be valuable, there was a fortune in them. The waters were analyzed and found to contain many valuable properties; they obtained notoriety through wide and judicious advertising, and are much sought by invalids, who are always hopeful. The speaker gave an analysis of the waters, and claimed that, properly used, they were beneficial in cases of gout, rheumatism, dyspepsia, diabetes, indigestion, and some other diseases. He thought, however, to secure lasting benefit, the patient should live at the springs, drink the waters and bathe in them, and inhale the pure air of the surrounding country, which is 550 feet above the tide. The paper was referred, as usual.

Dr. C. C. Seabrook, of Harrisburg, read a paper on "The Pathology of Shock." The speaker detailed the results of many experiments and vivisections made by him on this subject, and exhibited diagrams showing the rise and fall of the blood currents, as shown under the microscope in some experiments with wounded frogs, dogs, and rabbits. This was also referred.

On motion of Dr. C. A. Rahter, of Harrisburg, the amendment to the constitution, offered by him last year, was taken up:—

Article IV, Section 1. After the word Treasurer, add, "Judicial Council."

Also, By-Laws, Article I, substitute for Section 10:— "A Council, consisting of nine members, shall be elected, whose duty it shall be to take cognizance of and decide all questions of an ethical or judicial character that may arise in connection with the Society. Of the nine members of the Council first elected, the three first named on the list shall hold office for one year, and the second three named shall hold office for two years. With these exceptions the term of office of members of the Council shall be three years, three being elected annually.

"The said Council shall organize by choosing a President and Secretary, and shall keep a permanent record of its proceedings. The decisions of said Council, on all matters referred to it by the Society, shall be final, and shall be reported to the Society at the earliest practical moment. All questions of a personal character, including complaints and protests, and all questions on credentials, shall be referred at once, after the report of the Committee of Arrangements, or other presentation, to the Judicial Council, and without discussion."

A motion by Dr. Jackson, to strike out "all questions on credentials," was, after some discussion, negatived.

The amendments, as originally offered, were then adopted by an almost unanimous vote.

On motion of Dr. T. Green, of Easton, the other amendments were made the special order for Thursday, after action on the first special business.

Adjourned, until evening.

EVENING SESSION.

Vice-President Dr. W. Varian, of Numidia, called the Society to order, at 7½ P.M. The President, Dr. J. T. Carpenter, of Pottsville, read the annual address.

The Doctor referred to the great progress made by the State Society since its organization in this city thirty-three years ago. Then it was weak and without organization; now it is strong and is a power in the land, and influences for the good of the people the legislation of the State. After recounting at some length the importance of the Society, its objects and duties, Dr. Carpenter entered upon the subject of his address, "The Treatment of the Insane." He stated that there are 45,000 insane persons in the United States, and that the ratio is largely increasing; that they belong to all classes of society, and that their proper treatment has become a question of overshadowing importance. Dr. Carpenter described, at considerable length, the treatment of the insane, both in this country and Europe, and while he gave our superintenden's and physicians in charge of these institutions credit for doing the best they could under the circumstances, he declared our present system essentially wrong and far behind that of England and some other European nations. He argued that the superintendent of an insane asylum should be entirely exempt from business matters, such as the furnishing of supplies, keeping accounts, etc., and should devote his whole time to a scientific study of his patients and the training of his assistants. He complained that under the Pennsylvania system—or rather want of system—young and inexperienced physicians are selected to take charge of such institutions, instead of older and more experienced physicians, and that the number of physicians is far too small to properly attend to the patients. What is to be done with the convalescent insane is an important question, and one that appeals for early action. The English plan is far in advance of ours in this respect. There special wards are provided for the convalescent, apart from the asylum. These are often at the seaside or other pleasant place, where there is little or no restraint upon the patient. The transition from the asylum to the home should not be too sudden, as relapses are often thereby caused. Dr. Carpenter concluded by expressing the hope that the time was not far distant when the United States, now so far behind Great Britain in the treatment of the insane, will take a leading position and instruct Europe instead of receiving instructions from her.

On motion of Dr. John L. Atlee, the thanks of the Convention were tendered Dr. Carpenter for his address, and a copy was requested for publication.

Adjourned until 9 A.M. on Thursday.

Second Day.

The session was opened with prayer by Rev. C. F. Knight, D.D., after which the following announcement was made of members of the Nominating Committee:—

Allegheny, T. J. Gallaher; Berks, L. De B. Kuhn; Blair, George W. Smith; Butler, Samuel Graham; Chester, Jacob Price; Clarion, J. William Leadenham; Columbia, F. W. Redecker; Crawford, W. Varian; Cumberland, W. W. Dale; Dauphin, H. L. Orth; Delaware, J.

W. Phillips; Erie, J. L. Stewart; Fayette, R. W. Clark; Franklin, D. M. Unger; Huntingdon, J. W. Dinwiddie; Indiana, J. L. Crawford; Jefferson, M. M. Rankin; Lancaster, J. A. Ehler; Lycoming, Thomas Lyon; McKean, J. C. Elliott; Mifflin, H. Van Valzah; Montgomery, William Anderson; Montour. J. D. Mausteller; Northampton, A. Seip; Perry, M. B. Strickler; Philadelphia, L. Turnbull; Schuylkill, J. H. B. Amick; Venango, A. L. Potter; Washington, A. J. Patterson; Westmoreland, R. McConaughey; York, S. J. Rouse.

The preamble and resolutions offered yesterday by Dr. Smith, relative to female superintendents and physicians for the female patients in the insane asylum at Warren, and asylums elsewhere, were taken up. They were discussed at some length by Dr. Smith, Dr. Atlee, Dr. Traill Green, Dr. Corson, Dr. Curwen and Dr. Rahter, after which they were voted down, by a decided majority.

Drs. John Morris and J. A. Stewart, of Baltimore, representatives from the Medical and Chirurgical Faculty of Maryland, were invited to seats on the platform.

Reports of County Societies having been called for, on motion, those not ready were allowed two weeks in which to report directly to the Committee of Publication.

The amendment to the Constitution offered by Dr. J. T. Carpenter—

Article III. Section 2. The delegates shall receive their appointments from the County Societies, and from the College of Physicians of Philadelphia,

Was then discussed, and unanimously rejected.

The amendment offered by Dr. Dale was announced as withdrawn, the appointment of a Judicial Council having rendered it useless.

Dr. S. S. Schultz, of Danville, read the "Address in Mental Disorders":—

The following characteristics of insanity make it such a serious disease that it was for a long time supposed to be the result of a direct judicial infliction, by the Supreme Judge, of righteous punishment for aggravated crimes:—

It suspends or destroys the mental operations, by which alone man is raised above the brute.

It alters his moral character, so that he becomes suspicious, untruthful, cruel, impure, dishonest, and the object of judicial punishment.

It often exists in an undeveloped form for months and years, ruining the patient's reputation and finances, before the existence of a disease is suspected.

It is a slow disease, taxing the resources of the family, neighborhood and community for a long time, and, therefore, exhausting them much more often than in other diseases.

The mental torture of the patient himself, which drives him to self destruction, or the murder of his dearest kindred.

It often, by reason of its hereditary character, makes several members of a family incompetent for their duties, and a burden to the public.

It requires, for its successful treatment, the removal of the patient from familiar scenes into new and hitherto strange surroundings. His case must be confided to strangers.

As soon as its true nature as a bodily disease no more mysterious than a catarrh, was understood, sympathy and pity prompted half-civilized States, even, to make provision for the cure and care of the unfortunate victim of so dreadful a scourge. In enlightened States, high judicial authority has pronounced the indigent insane the ward of the State, for which it is bound to provide by considerations both of policy and humanity.

Largely through the presentation of facts and arguments by the State Medical Society to the Legislature, five State hospitals have been established in this State, having room for 3000 patients. Because only about two-thirds of this room is occupied, it has been hastily inferred, and unwisely promulgated by the public press, that too many hospitals had been built and public money squandered for private ends. No greater error than this could be committed. There are at least six thousand insane people in this State, of whom a very small proportion can obtain such care and treatment, outside of State hospitals, as will give them even a decent chance for recovery, not to speak of such comforts and protection as are due to a fellow human being. That poorhouse accommodation is, at its best state, inadequate and unsuitable, is the universal opinion of those who are competent to judge.

That the insane should not be in poorhouses, or adjoining asylums, is strongly maintained by the State Board of Charities.

It was supported by a two third's vote at the State Convention of Poor Directors in 1880.

The legislation of every State of the Union is based on this idea, that the insane must be brought into State hospitals, controlled, supervised and managed by the State.

The question now arises, why are not the insane poor in the hospitals? If there are more insane than can be accommodated in the existing State hospitals, if they can only in these get the treatment which all acknowledge they should have, why, then, are there one thousand empty beds? The truth simply is, that it is a misnomer to call these State hospitals charitable institutions. Would that man be called charitable who fed the hungry and clothed the naked on the condition that he be reimbursed to the extent of four-fifths of his outlay, but turned others equally in need of food and clothing away from his door, hungry and naked, because they had nothing to pay in return? If a person guilty of such conduct should claim to be charitable, he would be denounced as an imposter and hypocrite, and justly so. Now what right have the State and these hospitals to appropriate the name charitable when they do the very same thing? When a poor district can't pay three dollars per week and clothing for the patient, he is not received, no matter how much he may need hospital care. Instead of resting with complacency when the past is contemplated, and assuming that the work is done, there must be legislation that will secure admission to the State Hospital to the poorest and most friendless in the poorest poor district of the State. When this is done, and not before, the State has done its duty toward the indigent insane.

One way of doing this is illustrated in Ohio, where nothing is charged to poor districts for the support of the patient in the State Hospitals, for the State pays everything. Another illustration we have in Connecticut, where one half is paid by the State, and the other half by the poor districts. Were either of these plans adopted in this State, the State Hospitals would not be long vacant, and the public would then have discharged its duty toward the most helpless and pitiable citizens.

The paper was referred.

Dr. Curwen read a paper on "Rest in Nervous Diseases," in which he took the ground that, as a rule, nervous diseases were of an asthenic type, and that great and steady attention should be given to the proper nutrition after the removal of all disorders which might interfere with the proper performance of that function, and where any special disease prevented the proper nutrition, every effort must be made, by medical and hygienic measures, to sustain the system. That, as so many of the diseases of the nervous system were produced by over exertion and constant strain, men should endeavor to obtain half a day, or a full working day, in each fortnight, at the furthest, in which to enjoy a thorough rest, in place of waiting until the system was nearly run down, and then take it in that season when little rest could be had, by reason of the disposition on the part of the majority to fall in with the fashion, and travel, or lounge about watering places.

That, when disease actually influenced the system, every effort must be made to remove that, by the most careful attention and examination of every organ. That every man should have some object of interest to engage his mind and attention, outside of his regular duties, on the principle that change of occupation is rest. That students and men of literary tastes and habits should be careful to take regular systematic exercise, in order not to divert the blood too much from the spinal cord, which derived its supply, in great part, from the arteries which supply the brain, and if too great a demand was made by the brain for the supply, the lower spinal cord would suffer; but while using that exercise, it must be of a character not to tax too strongly the nervous supply to the lower extremities; that in actual nervous disease absolute rest is demanded in the earlier stages, and graduated rest in the later stages; that it is much better to insist on a large amount of rest, and not to urge the patient to take exercise to regain strength, unless special directions are given as to the kind and degree of exercise, which should be of such a character as not to draw too heavily on the nervous power, and thus increase the exhaustion; and that what is specially needed in the treatment of all nervous diseases is rest, to as great an amount as can be obtained. Careful graduated exercise, short of the point of fatigue, careful medication to strengthen the nervous and general system, and nutritious food adapted to the condition of the patient, and steady adherence to a plan which has been found, on trial, well adapted to the case, and the careful avoidance of all stimulants.

Dr. J. Tyson, of Philadelphia, spoke at some length of the value of electricity as an agent with which to exercise the muscles of patients. The paper was referred.

Dr. Traill Green, of Easton, read a paper on "The State Medical Society and the Preparatory Education of Medical Students." Dr. Green took the ground that many students enter the medical schools entirely unprepared; that many of them have scarcely the rudiments of an English education. This Society insists on higher qualifications, but there are large numbers of physicians who do not belong to the State or County societies, and these cannot be reached and cannot be made to conform with the rules of the Society; but they and their students can be reached by the medical schools demanding a higher requirement on the part of pupils, and refusing graduation to those who do not attain the proper standard. It is a disgrace that many young men, fresh from the college, are rejected as unworthy or unfit, when they apply for positions in the army and navy. After remarks by several the paper was referred.

Dr. John L. Atlee, of Lancaster, asked for information whether the Philadelphia County Medical Society had ever complied with the rule of the State Society requiring county societies to appoint an examining committee to report upon the standard of preparation of applicants.

The secretary answered that such committee had been appointed.

Dr. Oscar H. Allis, of Philadelphia, read a brief paper, entitled, "In what should preliminary examinations consist, and what steps should be taken to make them uniform throughout the State?" The paper was discussed at some length by Drs. Sibbet, Pollock, Findley, and others, and a resolution adopted for the appointment of a committee to report at next annual meeting a schedule or form to be used by county medical societies and members of the same, requiring preliminary examinations of applicants prior to accepting them as students of medicine. The chair appointed the following gentlemen said committee: Drs. O. H. Allis, Traill Green, W. R. Findley, J. B. Roberts, and W. B. Ulrich.

Dr. Wm. B. Atkinson presented a report from the Committee on State Board of Health. The action taken by the legislature during its present session was recited, showing that the Senate bill relative to said board had failed to become a law, through the unavoidable absence of some of its friends in the House, but that the matter has been reconsidered, and the House will probably pass it before adjournment.

By request, Mr. John Norris read the names of those members of the House who had voted against the bill or failed to vote, and urged members of the Society to use their influence with those members in behalf of the bill.

A resolution was presented and unanimously passed, in approval of the Senate bill, and urging its speedy passage.

Dr. O. H. Allis, of the Committee on Rules of Order, reported a series, altering in some respects those now in force. They were adopted and ordered to be printed.

Dr. John Curwen asked the discharge of his Committee on Epilepsy and Insanity, as none of the county societies had reported to him on the subject.

This was agreed to.

Adjourned until 2 P.M.

AFTERNOON SESSION.

The president called the Society to order at 2 P.M.

The address on Hygiene was delayed by the absence of Dr. Lee.

Dr. Wm. Goodell, of Philadelphia, read a paper on the "Extirpation of the Ovaries for Insanity." He detailed a number of cases in which an artificial menopause was thus produced, and with favorable results.

The paper was discussed by Drs. Curwen, Atlee, and Kerlin, and referred as usual.

The address in hygiene was read by Dr. Benj. Lee, of Philadelphia. The subject chosen was "Certain Matters in regard to the Purity of the Air. especially in large cities." It was considered under the two general heads of the air of the street and the air of the home, while the latter was viewed in respect, first, to preserving, and secondly, to restoring its purity. The first point discussed was the composition of street dust. While it contained in addition to earthy matter, which was comparatively innocuous, spores, disease germs, epithelial scales, vegetable cells, etc., as lately pointed out by Dr. Leidy, in it were also found all the products of decomposition of animal and vegetable refuse, together with small particles of iron minutely subdivided. Was it not possible that all these elements being taken into the air-cells, might there undergo fermentation, poisoning the blood at its source, and thus producing the rapidly fatal cases of so-called typhoid pneumonia with which we are so unfortunately familiar, and of which the recent sudden death of a distinguished divine visiting Philadelphia was so lamentable an instance? Under such circumstances the development of cyanogen might reasonably be anticipated, and all the elements for the formation of the cyanides, even of ferrocyanide of potassium, were present. Such a process of decomposition, fermentation, and reconstruction had, in the speaker's experience, been fatal to a large number of trees in the New York Central Park, from the use of street manure. The most dangerous part, as well as the larger part, of the street dust is horse droppings. This should never be allowed to become a part of it. Under a rational system of scavengering it should be taken up while moist, immediately after deposit, instead of being allowed to be ground up into fine dust, and distributed through our own bodies and houses.

In regard to the purity of the air of our houses, the dangers of sewer gas were alluded to, and the defects of the ordinary water trap pointed out. As a more efficient and additional means of protection, a new contrivance, called the Sewer Gas Mercury Seal, was exhibited, in two different forms, the one intended for the water closet, the other for the kitchen sink and toilet basin. Finally, in order to destroy impurities in the air of a house or room, whether from the last mentioned source or from exhalations from the bodies of the sick, ozone was referred to as possessing all the qualities of other gaseous disinfectants, in an astonishing degree. A simple but ingenious contrivance was shown, called the American Ozone Generator, by means of which a constant development of this form of oxygen could be kept up in the sick room, in quantities claimed to be sufficient to neutralize the noxious emanations from a case of scarlet fever.

Dr. Leffman, in discussion, said: I venture to take exception to some of the points advanced in the address, and, first, in regard to the mercurial sewer trap. Complicated machinery is always objectionable in such apparatus. It is liable to get out of order, and such disarrangement is likely to be unnoticed or uncared for, and the attachment will then become worse than useless. I regard it as indispensable that a sewer-trap should be a perfectly simple contrivance. I see, also, additional objection in the fact that mercury is used in considerable amount. Many cases of poisoning by vapor of mercury are on record, and the effects of this vapor are all the more dangerous because of their insidious nature. Mercury also easily dissolves a number of metals, and the amalgams thus formed will act upon metals which pure mercury will not attack. I think, therefore, that in actual experience, this sewer-trap will be found dangerous and inefficient.

I feel that the same kind of criticism must be given to the "Ozonizer" which has been exhibited. Phosphorus is exceedingly dangerous. Inexperienced persons cannot handle it without almost certain injury, and. like mercury, it easily becomes the source of chronic poisoning. To keep such an apparatus as the one here presented in a sick-room would be highly objectionable. The amount of ozone which it could produce would probably be of little service. With the gaseous disinfectants that have corrosive qualities, the difficulty is that they do not produce much effect unless used in such proportion as to corrode and destroy the majority of the articles in the room. Instruments will be rusted, curtains, clothing, and pictures damaged, and even then the disease germs may escape. Ventilation, cleanliness, and for portable articles, the employment of a high temperature, 250° F., or thereabouts, are the proper methods of disinfection.

In regard to the production of Prussian blue, I doubt the possibility, or, at least, the probability, of its formation in the manner described. Even should it be so formed, we must remember that it is quite insoluble, and is one of the least active of the cyanogen compounds.

The paper was also referred.

The Committee on Nominations reported, through their chairman, Dr. J. Aug. Ehler, as follows:—

The Committee on Nominations would respectfully report the result of their deliberations, and name the following persons for officers of the Society for the current year:—

President—Jacob L. Ziegler, Lancaster Co.

Vice Presidents—1st, Joseph A. Reed, Allegheny County. 2d, W. S. Roland, York County. 3d, J. W. Houston, Chester County. 4th, W. Murray Weidman, Berks County.

Permanent Secretary—William B. Atkinson, Philadelphia.

Recording Secretary—G. Thickston, Erie Co.

Corresponding Secretary—O. H. Allis, Philadelphia.

Treasurer—Benjamin Lee, Philadelphia.

Place of Meeting.—Titusville, Crawford co. *Time.*—Second Wednesday of May. 1882.

Resolved, That Wm. Varian, of Crawford co., be chairman of the Committee of Arrangements, and that the Crawford County Medical Society is hereby instructed to name his colleagues on said Committee.

The Committee of Publication—Drs. Wm. B. Atkinson, Benj. Lee, Wm. Goodell, O. H. Allis, J. G. Stetler, Jas. Tyson, Philadelphia co.; Isaac N. Kerlin, Delaware co.

Delegates to American Medical Association—Drs. W. Varian, Crawford county; Amos Seip, Northampton; Jacob Day, York; A. F. Balmer, Jefferson; J. L. Crawford, Indiana; Jos. Swartz, Perry; H. St. Clair Ash, Philadelphia; A. S. Bonsteel, Erie; T. J. Gallaher, Allegheny; J. W. Fulton, Chester; Wm. Compton, Lancaster; J. D. B. Kuhn, Berks; J. Curwen, Dauphin; M. H. Alter, Armstrong; J. Pursell, Montour; A. M. Pollock, Allegheny; H. Jennings, Tioga; Boyd Emory, Sr., Washington; W. B. Ulrich, Delaware; H. M. Nipple, Snyder.

Judicial Council.—For one year.—J. L. Stewart, Erie county; Jno. H. Packard, Philadelphia; Wm. Anderson, Armstrong. *For two years.*—Wm. Varian, Crawford county; Thos. Lyon, Lycoming; R. B. Mowry, Allegheny. *For three years.*—Traill Green, Northampton county; H. L. Orth, Dauphin; Jno. T. Carpenter, Schuylkill.

Delegates to the New Jersey State Medical Society.—George D. Nutt, Lycoming county; Chas. S. Turnbull, Philadelphia; J. H. B. Amick, Schuylkill; S. S. Schultz, Montgomery; L. Lenker, Columbia; Chas. K. Mills, Henry Leffman, Philadelphia.

Delegates to the New York State Medical Society.—J. L. Stewart, Erie county; J. C. Elliott, McKean; B. F. Herr, Lancaster; A. H. Smith, Philadelphia.

Delegates to the Ohio State Medical Society.—Drs. J. M. Batten, Allegheny county; J. T. Clark, Erie; E. E. Montgomery, Philadelphia; W. H. Stewart, Armstrong.

Delegates to the Delaware Medical Society.—Drs. James B. Eby, Perry county; W. R. Findley, Blair; Geo. W. Vogler, Philadelphia; C. A. Woodward, Chester.

Delegates to the West Virginia State Medical Society.—Drs. J. A. Patterson, Washington county; D. W. McConaughy, Westmoreland; H. Howard Hill, Bedford.

Delegates to the Maryland State Medical Society.—Drs. Sam'l J. Rouse, York county; G. W. Berntheisel, Lancaster; Jno. Montgomery, Franklin; A. S. Brubaker, Lancaster.

Delegates to the Massachusetts State Medical Society.—Drs. L. Turnbull, Philadelphia county; H. Corson, Montgomery; Ellwood Harvey, Delaware; F. G. Albright, Lancaster.

No change was made in the Censors, save in the fourth district, where J. Montgomery Deaver was made Censor, in place of Brainard Leaman; in the sixth district, A. B. Brumbaugh, Huntingdon co., in place of D. P. Miller; in the seventh district, M. H. Alter, of Armstrong co., was an addition; in the tenth district, O S. Wright, of McKean co., in place of T. J. Young.

On motion of Dr. Traill Green, the report was received and adopted.

Dr. R. L. Sibbett, of Carlisle, presented and read the "Report on Medical Legislation." It contained a résumé of acts of legislation already passed in the interest of medicine, and the draft of a proposed act compelling all practitioners to be registered. The report pays a high compliment to the Philadelphia *Record* for the energy, zeal and success with which it had hunted down, exposed and brought to justice, issuers of bogus medical diplomas. The physicians now in the Legislature, together with some ex-members, and other distinguished physicians, were also highly commended for their labors.

Dr. Jacob Price offered the following resolution, which was passed unanimously:—

"*Resolved*, That the thanks of the Medical Society of the State of Pennsylvania are hereby tendered to the editor of the *Daily Record*, of Philadelphia, for his untiring and most successful efforts in exposing and bringing to justice those who have been engaged in manufacturing and disposing of bogus medical diplomas."

The annual report of Treasurer Lee was read and referred to an auditing committee, consisting of Drs. Ehler, Curwen and Stewart.

Dr. Lee presented a brief report from the committee on plumbing and drainage, and the committee was discharged.

Dr. R. G. Curtin, of Philadelphia, read a paper on "Catarrhal Inflammation of the Pancreas," and Dr. I. N. Snively, of Franklin county, a paper on "Hygiene in its relations to the medical profession." Both papers were referred.

Dr. O. H. Allis, of Philadelphia, read a paper on "Why deformity so frequently follows fracture at the lower end of the humerus," and "Why fractures just above or below the knee are so dangerous." The Doctor illustrated his remark by taking off his coat and showing his own arms—the right one being sound and shapely, and the other a good deal deformed by a fracture of the elbow joint. He animadverted on the misuse by surgeons of right-angled splints in such fractures, and recommended that the broken arm be bandaged without splints and at full length, instead of being folded across the breast, as is so frequently done, and from which practice anchylosis so frequently results. The great danger from fracture above or below the knee, or from dislocation of the knee joint, is hemorrhage, caused by the rupture of the arteries, which at that joint come close to the bones and almost envelop them. Dr. Allis illustrated his remarks by a model of the bones of the arm, and diagrams of the bones and arteries of the leg.

Drs. Varian and Atlee discussed the subject at some length, and in the main agreed with Dr. Allis. Dr. Atlee, however, asserted that Dr. Allis's mode of treatment was not new; that as long ago as the days of Dr. Physick and Dr. Dorsey, substantially the same practice was followed.

Dr. O'Neal would hesitate to adopt Dr. Allis's treatment, for fear that anchylosis and damages for a stiff joint might be the result.

Dr. Ulrich defended Dr. Allis's practice, and so did President Carpenter, who had treated successfully several cases of fracture of the elbow by bandaging the arm in an extended position and without splints. He had passed some of his patients among members of this Society, and so complete had been the cure that they could not discover which of the arms had been fractured.

Dr. Allis concluded the discussion by saying that he had very carefully read Dorsey's surgery, referred to by Dr. Atlee, and would like every member of the Society to read it and see wherein the treatment of fractures by that author accorded with or differed from his own.

After which, the paper was referred.

Dr. Traill Green offered the following preamble and resolution, which were adopted:—

"Whereas, a bill is now before the Legislature of Pennsylvania, the object of which is the erection, on the grounds of the Pennsylvania institution for feeble minded children, of two additional buildings, for an asylum or hospital branch, thereby providing means for the better classification of the several grades of mental infirmity treated in that institution, and,

"Whereas, the institution in Delaware county represents the only provision made in the State for a class of defective persons as numerous as the insane, and who had been found amenable to modern means of improvement, therefore,

"*Resolved*, That the Medical Society of the State of Pennsylvania, assembled this day at Lancaster, commends the objects of the said bill, and hereby expresses its sympathy with all measures for the scientific care and training of the idiotic and feeble-minded children of this commonwealth, and hereby presents it as a subject that shall receive the enlightened attention of State authorities."

Dr. Ulrich suggested that this act be forwarded immediately to the representatives of Delaware county, which was agreed to.

Dr. James Tyson, of Philadelphia, read a paper treating of Bright's disease of the kidneys, and exhibited specimens of urine containing albumen. The paper was referred.

On motion of Dr. Ulrich, it was ordered that hereafter the transactions of the Society shall be bound in cloth.

Adjourned.

Third Day.

The Society was called to order by Dr. Carpenter, President, and Rev. Dr. Greenwald offered prayer.

By request of Dr. A. P. Carr, of St. Clair, Dr. Atkinson, Secretary, read the following letter:—

Pottsville, May 10th, 1881.

Dr. Wm. B. Atkinson, Secretary of State Medical Society:

Dear Sir: At a special meeting of the Schuylkill County Medical Society, held this day, it was unanimously resolved, that no medical paper presented by Dr. A. P. Carr should be received as a part of the annual report of this Society for 1881, to the State Society, and that the officers of this Society give this notification to the Committee of Publication.

S. C. Spalding, m.d., *President.*

Attest: R. S. Chrisman, *Secretary.*

Dr. Varian asked that Dr. Carpenter, of that county, state how the matter was. Vice President, Dr. Varian in the chair. Dr. Carpenter stated his knowledge of the matter.

Dr. Amick, of the same Society, made a statement.

Dr Cohen moved that the Committee of Publication be directed to refer the whole matter to the Censors of that district. After some discussion, on motion of Dr. Weidman, of Pottsville, the matter was referred to the Schuylkill county Medical Society.

After some discussion, Dr. Roland, of York, suggested, and Dr. Cohen made a motion, that hereafter a stenographic report of the discussions be taken, as these discussions are often equally as valuable as the papers read. The motion was agreed to.

Dr. L. Turnbull, of Philadelphia, read a paper on "Defective Hearing of Locomotive Engineers." The lecturer noticed at length many accidents occurring from this defect. The paper was referred.

On motion, a committee, to be of Dr. Turnbull's own choosing, was ordered, to bring the matter to the attention of the railroad authorities, and to prepare a memorial to the State Legislature to enact necessary laws relating to the matter.

Dr. J. Solis Cohen, of Philadelphia, read the "Address in Medicine:"—

In preparing this address on medicine, which I have the honor to read before you, I have watched, during the past year, the action of some little known or little used remedies, which have been recently brought into somewhat prominent notice, and the practical value of which is of some importance to medicine, should the claims advanced in their behalf prove well founded.

Perhaps there is no one remedial agent to which recourse is had more frequently or more confidently than to opium. * * * * Substitutes for opium are usually introduced to take its place in the production of some particular effect, rather than all. The most recent candidate for professional recognition in this connection is *piscidia erythrina*, the Jamaica dogwood, whose claims are sufficiently interesting to have induced me to test its value in the few suitable cases which presented themselves in my hospital practice, both at the Jefferson Medical College Hospital and the German Hospital, of Philadelphia. It is claimed for this drug that it is capable of soothing pain, without unpleasant sequelæ such as follow the use of opium. It is said to have been used for a long period in the rivers of Florida, for the purpose of catching fish; stunning the strong ones and killing the feeble. That the drug possesses considerable power in soothing pain, I have had sufficient evidence, but its liability to produce sudden collapse, from relaxation of the heart muscle, renders it anything but a safe remedy in continuous doses in private practice. Notes of a few cases, prepared for me by the residents on duty, are herewith appended. * * * * These cases will appear in detail in the Transactions. While exhibiting a remarkable hypnotic effect of the drug, when given in decided doses at short intervals, they exemplify a pernicious influence, carefully kept in the background, or ignored altogether by most of its advocates.

Several cases were narrated, illustrating the diuretic virtues of *Citrate of Caffein*, and in which there was a lack of that peculiar rigidity of the cardiac muscle to which attention has been called by British practitioners as a result of the use of this drug.

Attention was called to the successful use of *salicylate of cinchonidia* in vague rheumatoid neuralgias. It is best administered in pill, the dose being two to five grains, three or four times a day. It has been used extensively in the Throat room of the Jefferson Medical College Hospital, as a tonic in rheumatic sore throats and in diseases of the nasal passages generally, in that class of cases frequenting a public clinic and apt to be due to exposures similar to those which produce the rheumatic affections alluded to. The Doctor had also used it with considerable success and great satisfaction in several hospital cases of acute rheumatism, substituted for salicylic acid as soon as the latter had relieved the pain. The plan had been to give the salicylate of cinchonidia in five-grain doses at intervals of four hours, and to continue it, the patient remaining recumbent in bed, until all danger of cardiac complications was over.

Other salicylates were highly spoken of, and reference was made to the good effects of *chloride of calcium* in phthisis and infantile scrofula. As is well known, this practice is but the return to the use of a drug formerly employed as an alterant in the treatment of scrofula, before it became superseded by the use of iodine and its compounds.

Any remedial agent which, on scientific grounds or extensive empiric experience, promises success in the management of diphtheria, is worthy our respectful consideration. The false membrane is sometimes detached, by excessive secretion, from the underlying mucous membrane, and sometimes by a process of actual suppuration. The incontestible value of inspiration of the vapor of hot water in detaching the pseudo-membrane, has been accounted for by Prof. Oertel, on the ground that it produces a suppurative inflammation of the mucous membrane, and that the pus detaches the false membrane. Dr. Cohen's own opinion has long been that the vapor of water becomes insinuated beneath the irregular, and perhaps partially detached edges of the membranous patch, and thus mechanically lifts it from its seat. The well-acknowledged value of jaborandi in stimulating secretion from the surfaces of the mucous membranes, especially those of the mouth and throat, has led to the utilization of this drug in the form of its alkaloid, pilocarpin, for the production of a similar influence beneath the pseudo membrane, and thus to aid in its detachment and expectoration. Dr. Cohen gave some of the published results of the use of this drug, favorable and unfavorable, and expressed the belief that it is being recommended on one-sided theoretic grounds only, its depressing influence on the heart being kept out of sight; an influence which, on theoretic grounds, likewise, has thus far deterred him from prescribing it in his own cases.

The address concluded with a reference to the asserted value of *Iodine* in miasmatic affections as a substitute for quinia, and suggested that the members of the Society should give this reputed influence a severe test.

The paper was discussed by Drs. French, Townsend, of N. J.; Vogler, Tyson, Turnbull, Traill Green, Rahter, Atlee, and President Carpenter, and referred.

Dr. Crawford Irwin, of Blair county, read a paper on the "Scarlet Fever Epidemic of Hollidaysburg." A discussion followed, participated in by Dr. Traill Green (who denied the usual belief that this, or any other disease, was carried by physicians from patient to patient. He regarded these widely-separated cases as the result of different epidemic centres), Dr. Ulrich, Dr. Rahter, Dr. Atkinson (who urged upon his hearers the great value of the treatment by free ventilation, good nursing, and the employment of digitalis in positive doses. He explained his method of employing this article (of which we have given a very full report in this journal, see Vol. XLIII, No. 23, 1880), and denied the danger, so much feared, of its cumulative effects), Dr. Pearson, and others, and was referred.

Dr. R. H. Milner, of Delaware county, was on the programme to read a paper on "Parasites of the Human Body," but as he was in bad voice his paper was read by Dr. Ulrich. The paper treated almost exclusively of trichina, the modes of its introduction, and the means of killing it and saving those affected by it

Drs. Ulrich, Leffman, Seiler, Varian, and others followed with some remarks on the same subject. Drs. Leffman and Seiler taking the ground that the hog is not responsible for all the blame cast upon him, and that men are frequently infected with the trichina from eating uncooked or partly cooked beef and other meats; and Dr. Varian believed that the parasite was often introduced into the human body by physicians feeding debilitated patients on raw or partly cooked meats.

Dr. Carl Seiler, of Philadelphia, read a paper on chronic laryngitis. He first considered the causes of this common affection, which he designated as a disease of civilization, and named among them impure air, deranged digestion, and the inhalation of irritating dust. He next described the symptoms and the appearances of the different parts of the larynx, as seen in the laryngeal mirror, without which, he said, the diagnosis could not be made, and stated that in most cases of chronic catarrhal laryngitis a fissure, abrasion, or ulcer was seen in the inter-arytenoid space, which gives rise to the cough and hoarseness. A brief outline of the proper treatment for the affection was then given by the author, and it was insisted upon that general systemic treatment alone, without the aid of topical applications to the larynx itself, was of little value, and that patients, even when sent to a warm climate during the winter were not benefited, but that if they received local treatment made a rapid recovery, more rapid than could be expected in the cold and changeable climate of this section of the country.

Dr. J. L. Crawford, of Indiana county, read a paper on "Indications calling for active treatment in Typhoid Fever." He recommended that active treatment should be only used when the temperature of the patient rises to 103 or over. In such cases the cold bath and quinine are recommended in preference to all other remedies, and when debilitated the patient should have alcoholic stimulants.

Each paper was respectively referred to the Committee of Publication.

Adjourned until afternoon.

AFTERNOON SESSION.

The President called the Society to order at 2 P.M.

Dr. S. T. Davis, of Lancaster, read the Address in Obstetrics, reviewing the work done by his predecessors. He gave a detailed account of opening the abdominal cavity, as performed by Dr. Richardson, of Philadelphia, to remove the pregnant uterus and ovaries in a dwarf; in a case of abdominal pregnancy, by Dr. H. P. C. Wilson, of Baltimore; a case of puerperal laparotomy, for rupture of the uterus, by Dr. J. W. McCormack, of Bowling Green, Ky., and of a similar case in his own practice.

He discussed the subject of oophorectomy for dysmenorrhœa, epilepsy and insanity; of puerperal pyæmia, of laceration of the perineum, and alluded to the views of Dr. B. E. Mossman, of Greenville, Pa., who regards dilatation as a preventive of laceration, as quoted in his paper in the *American Journal of Obstetrics*, July, 1880. In conclusion, he alluded to the work of the Section on Obstetrics of the American Medical Association, at its late session in Richmond. The paper was referred.

Dr. R. J. Levis, of Philadelphia, presented his method of treating hydrocele and cystic tumors in general, by injections with carbolic acid.

The treatment of hydrocele by producing suppuration has generally been abandoned as prolonged, painful and dangerous. The object of the operative procedure now employed is to produce a plastic grade of inflammation and adhesion of the walls of the cyst.

For this purpose the tincture of iodine has been most frequently used, but its action is uncertain, painful, and sometimes, uncontrollable. It is claimed that carbolic acid produces an inflammation, which neither falls short of, nor exceeds in intensity, that of plastic exudation.

Dr. Levis has relied exclusively on this treatment in the Pennsylvania Hospital, in the Jefferson College Hospital and in private surgical practice, since the year 1871, and has never failed in curing hydrocele of the vaginal tunic of the testis, and many serous, mucous, and synovial cysts in various parts of the body.

After the usual tapping, pure carbolic acid, liquefied by a five or ten per centum addition of water or glycerin, is injected by a syringe with a long nozzle, reaching entirely through the cannula. There should be no more dilution than is necessary to liquefy the crystals. The carbolic acid is then, by manipulating the scrotum, diffused over the cyst walls. No pain is produced by the injection, and the patient is permitted to walk about and to attend to his ordinary duties until generally the next day, when inflammation renders rest agreeable to him. The amount injected is from forty to ninety grains, according to the size of the cyst. No general toxic effects from the absorption of carbolic acid have ever been noticed. It is believed that the immediate effect of pure carbolic acid on surfaces secreting albuminous fluids is to seal them, and by the occluding action prevent absorption.

It is claimed that in carbolic acid we have a means, if properly used, of producing almost uniformly the proper plastic degree of inflammation necessary for the radical cure of hydrocele and other serous cysts, which are usually deemed amenable to treatment on such principles.

This was referred.

Dr. Risley presented, by title, his report on "Weak Eyes in the Public Schools of Philadelphia." This report was read by title only, for the reason that the twenty minutes allotted, under the rules of the Society, were not sufficient for its presentation. The extensive observation and peculiar character of this paper forbids any brief abstract of its contents, but it will, in due time, appear in the volume of the transactions of the Society.

The President appointed the following:—

To make the Address in Medicine—Dr. E. R. Mayer, Wilkesbarre. In Surgery, Dr. H. L. Orth, Harrisburg. In Obstetrics, Dr. R. S. Sutton, Pittsburg. In Hygiene, Dr. B. F. Muhlenberg, Reading. In Mental Disorders, Dr. C. K. Mills, Philadelphia.

Several invitations were read by the Chairman of the Committee of Arrangements, which were accepted and thanks returned.

Dr. W. S. Roland, of York, offered the following, which was adopted:—

Resolved, That the Secretaries of the several County Societies in the State shall, within three months after the passage of this resolution, report to the Secretary of the State Society the number of students of medicine under tuition of members in their respective Societies during the year ending May 1, 1881, and the number that appeared before the Medical Examiners for examination during the same time; and that said reports shall be presented in the next Transactions of the State Society.

The Secretary read a communication from the American Public Health Association, relative to vaccination, which, on motion, was ordered to be entered upon the minutes.

On motion of Dr. Atkinson, the Standing Committee, which no longer had any duty to perform, was abolished.

Drs. M. S. French and John L. Atlee were appointed by the President to conduct the President-elect to the chair.

Dr. J. L. Ziegler, in taking the chair, thanked the members, and hoped for a full attendance at the next session.

Dr. J. T. Carpenter, on behalf of the Schuylkill County Medical Society, presented a handsome gavel to the State Medical Society.

Dr. Ziegler received it, with appropriate remarks.

Thanks were then tendered to the retiring President, and to the profession and citizens of Lancaster, for their courtesies, and the Society adjourned to meet in Titusville, on the second Wednesday in May, 1882.

EDITORIAL DEPARTMENT.

PERISCOPE.

Therapeutic Uses of Pilocarpin.

The London *Medical Record*, March 15th. gives further notices of the use of this alkaloid. Dr. Lax, of Berlin, following Guttmann, has employed muriate of pilocarpin in a small epidemic of diphtheria, and has obtained results so far beyond his most favorable anticipation, that he thinks himself obliged to recommend it most earnestly for wider use. Between September 24th and November 17th, he treated for diphtheria sixteen children of various ages, from one to sixteen years. The first six children were treated by penciling with a 4 per cent. solution of nitrate of silver, and a solution of chlorate of potash as a gargle. To two quite young children, a mixture of chlorate of potash was given. Of the six children four recovered quickly, while two, whose cases were very severe, died. In the last ten cases occurring after October 5th, Lax employed exclusively the muriate of pilocarpin. Six of these were very severe, and in two of them death was expected every night. Nevertheless, all these children treated with pilocarpin entirely recovered. An increased secretion of mucus and saliva occurred, and great masses of diphtheritic effusion were expelled from the mouth as well as from the nose. The breathing became freer, *râles* ceased to be heard, the fever passed away, and the appetite recovered. The children generally recovered in from three to five days. Labial herpes indicated the favorable processes in all cases. On the third day already all trace of the deposit on the soft palate and tonsils was removed. According to the age, Lax prescribed two to four centigrams of muriate of pilocarpin, sixty to eighty centigrams of pepsin, with two to three drops of hydrochloric acid in seventy grams of distilled water, giving every hour from one teaspoonful to one tablespoonful. In addition, Tokay wine was given hourly (a teaspoonful to a tablespoonful), and warm packs were applied to the neck.

M. Vulpian, having arrived at the conclusion that catarrhal inflammation of the respiratory tubes, and inflammation of the serous membranes in their first stage, are those in which jaborandi or its alkaloid pilocarpin have the most incontestible use, M. Tauleigne states, in his graduation thesis on the subject, that he has employed them in a series of cases, of which he relates fifteen. The effect of jaborandi or pilocarpin is most prompt, and its success most evident, at the outset of the disease. A single effusion of four grams (one drachm) of leaves of jaborandi is often enough to get rid of the affection; and M. Vulpian cites a case of well-marked pleurisy in a child, aged ten years, which, treated from the outset, yielded to the action of pilocarpin in two days. Much less is to be expected from its use in long standing cases. The author relates from his observation of pleuritic effusion without fever or inflammation, in which jaborandi has given good results, one case, in which considerable effusion had for a month resisted the use of tincture of iodine, eight large blisters, and diuretics, and yielded in seven days to two doses of jaborandi. The fluid once absorbed, and pleuritic rubbing having been noted, jaborandi becomes useless. Recourse must then be had to tonics, and the application of tincture of iodine. Pilocarpin is indicated in the various forms of bronchitis. The author relates a remarkable case of chronic bronchitis, which had persisted during four years, with continued cough, difficulty of breathing, and suffocation, which recovered after the administration of two draughts containing four centigrams of nitrate of pilocarpin. As to the mode of administration he recommends the hypodermic injection of the nitrate of pilocarpin, in doses of one centigram. The patient should be fasting, without which the medicine is apt to provoke nausea and vomiting. as soon as sweating is established. In constipated subjects it acts badly, and it is necessary to give a preliminary purge.

Treatment of Valvular Disease of the Heart in Children.

In an article in the London *Med. Press and Circular*, Dr. W. H. Day writes on this subject:—

The symptoms which arise as a consequence of these organic changes are best relieved by rest and the avoidance of exercise and excitement. By maintaining the general strength and guarding against local congestions and inflammatory attacks, we may often succeed in giving a fair share of health and comfort to children, while warm clothing (particularly cotton-wool or flannel worn over the chest), nutritious food, and active aperients will tend to keep in check some of the worst symptoms, as dropsy, when they show themselves. If congestion of the lungs or bronchitis occur, squill, carbonate of ammonia, belladonna, strychnia, and other stimulating expectorants and sinapisms will be indicated.

When the heart is getting weak and quick, in mitral disease, and there is a tendency to dilatation of the right cavities, the tincture of digitalis administered in gradually increasing doses will improve the tone and fullness of the pulse beat, reduce the frequency of the heart's action, and cause the over-distended cavities to contract more vigorously on their contents. Instead, therefore, of blood accumulating in the heart during diastole, a larger quantity is expelled at each contraction of the ventricle. Digitalis has been said to increase the discharge of urine, but there is some doubt about this so long as low arterial tension remains unaffected. I carefully measured the quantity passed in two cases of mitral regurgitation in children with dilatation of the right ventricle, yet in neither was there any appreciable difference in the amount passed, nor any change in its quality. They were in no way improved by the drug. Traube first noticed that the fall of the pulse rate and the rise of arterial tension during the employment of digitalis are attended with an increased amount of urine.

In nearly all the cases in which I have given digitalis for the heart affections of children, I have combined it with iron, and frequently with strychnia also. Iron improves the quality of the blood, and the muscular power of the heart. Digitalis is of most value in simple dilatation from debility in the cardiac muscle, and in both forms of mitral disease, where weakness and irregularity of the pulse are present. It may be given with advantage in dilatation with hypertrophy, but not in the latter form of heart affection alone. If nausea, headache, or unsteadiness of pulse should come on during the employment of digitalis, the drug should be intermitted for awhile.

In certain rickety children with thoracic deformity, with twisting of the aorta, hypertrophy of the left ventricle is early developed (Rokitansky), and in some cases even valvular disease (Hilton Fagge). In these cases cardiac failure is early developed.

Heart cough is common in adults in the failing stages of heart disease, and is usually found in children with heart disease at any stage. It is the result of congestion of the pulmonic circulation; it is aggravated by sedatives, like paregoric, and even by bromide of potassium; it is effectually relieved by cardiac tonics, like digitalis combined with iron.

Treatment of Endocarditis in Children.

In an article on this disease, in the London *Medical Press and Circular*, January 12, Dr. W. H. Day, Physician to the Samaritan Hospital for Children, writes:—

The treatment should in some measure depend upon the disease with which the cardiac affection is complicated, and seeing that it may arise in the course of acute rheumatism, or scarlet fever, it will be important to modify the treatment accordingly. The treatment is really the same as that of pericarditis, with which it is often associated, but there is this difference: endocarditis speedily tends to exhaustion, and is not so amenable to active measures. The patient should remain in bed for a length of time after the acute stage has passed over, so that excitement may be diminished, and the effects of strain should be kept off the injured valves by lowering the blood pressure, as far as possible. This is recommended by Dr. Milner Fothergill, in a lecture, in the *Medical Times and Gazette*. September, 1878. "This fact, then, is ascertained and confirmed by experience, viz., that the damage done to the endocardium by rheumatic inflammation may abide for four or five years without producing any conscious detriment to the health or well-being of the patient, or (as far as we have the means of judging) any further injury to the structure of the heart. And it is a most important and consolatory fact. But in other instances other results immediately follow. When after its departure acute rheumatism leaves the endocardial murmur behind it, which, though known only to the physician, is the sure sign of injury done to the endocardium, it leaves it attended from the beginning with other symptoms, which the patient is sufficiently conscious of, and these are directly referable to the heart. They consist of palpitation, pains, and dyspnœa, which are not constantly present, but only under bodily exertion and mental excitement. The child who has had the præcordial murmur ever since it suffered a certain rheumatic attack, is just the same child as it was before, except that it cannot join in any pastime requiring rapid movement; for then its heart palpitates, it loses its breath, and is obliged to sit down. Men, too, are just the same men as they were before, only perhaps they cannot run up stairs without panting and hurry, and they constantly find themselves obliged to restrain their bodily efforts within certain limits, and to beware of mental excitement, for fear of palpitation and dyspnœa.

Preparation and Uses of Benzoate of Calcium.

Mr. Jas. T. Shinn gives directions for the preparation of this salt in the *American Journal of Pharmacy*, April, 1881:—

The proportions of benzoic acid and calcium in the benzoate are 113 to 20, or of the crystallized acid and carbonate of calcium, 122 to 50. Hence the following formula for its manufacture:—

℞.	Benzoic acid,	℥ iv gr. xxxij (1952 grs.)
	Calcium carb.,	℥j ʒv ℈j (800 grs.)
	Boiling water,	Oiv or q. s.

Mix the acid and precipitated chalk thoroughly, in a large mortar, and add water gradually to allow most of the carbonic acid gas to escape and prevent frothing over of the liquid. When the combination has taken place, or nearly so, the mass is transferred to a porcelain dish and dissolved in the remainder of the boiling water, with the exception of a slight excess of carbonate of calcium. Filter, while hot, into a shallow dish, when crystals will form on cooling. The mother liquors may be evaporated twice more and yield more crystals, the whole product being about ℥ iv, ʒ v.

The salt is in feathery crystals, of a silky lustre, odorless, with but slight, rather alkaline, taste, and is soluble in about 24 parts of water. It may be dispensed either in capsules or solution. a very good form of the latter being:—

℞.	Calcii benzoat.,	gr. cxxviij	
	Aquæ destillat.,	fl. ℥ vj	
	Syr, aurantii,	fl. ℥ ij.	M.

Ft. mist.

This makes a solution, by the aid of heat, containing eight grains to half a fluidounce, which is the usual dose.

At a meeting of the Philadelphia County Medical Society, Drs. A. H. Smith and O'Hara spoke of the great benefit this preparation had been in cases of albuminuria during pregnancy, and, as the salt may be called for and is not on the price lists of the chemists, the above formula for its preparation may be useful. The first crop of crystals can be taken out and dried on bibulous paper within an hour of the receipt of the prescription by the apothecary.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium,	**7.00**
Physician's Daily Pocket Record,	**1.50**
Reporter and Pocket Record,	**6.25**
Reporter, Comp. and Pocket Record,	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3 20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $1.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS. — MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS. — SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3 20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

THE IMPROVEMENT OF TEMPERANCE DRINK.

Scarcely any subject of general sanitary science more deserves the attention of those interested in elevating the race than the temperance movement. The ravages of alcohol are annually becoming more apparent, as its use extends. The cheapness of distilled liquors of the baser sorts leads to their introduction into wine growing countries; even the peasantry of Italy and the South of France are becoming spirit drinkers. As for England, the abundance of spirits, beers and ales consumed there, surpasses belief.

This was illustrated at St. George's Hospital, London, recently. A committee was appointed to inquire into the drinking habits of the patients at that and other London hospitals. Their report is quite a revelation of the previous drinking habits of the patients. In the twelve hospitals only one total abstainer was discovered. The daily practice of many of the others is almost incredible to quiet people, who take their one or two glasses daily, and are sometimes made to feel themselves miserable sinners for doing that. The following are some of the instances recorded by the committee, showing what had been the daily consumption, previous to admission, of certain patients: Three or four pints of beer, and two glasses of whisky (age 53): four or five pints of beer, with frequent excesses (age 59); ten pints of beer, and ten glasses of whisky (age 23); hard drinker, chiefly of rum (age 30); indulged in great excesses, often drink two bottles of brandy a day (age 43); eight pints of beer daily (age 42); four pints of beer, with excesses (age 38); eight pints of beer daily (age 42); five pints of beer, with excesses (age 38); three glasses of whisky (age 34); from three to four pints of beer, and from one to twelve glasses of rum (age 54): seven pints of beer, and seven glasses of spirits (age 41); drunk three times a week (age 36); a confirmed drunkard (age 33); immense quantities of whisky (age 45); twelve to fourteen pints of beer, and a variable amount of rum (age 31): ten pints of beer, and a pint and a half of rum (age 45); the largest consumer of beer "never exceeded" twenty-six pints a day (age 35); the largest consumer of spirits took twenty to thirty glasses of gin daily (age 30).

What health can be expected of a population who indulge in this manner?

The remedies which have been suggested are: 1, absolute prohibition of alcoholics; 2, the fostering of temperance by increasing the cheapness of light beers and wines; 3, the substitution of other beverages not containing alcohol.

The first method has proved a failure wherever tried on any extended scale; the second is deceptive; the third is probably that which promises the most. The establishment of coffee taverns, holly tree inns and shops where "temperance drinks" are sold, has unquestionably done vast good, and is capable of wide dissemination.

A great deal of the drinking habit comes from a desire to quench the thirst, or to have a slight stimulant. Nothing of this kind is so cheap, so effective, and so easily obtained in most localities as an alcoholic beverage. Yet a cup of tea or coffee, or a glass of aerated water containing a pleasant carminative, would be equally grateful, and, if well made, in many cases just as popular, or more so.

Hence the manufacture of temperance drinks should be encouraged as much as possible. Unfortunately they are generally so vilely prepared or so deliberately fraudulent that they offer little enouragement to the consumer to repeat his experiment with them. An instance was recorded last summer, by one of the English government analysts. He examined nine samples of so-called unfermented wines. Of these nine, three, bearing labels stating that the bottle contained "pure grape juice," "virgin fruit of the vine," etc., consisted of sugar, tartaric acid, salicylic acid, and coloring matter, with a considerable quantity of copper, the result, doubtless, of ignorant or careless manufacture. Grape juice was entirely absent. Another sample, labeled "Pure and genuine unfermented fruit of the vine," was evidently a composite article artificially made, and so carelessly prepared as to contain alcohol. One sample of unfermented wine imported from abroad contained some grape juice; but the presence of alcohol and an abundance of yeast cells showed that fermentation had not been arrested. One example was labeled "The selected wine of the Temperance Fraternity." This was an ordinary low class fermented wine, containing a large amount of alcohol. Of the nine samples of the so-called unfermented wines, only one was genuine and was what it professed to be, "Pure grape juice, entirely free from alcohol."

In France, enormous quantities of aerated water, under the name of *Eau de Seltz*, is used. Last summer, the Paris papers made the discovery that it was prepared from common, dirty Seine water, and various cases of typhoid fever were supposed to have been traced to its consumption. It was also said to have lead in it, and an analysis supporting this statement was presented to the Academy of Sciences. It appears that the Paris hospitals alone consumed 150,000 bottles of this water annually, and this is considered evidence in favor of its salubrity.

The "ginger ale" imported from Dublin to this country is deservedly popular, but our own manufacturers are satisfied by a most wretched imitation, in which ginger is replaced by red pepper! In an English work, recently published, for the benefit of druggists and aerated water manufacturers, full directions for falsifying and adulterating are given. In order to produce a fine foam and a highly aerated appearance, infusion of senega is recommended; lemonade syrup is made from the real or imitated oil of lemon in syrup; and flavoring materials are very often taken from a widely different source than their names denote.

The American soda water fountain is an excellent institution when well conducted; but the flavoring syrups used are often fraudulent, and not rarely of doubtful healthfulness. We have heard of various persons who were made sick by free indulgence in them.

While, therefore, we look upon the introduction of cheap, palatable and healthy temperance drinks as one of the most active agents in persuading people to cease beer and spirit tippling, we must deplore the commercial greed which depreciates their character and practically bars their general use. Here is a field in which workers in the cause of temperance can display their energies to good effect.

NOTES AND COMMENTS.

Salt Water in the Treatment of Sores and Purulent Collections.

The Paris *Médicale* publishes an interesting paper on this question, which concludes as follows:—

Salt water injected in purulent collections, or used in the dressing of sores, exerts a complicated action, because of its density, its antiseptic properties, and its general effect upon nutrition. Its antiseptic properties have been fully set forth by our experiments on the globules found in blood and pus. Salt is a preserver of meats, and arrests the progress of decomposition in organic substances. According to Cyr, "chloride of sodium acting as a solvent for caseine and albumen, contributes with this last in preventing the deformation and dissolution of blood globules."

A remarkable property of salt water is, that it destroys, hence removes, the fetor exhaled by gangrenous sores. We have often noticed this disinfecting effect, especially in a case of diffused anthrax on the neck, during elimination of the eschars.

Its general effects upon nutrition have been ably described by Boussingault, Barbier, and Bérard. When a certain quantity of salt is mixed with the food of animals, they increase one-sixth in weight.

Man's sufferings are very great when deprived of salt. A Russian lord having, through avarice, deprived his vassals of this condiment, they all experienced gastric troubles; and during the siege of Metz, nothing so affected the besieged as when their salt rations were discontinued.

The saline substance is rapidly absorbed in the interior of purulent collections and on the surface of sores.

Patients under this mode of treatment react with great energy from very abundant suppurations, and they show signs of a rapid gain in flesh, and of perfect nutrition.

"Under the influence of salt water, the face, from being cadaverous, gradually assumes color, the tongue cleanses, appetite returns, thirst is reduced, and diarrhœa is checked. All the organs resume their normal functions."

Salt water, as a dressing for sores, has always been successful with us, either when applied to hasten cicatrization, or used for atonic sores on bones, or during the elimination of eschars. It has also been of service in affections of the bones having required scooping out or resections. When injected, it prevents the decomposition of pus within the structure of bones; and pledgets of lint saturated with it have soon started granulations, and hastened the formation of cicatricial tissues.

Treatment of Pyrosis.

M. Ory gives the following prescriptions in *la France Médicale:* of course the diet must be attended to; a milk or vegetable diet with alkaline drinks being beneficial. Jeannel recommends the following mixture:—

℞.	Rhei pulv.,	ʒ ijss	
	Sodæ bicarb.,	ʒ ss	
	Syr. simp.,	f. ℥ v	
	Aq. menth. piperit.,	f. ℥ viij.	M.

Sig.—Tablespoonful twice or four times daily.

The compound chalk powder containing canella and pepper is recommended by Bouchut in cases of pyrosis, accompanied by chronic diarrhœa.

The following powder has been prescribed with success:—

℞.	Magnesiæ calcin. pulv.,	℥ j	
	Sacch. alb. pulv.,	℥ j	
	Bismuth. subnitr.,	ʒ j	
	Sodæ bicarb.,	ʒ iss.	M.

Sig.—Ft. chart. No. xl. One just before meals.

Franck recommends—

℞.	Magnesiæ carb.,	gr. xxx	
	Rhei pulv.,	gr. viiss	
	Canell. pulv.,	gr. ivss.	M.

Sig.—For two powders.

Bouchardat considers the following powder useful in pyrosis:—

℞.	Rhei pulv.,	ʒ ij–gr. xv	
	Magnesiæ calcin.,	ʒ ij–gr. xv	
	Opii pulv.,	gr. iss.	M.

Sig.—Div. in chart. No. xv. One before meals.

Tonic Potions in Convalescence.

M. Audhoué recommends (*Therapeutic Contemporaine*), the two following potions, agreeable to take, during convalescence from grave maladies, fevers, etc.:—

℞.	Cinchon. flav. pulv.,	ʒ j–gr. xv	(5 grams)
	Aquæ font.,	f. ℥ x	(300 grams)
	Pure milk,	f. ℥ ij–ʒ ij	(70 grams)
	Sacch. alb.,	ʒ v	(20 grams).

Sig.—Boil the bark with the water, down to 100 grams (f. ℥ iij–ʒ j), then let stand for twelve hours, strain, and add the milk and sugar.

This should be heated in the water bath and taken early in the morning; it has very little bitterness.

The second potion is similar, and prepared in the same manner, except that 20 grams (ʒ v) of chocolate is dissolved in the milk before it is added to the rest of the potion. These potions would prove much more agreeable to the convalescent than the bitter tonic mixtures in vogue.

Sulphate of Copper in Neuralgia.

It is stated in the "*Concours Médical*" that M. Féréol has met with additional success in his medication by the aid of sulphate of copper. He has somewhat modified his formula; no longer uses the liquid form, but gives the salt in the shape of a powder associated with subnitrate of bismuth, thus:—

Ammoniacal sulphate of copper, 2 centigrams (= grs. 0.30)
Subnitrate of bismuth, 25 centigrams (= grs. 3.75)
For one powder; make 10 similar powders.

Five of these powders are to be taken daily; two dissolved in a little water during each of the principal meals, and the fifth between meals, along with a cup of milk.

The advantage of this method is that the patient experiences less disgust, and is spared from a saburral condition of the mouth and a persistent, disagreeable copper taste.

Medical Treatment of Hemorrhoids.

Dr. T. V. Sabal gives the following formula: Reduce four grams (ʒj) of iodoform to a fine powder, in a mortar, and add to it:—

℞. Powdered opium, 75 centigrs., (gr.11.25)
Vaseline, 30 " (gr.4.50).

Sig.—Use as a local application morning and evening, after each alvine evacuation, care being taken first to wash with warm or cold water.

By adding four grams of tannin to this preparation the smell of iodoform will be reduced. The bowels are to be kept open with the following prescription:—

℞. Sulphate magnesia,
Carbonate magnesia,
Sulphur precipitate,
Sugar of milk, āā 15 grams (gr.225)
Powdered anis, 8 grams (f. ʒ ij). M.

Sig.—One or two teaspoonfuls of this powder in the evening, at bedtime.

A Tæniafuge.

A correspondent sends us the following formulæ:—

℞. Ungt. hyd., ʒss
Ol. filix mass., f.ʒj
Pulv. acacia, q. s.
Syrp. simp., f.℥j. M.

Sig.—Take at one dose in the morning, and follow in two hours with:—

℞. Ol. ricin., f.℥j
Ol. terebinthinæ, f.ʒj. M.

The above, he adds, has never failed, in my hands, to bring away the worm. In almost all instances the head the first time, as well as the body of the worm.

CORRESPONDENCE.

What Constitutes a Poisonous Dose of Morphine?

Ed. Med. and Surg. Reporter:—

At eight A.M. on November 22d, 1880, I was hurriedly summoned to see Constable J. H. Rice, of this town. Upon arriving I found him in a state of death like stupor. Occasionally a short, jerked respiration, pulse not perceptible, with countenance suffused and livid. His wife said he had come home the previous evening and gone to bed at nine o'clock. At ten she was awakened by his heavy snoring, and after vain efforts to awaken him she became alarmed and sent for a physician. The doctor prescribed some simple remedy, telling them if he became able to swallow to give him some. Another one was then called, but nothing more was done.

Upon hearing her statement and sending a messenger for information, to the drug store, our suspicions were confirmed, and we ascertained that he had bought, and as he afterwards confessed, taken, fourteen grains of morphia sulphas. I immediately injected seven drops of fluid extract belladonna into his arm, and a strong decoction of coffee into the rectum, sent for solution of atropia (gr. j to ℥j.), and commenced artificial respiration.

About this time the two physicians who had been in during the night returned, and upon learning the cause of the trouble expressed their entire hopelessness of the case, in which I concurred. In fact, the man was apparently so near death that the other doctors, together with his wife, implored me desist from any further efforts at resuscitation, and let him die undisturbed. This, I was about to do, when his mother, in her frenzy, *ordered* me to continue my exertion.

I then injected thirty drops of the solution of atropia every fifteen minutes until the pupils dilated (120 drops). Then two grains of citrate caffeine, hypodermically, every hour; continued artificial respiration, strong coffee by rectum, to which was added, later in the day, milk and stimulants. Ice-water douches were applied to face and chest, together with warmth and rubbing to extremities, etc. In three hours after commencing this treatment his pulse was faintly discernible at about two hundred a minute, and respiration somewhat improved. From this on he made steady improvement, and more rapidly after electricity had been applied, until, at 5 P.M., nine hours after respiration was commenced, and twenty hours after the narcotic was taken, he could be so far aroused as to open his eyes and murmur incoherently, upon being raised up in bed and violently shaken. At twelve, midnight (twenty-seven hours after having taken the poison) he spoke plainly but incoherently, but the next morning was, in a measure, sensible. After a week of convalescence, the first half of which he slept almost all the time, he was able to be around, and in a month had recovered his usual health.

There is no doubt about the quantity taken, as the druggist weighed it exactly, and the patient afterward confessed to taking it all, with suicidal intent. Also no vomiting or movement of the bowels took place until thirty-six hours after taking the poisonous dose, and he had never taken more than an ordinary dose before.

He is now in excellent health.

J. A. Kimmel, m.d.

Findlay, Ohio, May 8th, 1881.

Cupric Test Pellets.

Ed. Med. and Surg. Reporter:—

My attention has been recently called to an article in your journal on "Cupric Test Pellets," by Dr. Jos. S. Neff. In this article the doctor attributes the invention of these pellets to Dr. Pavy, who described them in the *British Medical Journal*, February 7, 1880, but who fails to give a formula for their preparation. Dr. Neff goes on to state that, appreciating "the great practical use of these pellets," he has had some prepared, but he also neglects to give the formula by which they may be made. Under these circumstances permit me to state that the idea of cupric test pellets arose, I think, with myself, and that I published in the New York *Medical Record*, March 23, 1878, page 228, the following:—

℞.	Sulphate of copper (ch. pure),	1 part
	Cryst. tart. of soda and potassa,	5 parts
	Sodic hydrate (ch. pure),	2 parts

Mix thoroughly in a mortar; the more labor spent on this the better the product. The result will be a pasty mass, which can be transferred to a wide-mouthed bottle and kept till wanted. To use it, take of the mass a piece about the size of a common cathartic pill, put it in a test tube, and add about two fluid drachms of water; boil till the mass is dissolved, and the solution has a uniform, pale and rather dirty blue color; then add two or three drops of the suspected urine and boil again for a moment. If sugar be present the usual reaction will be manifest."

H. G. Piffard, m.d.

Obscure Rubeola.

Ed. Med. and Surg. Reporter:—

I was considerably interested in Dr. E. R. Stone's communication in the Reporter of April 30th, and am induced by it to report a case.

On Friday, March 18th, a young merchant of this village came into my office to consult me about his mouth. On examination, I found the gums, throat and whole inside of the mouth red and inflamed; exactly resembling a bad case of mercurial poisoning. But a peculiarity was that the salivary glands were but little if at all affected. A few days before he had had a number of teeth plugged with an amalgam of mercury and tin, and I concluded that the source of the trouble was from the teeth, gave him potas. chlorate with hydrastis and sent him away.

In the evening he sent for me, when I found, in addition, an eruption all over the face, extending to the body, most prominent along the edges of the hair, exactly as described by Dr. Stone in the case of the married lady.

The eruption was "confluent, which, with the injection of the eyes, gave a decided bloated appearance. And the small round groups of papules at first glance looked uncomfortably like smallpox." I told him it looked suspicious; but it was the only symptom; there was little headache or backache, and but slight constitutional disturbance. What was it? At the time I was having a good deal of scarlet fever, and a few cases of measles. Thinking it would prove one or the other, I reserved my opinion. Saturday morning found the eruption had extended all over the body, clear to the extremities. There was no coryza, and the rash was not crescentic nor dark enough for measles. No, it was not measles.

It was not scarlet fever. The rash was not fine enough, and had not that scarlet look usual in that disease, and besides there was no sore throat nor disturbance of the stomach, and he was not much sick.

I was completely puzzled, and told him bluntly I had never seen a case like it, and did not know what to call it. Sunday he came to see me. The eruption had nearly disappeared, and he was feeling quite well. Monday he was attending to his regular business.

Shall we call it rœtheln? I send you this for my quota of the blunders in practice. Let us hear from others.

J. Hubbard, m.d.

Wauconda, Ills.

Venesection Again.

Ed. Med. and Surg. Reporter:—

Owing to an absence of a week, attending the meeting of the American Medical Association at Richmond, and constant professional engagements after my return, I did not take up my number of the Reporter of April 30th till to-day, when my eye caught the article of Dr. J. E. Stinson, of Montague, Texas, and I hasten to reply. I do not wish the Doctor to understand that I would favor the practice of blood-letting in all cases, nor in all the stages of pneumonia. I think that Dr. Corson's articles were plain enough, and I simply wrote believing that, in the class of cases which I had to deal with in this section of Connecticut they were treated *more* successfully by blood-letting in the first stage. Since reading that article, I have had thirteen cases, twelve of which were treated by blood-letting and recovered; one without, and it died. Of course, it takes more than one swallow to make a summer, but this is a better result than I ever got before, under any other treatment, and I have tried them *all*, in a large and active practice of eleven years. The Doctor says: "*Are the finger posts our fathers erected for our guidance lost?*" Let us see how this is. I read a paper before the Section of the Practice of Medicine, at the meeting of the American Medical Association, just ended at Richmond, on the same subject, which created a very animated discussion. Prof. S. D. Gross, of Philadelphia, Alfred C. Post, of New York city, Nathan S. Davis, of Chicago, Dr. Ballou, of Rhode

Island, all teachers, old men, men of large experience and reputation, *gave it as their testimony that since the decline of blood-letting they had observed an increase of mortality in pneumonia*; that their best successes were during the period of blood-letting; and strongly advocated its use in proper cases. Other gentlemen gave the same testimony publicly then, and any number of others, including Prof. L. A. Sayre, of New York city, came to me afterwards expressing the same opinion and thanking me for my paper, and the stand I had taken. Are these no landmarks? Is not the testimony sufficiently distinct for the Doctor, even with his bias, to read while he runs? Experience must be our guide, and my experience has certainly been very gratifying to myself and patients. WM. C. WILE, M.D.

Sandy Hook, Conn., May 25, 1881.

Poisoning by Carbolic Acid.

ED. MED. AND SURG. REPORTER:—

Many practitioners do not realize that carbolic acid is poisonous in a serious degree. I do, now. It came about in this way: A patient suffered from pin worms in the rectum. He was ordered a pretty strong solution of carbolic acid as an enema, with instructions to force it out immediately after its administration. That ends the first chapter.

I was not the medical attendant, but was sent for in a hurry, and found a man suffering from either obscure narcotic poisoning, or some brain trouble. I could not make anything of the case until I found out the following history: shortly before I was sent for he was found in a stupid state, in the water-closet, with an ℥ viij bottle containing some fluid smelling strongly of carbolic acid. His wife thought that he had used it as an injection. I forthwith washed out the rectum and colon as thoroughly as possible, with water, and found the evacuations to smell strongly of the acid. In half an hour consciousness returned and I found the facts substantially as stated.

He had used the enema as directed, but passed only a part of it. The balance remained and nearly caused fatal poisoning. I do not propose to burden this confession with the symptoms of carbolic acid poisoning.

The description given in *Ziemssen* might be applied to the case in nearly every particular. I did not find whether or not the worms suffered as severely as the patient.

The victim could not realize properly why he should pay me five dollars when he felt that he was the aggrieved party. I received the fee, under a mild protest, as I did not care to argue the *pros* and *cons* of the matter.

I have reported the case, for the reason that it may have passed from the mind of the regular attendant. K.

Treatment of Tænia.

ED. MED. AND SURG. REPORTER:—

Having had an opportunity of treating two or three cases of "tænia solium," I will offer the following simple treatment, for the expulsion of the troublesome vermin, although the small number of cases scarcely justifies its being reported:—

Some members of the profession may give it a trial, and if they have the same good effects from the remedy that I have had, I only hope that they will make the fact known through your valuable columns.

℞. Fl. ext. filicis mas. (pure),	ʒ ij
Ol. terebinthinæ,	℥ j
Ol. ricini,	℥ ss
Mucilag. acaciæ, q.s. ut ft. emulsio,	℥ iv. M.

SIG.—Take one tablespoonful three times a day, for three days (on an empty stomach); begin again in a week or ten days, according to effect.

Tonics—wine and iron—should follow above treatment. Should diarrhœa follow severely, give opiates in suitable doses.

Natchitoches, La. W. B. POWELL, M.D.

NEWS AND MISCELLANY.

Wisconsin Law Referring to Contagious Diseases.

An important law relating to the transportation of dead bodies and the exposure to contagious diseases has been enacted in Wisconsin. We make room for its two most important clauses. The complete Act can be obtained through the Wisconsin State Board of Health:—

SECTION 1. Any person who shall bring, knowingly aid in bringing, or cause to be brought, by railroad, steamboat, sailing vessel, stage coach, or other public or private conveyance, into any town, village or city of the State of Wisconsin, the dead body of a deceased person, unless such dead body is accompanied by the written or printed certificate of a physician or coroner, clearly stating the cause of death, and unless, when the cause of death is smallpox, diphtheria, scarlet fever or other dangerous, contagious, infectious or pestilential disease, such dead body is also accompanied by the written or printed permit of a lawfully constituted public health authority, and by the sworn declaration of an undertaker, in writing, that the body of the person deceased as aforesaid is hermetically inclosed in an air tight metallic coffin, or is encased with an abundance of powerful disinfectants according to the written or printed directions of said public health authority, so as to render the same entirely innocuous, shall be deemed guilty of a misdemeanor, and on conviction thereof, shall be punished by a fine of not less than fifty dollars, nor more than three hundred dollars, or by imprisonment in the county jail not less than twenty days, nor more than three hundred days.

SECTION 4. Any person knowingly laboring under smallpox, diphtheria, scarlet fever, or other dangerous, contagious, infectious or pestilential disease, who shall willfully enter a public place or a public conveyance, or shall in any way willfully subject others to danger of contracting his disease, or any person who shall knowingly and willfully take, aid in taking, or cause to be taken, a child or other irresponsible person while laboring under any of the aforesaid diseases into a public place or public conveyance, or shall in any way knowingly and willfully subject others to danger of contracting any of the aforesaid diseases from such child or irresponsible person, or any person who shall knowingly and willfully subject others to danger of contracting any of the aforesaid diseases from the dead body of a person deceased thereof, or any person who shall in any way, knowingly and willfully expose, aid in exposing, or cause to be exposed a child or other irresponsible person to danger of contracting any of the aforesaid diseases, shall be deemed guilty of a misdemeanor, and shall be subject to the same penalties as are provided in section one of this Act.

Professional Profits.

The money prizes are few in our profession, go where you will. An English contemporary states that in Glasgow the examinership of an insurance company, paying about $75.00 per year, was eagerly sought by not less than thirty medical men, some holding high positions! Prof. Cameron, in his valedictory address to the graduating class at Bishop's College, Montreal, says: "Let me urge upon you not to begin practice with too great mercenary inclinations; if money-making is your aim in life, I fear you sadly missed your vocation; you should, really, gentlemen, have chosen some other calling. Undoubtedly the laborer is worthy of his hire, and people, as a rule, do appreciate kindness, attention and skill, and gratefully remunerate them as they deserve; while you need, therefore, feel no hesitation in expecting or receiving a fair equivalent for your time and labor, be not discouraged or disheartened if you do occasionally meet with inconsiderateness and ingratitude; but you should endeavor to sink, as far as possible, the money aspect of the question, and go forth into practice seeking rather how you may best be of use in the world, how you may best combat disease and alleviate pain and suffering."

This is good advice, but after all, doctors must live and support their families, as much as other people, and more practical words would have been more to the purpose.

The Sanitary Division of the Seasons.

The arbitrary division of the year into four seasons is not satisfactory for the purposes of sanitary statistics. In the recent lectures of Dr. William A. Guy, of Cambridge, England, he has proposed, at least for the climate of England, a division into three periods of four months each; the four hottest months being June, July, August, and September; the four coldest, December, January, February and March; and the four temperate, April, May, October and November. This division has one or two obvious advantages. In the first place, it creates, for comparison, two extremes and an average. In the second place it necessitates only one act of rectification, and that only needed when we are not dealing with a leap year. The temperate and the hot months consist each of 122 days, and so do the cold months in leap year. In other years, the three periods are made of equal length, by adding to the four cold months the fraction $\frac{1}{121}$.

The average temperatures of these three divisions are as follows: Four coldest months, 40.0: four temperate months, 49.4; four hottest months, 62.8; the difference between the four coldest and four temperate months being 9.4, and between the four temperate and four hottest months, 12.9, making the difference between the four coldest and four hottest months, 22.3.

By this arrangement, too, the average temperature of the four cold months (40.0°) is widely separated from that of the four hot months (62.8°).

French statistics, however, give us reason to believe that the order of the seasons, as it prevails in the more temperate climates, does not obtain in warmer countries; and it is likely that the Roman physician, Celsus, had reference to the warmer parts of Italy, when he made the well-known statement, that the healthiest season was the spring, then winter, then summer, and lastly the autumn. The figures for Marseilles and Montpellier agree in placing the Roman spring at the top of the scale, as the healthiest season, and the Roman autumn at the bottom, as the most fatal to life.

In the United States, the highest mortality in cities is in the hot months.

Plans for Insane Asylums.

Dr. Bucke, of the London, Ontario, Asylum, says, in his last report, that the plan of having separate buildings, something on the cottage plan, for violent cases, those of filthy habits, etc., has, notwithstanding the adverse opinion of experts, proved a success so far as carried out in that asylum.

Dr. Bucke says that he is firmly persuaded that a still further division of an asylum into buildings under separate roofs, than is here practiced, might be adopted with great advantage, and that many of the problems in asylum construction may be solved by the abolition of the large single building, and the use of a number of smaller buildings in its place. Some of the advantages of the latter system would be more perfect isolation of one class of patients from all other classes, and the greater facility of systematic classification of patients; greater facility for lighting the buildings; better ventilation without fans and steam power than can be had with these in a very large building, and consequently better health of the patients, a lower death rate, and less cost of construction. To construct an asylum for a thousand patients, he would have it composed of not less than ten or twelve separate buildings, the largest to contain not more than two hundred patients, and the smallest between fifty and a hundred.

Resection of the Stomach.

Prof. Billroth's remarkable employment of "heroic" surgery, on January 29th, when he excised a considerable portion of the stomach, including pylorus, in a woman suffering from cancer of that organ, was so successful that he has twice since repeated the operation. These latter cases, however, were unsatisfactory, one living but eight days after; the other only twelve hours.

The original operation was performed with the first intention of exploration simply. Two days after the operation, the patient took food by the mouth, and on the eighth day the sutures were removed from the abdominal wall. The favorable progress was not interrupted in this case, convalescence having set in, and solid food having been resorted to, without any disastrous consequences. The patient, two months after, continued well; and the success of the operation in her case apparently indicates its feasibility in that class of diseases of which hers was an example. Certainly, for novelty and boldness, it would be hard to parallel the case.

Mortality in Tenement Houses.

Speaking of the alleged increase of mortality in the New York tenement houses, Dr. C. E. Nelson says, in a letter to the *Canada Med. Record*:—

I think this is due to the fact, principally, that there are more poor people than rich; also, that there are more people occupying a room (merely as regards simple numbers) in tenements than in rich houses. Send away the bulk of the tenement house population, leaving merely as many people in a tenement house as there would be, on an average, in a rich house, it is a question whether any more would die in the former than in the latter; of course, there is a little difference as regards buying delicacies, getting good food, wines, etc. The laboring men who live in tenements go to their work every morning, perfectly healthy, although of course they are in the fresh air most of the day; the mothers pass through their confinements about as well as the rich ladies do.

Poisoning from Milk.

An illustration of the poisonous action of impure milk was lately seen at Aberdeen, Scotland. All the patients consumed the milk of one farm, the cows of which had been fed on diseased turnips. The disease was ushered in by a severe rigor, which was followed by headache, backache, high temperature, and sore throat; the tonsils being deeply injected, and the lymphatics in the neck swollen and exceedingly painful. In no case was there any false membrane on the mucous covering of the throat. In most of the cases the symptoms gradually abated, and convalescence was established on the fourth day, but in some relapses took place, and the symptoms reappeared. The disease was chiefly met with in one end of the town, and in some households seven, nine, and twelve members were affected at the same time.

Diminution in the Size of Heads.

A curious fact has been brought out in England (*British Med. Journal*, April 16th). It appears that there has been in the last thirty years a progressive diminution of the size of the heads of the people, a change noted by the hat manufacturers in all parts. They have reduced the average hats for the market at least two sizes during that time. The precise significance of this singular fact has yet to be ascertained.

The Very Earliest Instance of Anæsthesia.

The Vienna *Montags Blätter* states that in M. Edward Albert's work on the *Surgical Diseases of the Head and Neck*, of which the second edition of the first volume has just appeared, there is a passage treating upon narcotics, and containing the following anecdote: When Sir James Simpson proposed the use of chloroform in confinement cases, the religious zealots in England got up an agitation against it, on the ground of the scriptural curse, "In sorrow thou shalt bring forth children." Sir James quickly answered this party, which even comprised some doctors, with the biblical fact that God narcotized Adam (*immisit soporem*—"caused a deep sleep to fall upon him") when he created Eve out of his rib.

The Origin of Syphilis.

An English physician, practicing in Brazil, writes to the London *Medical Times and Gazette*, on this subject:—

"I am much inclined to believe that the disease known in Brazil as *Boubas* (the African yaws) is the parent of modern syphilis, and the identical disease which appeared suddenly in Europe in the sixteenth century. This disease is transmissible in a most acute degree, and sexual intercourse is by no means the usual mode of contagion. It is practically incurable, because, though the internal signs are removed, the constitution continues damaged through life. The external symptoms are not reproducible a second time, so that only those who have been once attacked can act as nurses to boubatic patients."

Curious Statistics of Color Blindness.

The latest reports to the English Ophthalmological Society, based on over 18,000 examinations, show that while the average percentage of color defects in men is 4.76, it falls in women to the low figure of 0.4. This is, no doubt, owing to the much greater training women receive in the differentiation of colors. A fact pointed out many years ago is, that color blindness is more frequent among members of the Society of Friends than other religious sects. The cause of this lies close at hand, in their avoidance of bright colors and prejudices against art in many of its brilliant forms.

Increase in Hereditary Syphilis.

From 1847 to 1858, syphilis destroyed, in England and Wales, an annual average of 565 infants under one year old in each million of births; in 1878, the deaths under this head had risen to 1851 per million. Part of this increase was probably owing to increased accuracy in diagnosis.

True Test of Vaccination.

An English physician, Dr. Robert Cory, in a letter to the London *Times*, has pointed out that the efficacy of vaccination does not rest upon statistical data alone—data of which it is not at all times easy to understand the whole meaning, or to avoid fallacies in dealing with them—but on the result of actual experiment. The efficacy of vaccination was, in the first instance, proved by very numerous but unsuccessful attempts to inoculate the vaccinated with smallpox, so numerous as to justify the Legislature to forbid the practice of inoculation by smallpox in any case, and to first facilitate and then enforce the practice of vaccination.

The Coca Leaf.

An excellent authority, Mr. Clement Markham, has recently written a book on "Peruvian Barks," in which he also mentions the coca plant. He observed that the yield of coca in South America is estimated at thirty millions of pounds. Coca soon deteriorates in keeping, and Indians treat it as valueless if kept longer than seven months, which may explain its slight effect with us.

Such is the faith in coca, that it is believed if a dying man can but taste a coca leaf when placed on his tongue, his future bliss is assured. No Indian is without his *cuspa* or coca bag, made of llama cloth, and three times a day, sitting down, he takes leaf by leaf and rolls them up in his mouth till he forms a ball. Then applying a small quantity of powder, consisting of carbonate of potash, made by burning the stalks of the quinoa plant, mixed with lime and water, he goes on his way rejoicing.

Mr. Markham chewed coca leaf very frequently, and states that he found it to produce an agreeable, soothing feeling; that he could endure longer abstinence from food with less inconvenience, and that when using it, he could ascend precipitous mountain sides with a feeling of lightness and elasticity, and without losing breath. He also considers it the least injurious of all other like substances, even when taken in excess, and at the same time the most soothing and invigorating.

The Propagation of Syphilis by Razors.

M. Desprès has lately published two cases in which syphilis appeared to have been communicated through the medium of the razor during the process of shaving (*Journal des Connaissances Médicales*, quoted by the *Brit. Med. Jour.*) In the first case, a man, aged fifty four, of steady habits, and with no history of venereal disease, was shaved by a barber on July 11th, 1880. The man observed, after being shaved, that he had three small cuts on the chin. On July 25th, the patient (who had had no relation with women for ten weeks) noticed a swelling at the site of each of the cuts first noticed after the shaving. On September 1st, the patient came under the care of M. Desprès, having been sent to the surgeon as a case of epithelioma. On examination, there were found three ulcers on the chin, surrounded by some red and moderately hard callosities. There was a hard gland beneath the jaw, but none elsewhere. No other signs of syphilis were discovered at that time. On September 15th, a papular syphilide appeared. The second case, that of a young man, aged twenty-two, was in many respects similar to the preceding; in him, also, the initial lesion appeared on the chin, but the patient did not remember having been cut by the razor. In due time, glandular enlargement and a general syphilide followed.

Poisoning from Aconite.

A fluid drachm of tincture of aconite is a startling dose for a child to take and recover from. Yet such a case was related recently at the Toronto Medical Society, by Dr. Carroll. Of course, it was through inadvertence. Thirty minims of tr. aconite were given at 7 A.M., and no symptoms appeared until a second dose at 10 was given, when vomiting, accompanied by alarming symptoms of prostration, set in. Large doses of ammonia were given and the child recovered. Possibly the tincture was weaker than the standard.

Curious Cosmetic Invention.

In Paris, says the *Lancet*, false ears are a new manufacture for the toilet. Ladies who think they have ugly ears place these artistic productions under luxuriant tresses of false hair, fasten them to the natural ears, and wear them for show. False hair, false teeth, false breasts, false hips, false calves, false ears—what next?

Iowa State Medical Society.

The Twenty-ninth Annual session of the Iowa State Medical Society was held in Dubuque, beginning Wednesday, May 25th, 1881, at 10 A.M. A large attendance was present, and it was an interesting session.

J. F. KENNEDY, *Sec'y*.

Personal.

—Sir William Jenner, M.D., has been elected President of the Royal College of Physicians of London.

—A "great American rheumatic doctor" has been sent to jail in Bristol, England, for practicing medicine without a license.

—Prof. Helmholtz has been making a visit to Great Britain this spring, and has been received with distinguished honors by the medical societies.

—Dr. John Day, of Australia, well known for his researches on ozone, the peroxide of hydrogen, and other disinfectants, died in January last.

—Prof. Waldenburg, editor of one of the most esteemed German medical journals, the *Berliner Klinische Wochenschrift*, died last month, in Berlin.

—In his recent visit to Russia, Professor Charcot was entertained by Madame Dr. Tarnovsky, a woman practitioner of eminence in St. Petersburg. The Professor, at a professional banquet, expressed himself in terms of high praise about the "lady doctors," setting an example to the profession across the channel which they ought to imitate.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1266] PHILADELPHIA, JUNE 4, 1881. [VOL. XLIV.—No. 23.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CHRONIC AFFECTION OF THE LIVER AND STOMACH OF HABITUAL DRINKERS OF STRONG ALCOHOLIC LIQUORS. THE SYMPTOMS AND TREATMENT OF THE COMPLAINT.

BY HUGO ENGEL, A.M., M.D., F.A.A.M ,
Of Philadelphia.

Persons who imbibe a liberal quantity of strong alcoholic liquor daily, perhaps without ever reaching that degree of intoxication in which they could be considered really drunk, are affected sooner or later by a train of symptoms which are so peculiar, and at the same time—taken as a group—so pathognomonic, that in the individual complaining of them, the tippler, the stage he has reached, his exact pathological condition, and the cause of it, become at once apparent, as only such persons can be affected in the manner soon to be described, who have habitually been drinking such strong alcoholic liquors as cognac, brandy, whisky, rum, arrack, gin, kuemmel, bitters, zwetschenwasser, and other stimulants of the same class. I have never seen a wine, beer, porter or ale drinker with any of these symptoms; but in those who drink, besides the last-named beverages (wine, beer, porter, ale, etc.), between, or mixed with these, the stronger alcoholic liquors first enumerated by me, "to settle their stomach," as they say, I have found these symptoms the most stubborn. And here allow me to make a few more remarks concerning the different kinds of tipplers. There are many persons, especially Germans, who will drink only wine* or beer, and never any other intoxicating liquid, under any circumstances, except, perhaps, when ill and ordered to do so by their physician. These persons are free from the symptoms in question, and there would be a far greater number of them if many wine or beer drinkers did not regularly imbibe, besides their usual main beverage, a little whisky, "now and then," or one of the three following liquors, which they consider harmless, but which are just the cause of the symptoms mentioned, even if producing the latter after a much longer period, because taken in smaller quantities, viz: bitters, zwetschenwasser, and kuemmel. The first consists, generally, of common proof-spirits, to which aloës, gentian, rhubarb, cinchona (rarely), or some other vegetable bitters have been added. The second is a very strong liquor, containing mostly 65 per cent. alcohol, and is made by the distillation of prunes or plums (kernels and all). And what makes matters worse, these two are generally taken on an empty stomach in the morning; a bad habit, the danger of which I will explain hereafter. The last of the three "innocents" consists of common proof-spirits, to which the essence of caraway seed has been added. It is mostly taken by the habitual drinkers of that least dangerous of all intoxicating beverages, weissbier (containing about 2 per cent. alcohol), to stimulate the expulsion of gases from the intestines, the weissbier being very rich in carbonic acid. Drinkers of wine or of malt liquors consider the three beverages just described harmless, but forget how many doses of them they take daily, and that these potations generally contain more alcohol, and what is worse, more fusil oil, than good whisky does. Then there is a class of drinkers who regularly refresh themselves daily with an unlimited number of drinks of the strong alcoholic liquors, which they take undiluted. Such persons are, perhaps, never drunk, but not far from that point, and never totally sober. The two classes just mentioned are the tipplers mostly concerning us here; those, therefore, who really consider themselves only wine or beer drinkers, and apparently abhor whisky, but in facto imbibe with their zwetschenwasser, bitters and kuemmel almost the same quantity of alcohol and perhaps more fusil oil, than the other class, who drink whisky, brandy, etc., therefore, the stronger alcoholic beverages, habitually. The only difference, from our standpoint of view, between the two consists in the fact that the first class enjoys a longer immunity from the symptoms soon to be described than the second class, which has to suffer earlier. Persons who drink only wine or beer are exempt from these symptoms, while individuals who often get actually drunk, or those who are strictly temperate for a certain time and then suddenly go on a longer or shorter "spree," become differently affected, both the latter being threatened by delirium tremens, and more serious organic lesions than the first two classes described. Here we have only to do with the regular tippler, who, whatever else he may drink, imbibes daily a certain quantity of strong alcoholic liquor, without ever, perhaps, getting actually drunk.

---

* By wine, I mean the good European wines. Most of the American wines contain such a high percentage of alcohol, and so often of fusil oil, that they have to be classed with the strong alcoholic liquors.

Before describing the symptoms, I will mention one important fact as regards alcoholic liquors. In certain parts of the Prussian provinces of "Pommern" and "Westphalen" these strong drinks are habitually used by the inhabitants. Why is it that the latter are comparatively free from these symptoms, from which the drinkers of the same liquors in other countries have to suffer so much? One cause evidently lies in the fact that a "Pommer" or a "Westphale" will rarely use any liquor except he, at the same time, fills his stomach with a heavy meal, of which the so very nourishing rye bread of those localities forms no small part. Another and, perhaps, just as weighty a reason, is that the people generally prepare the liquor themselves, from rye, prunes, or other fruit, and that these beverages are remarkably free from fusil oil, amyl. On the other hand, to find any of the common strong alcoholic liquors of this country free from fusil oil, is a rare exception.

The very first intimation of the tippler having reached that stage where he cannot well do without his habitual dose of alcohol, in some form or other, is a symptom which generally precedes for a long time those now about to be mentioned: it is a craving for a drink early in the morning, before any food has been taken, consequently, on an empty stomach. This early stimulant, taken in the beginning, simply because there is a desire for it, soon becomes a necessity in order to "steady" the nerves, and, further still, to "settle" the stomach. This drinking on the empty stomach is the most dangerous habit such men can adopt; it does more harm than all the other drinks of the day taken together, and all habitual tipplers crave for that one drink more than anything else. If such persons could be aware of the fact that in the morning, before the first meal, the absorbing vessels may be compared to dried sponges, which readily absorb any moisture they come in contact with, then they would know that these "morning drams" are absorbed in an almost unaltered state,* and, therefore, cause the greatest damage to the stomach, and, being carried along the portal system, to the liver. This direct introduction of the alcohol into the circulation is the cause of the nerves of the habitual drinker becoming so quickly "steadied" after this first drink in the morning, just as the direct stimulation of the ramifications of the pneumogastric and vasomotor nerves causes the "settling" of the stomach. I have observed inveterate tipplers endeavoring, with shaking hands, to carry the first morning drink to their lips; have seen them verify the old adage, "There is many a slip between the cup and the lip;" and a minute or two later have been astonished to see these same once trembling persons delicately hold the second glass between their fingers and take the second drink with hands as steady as though it was the first liquor that had ever passed their lips. But this magical effect is just the reason that no warning will ever prevent them from gradually undermining their constitution more and more.

The early morning drink once having become an established habit, the other symptoms soon make their appearance. The patient suffers from nausea in the morning, loses his appetite for breakfast especially, and complains of occasional sour eructation, and more frequently returning heartburn. Soon another symptom is added. The patient has a feeling of weight in the epigastrium after each meal; and the stomach becomes sensitive to the touch. The nausea soon changes to vomiting, and regularly every morning large quantities of glairy mucus, which have an extremely sour taste and smell, are ejected by the stomach. Frequent belching takes place, which is always connected with a sour taste; the appetite becomes more and more irregular; the bowels incline to constipation, alternating sometimes with diarrhœa; the feeling of weight and distention increases in severity, as also the sensibility of the stomach to pressure and touch. And the feeling of weight is not only there after eating, and is not confined to the epigastric region alone; there is now a constant sensation of fullness in the right hypochondrium; pain is experienced there more or less constantly, and a physical examination reveals an increased area of liver dullness. Besides these symptoms there are inward fever, great thirst, headache, and all kinds of neuralgic pains. Hemorrhoids generally make their appearance; the sleep is restless, disturbed by dreams; the muscles tremble in the morning; the face looks tumid, and the tongue is coated, indented by the teeth and red at the tip.

---

* Besides, the stomachs of tipplers are coated in the morning with tenacious mucus, etc., which prevents the action of the gastric juice, favored by the temperature of the stomach, on the alcohol and the decomposition of the latter into its composing elements ($C_4 H_6 O_2$) while a cup of hot coffee will remove the accumulated mucus, and alcohol may act as a nourishment. The least dangerous consequences follow, therefore, when the liquor is taken on a full stomach.

These symptoms form, as a whole, a picture which is so frequently seen, and with few alterations—due to peculiarities of the person—it is always the same, that it is easily recognized. The appearance of face, skin and tongue, the peculiar vomiting in the morning, the other dyspeptic symptoms in connection with the subjective sensations in the epigastrium and right hypochondrium, the sensitiveness of the stomach to touch; no other disease presents the same group of symptoms and signs. And no matter what else may ail the patient, no matter what organic disease may cause other phenomena of its own besides the symptoms mentioned, the latter always stand preëminently in the foreground and form a group for themselves.

But now, we ask ourselves, what is the pathological condition that produces this state, this train of symptoms? Chronic gastritis and a peculiar chronic inflammation of the liver.* We do not often see the morbid process at this stage, as death takes place after more serious organic changes have occurred; either the inflammation of the liver makes rapid progress and cirrhosis sets in, or delirium tremens, or affections of the heart, brain, lungs, or kidneys, end life later. In the liver we find Glisson's capsule in the state of chronic inflammation; the tissue is swollen and presses upon the fine ramifications of the portal vein, causing thereby congestion of the abdominal viscera, especially the stomach. It is in this stage that, by relieving the portal circulation, and taking, as it were, the nutrition away from the inflammation, the latter rapidly recedes and the inflammatory products become absorbed. If, on the other hand, contraction of the fibrous tissue has begun, no remedy can prevent the further and now rapid progress of that fatal malady, cirrhosis of the liver.

When there is no pain on pressure, and nothing abnormal left in the right hypochondriac region, except a sensation of fullness, then we have only to do with congestion of the liver, and the symptoms regarding the latter are milder. The stomach shows the well known appearance of chronic inflammation, for a detailed description of which I must refer the reader to any of the many works on special pathology.

I shall now describe the treatment. If the patient has no other organic malady, and follows the directions of the physician exactly, in every detail, from one to two weeks will be sufficient time during which to remove nearly every one of the symptoms or lessen the degree of severity of them so much as to bring the patient out of his miserable condition, as it were, by a miracle almost. In no case, *cæteris paribus*, have I found any exception to this rule. The treatment is as follows:—

The patient must immediately omit all intoxicating drinks; not the smallest quantity is to be allowed to him. Many contend that the liquor should be gradually withdrawn, or dangerous symptoms may arise. This is theory; experience gives a different result.

"Grau, Freund, ist alle Theorie,
Doch grün des Lebens bunter Baum."*

The liquor must absolutely be dispensed with from the very beginning; the patient must not permit a drop to pass his lips under any circumstances, from the moment the treatment commences. The physician must use all his energy and power of persuasion to gain this point; he must convince the patient of the absolute necessity of this, and of the danger threatening the tippler should he no strictly follow the advice given. A physician who does not insist on this sudden and total stoppage of the usual stimulant, will never effect a cure. The few symptoms which may be caused by this abrupt withdrawal will, together with the treatment of the same, be described below.

---

* "The liver of drinkers frequently undergoes a series of pathological metamorphoses, which begin with the formation of the nutmeg liver and lead through the fatty liver to cirrhosis of the same. In connection herewith we observe, rarer, though, than post-mortem examinations should warrant us to expect, all kinds of phenomena of chronic affection of the liver; symptoms which undoubtedly are under the influence of the alcoholic blood of the portal vein." (Falck, in Virchow's Handbuch der Pathologie and Therapie, Vol. 11, p. 1. page 3/2; Erlangen, 1855.)

* Goethe, translated:—
Gray, Friend, is every Theory,
But green is ever life's gay tree.

The patient is also directed to take but three meals daily; say, for instance, at 7 A.M., 1.30, and 6.30 P.M.; that is, at regular and definite intervals, to give the stomach the so much needed rest; these meals to consist simply of several cups of milk (unboiled, hot, warm, or cold), to which lime water is added (f.℥ ij to Oj); a few slices of dry toasted wheat-bread and butter, and once a day—at noon—one or, at the most, two soft-boiled eggs. A little barley gruel, some beef tea, bouillon, boiled rice, soups of any kind (but not fatty), or chocolate may occasionally take the place of the milk; and here and there, to interrupt the monotony of this bland diet, a mealy, mashed potato, or a little celery or radish, may be permitted. But any other diet must be strictly avoided; even the articles mentioned as substitutes, or to change the taste slightly, should only be used when there seems an imperative demand for it. Some people insist that the milk makes them bilious, a fact or assertion of the truth of which I have had no proof where the milk was used according to directions. A whole cup of milk should not be emptied into the stomach at once, but the milk should be swallowed gradually and some toasted bread eaten between each mouthful of milk. I do admit, however, that there are persons who have an idiosyncrasy against milk. Such individuals must take some of the substitutes, but must never omit the milk totally. Happily, such cases among drinkers form a rare exception to the general rule. Milk is generally liked very much.

The patient is advised also to take a lukewarm bath every morning, one hour and a half before breakfast, to stay only four to five minutes in the bath, and to afterwards rub himself thoroughly dry with a coarse towel. Finally, he must take daily walks out in the fresh air, for at least one hour and a half, and give himself as much physical exercise as possible without fatiguing himself, and by no means take a "nap" during daytime. He should arise in the morning and go to bed every night at the same hours, say, at 7 A.M., and and 10 P.M., respectively. This is the hygienic method of treatment; now let me describe the medical treatment.

The patient is directed to take the following the first night when going to bed:—

℞.* Mass. pilul. hydrarg. gr.vi, usque ad gr.xv.
Ext. hyoscyami gr.ij. M.
Ft. pilulæ No. ij.
SIG.—As directed.

And the morning following, six drachms of Rochelle salt in a tumblerful of water, on the empty stomach, the same to be repeated every sixth day until there is not the slightest trace of yellow coating on the tongue. The following medicine is prescribed, which the patient begins at noon of the day he takes the Rochelle salt the first time:—

℞.† Sodii bicarbon., ℥ ss
Tinct. nucis vomic., f.℥ j
Tinct. gentian comp., f.℥ iv. M.
Two teaspoonfuls in water, three times daily, one hour before each meal. Shake well.

Should the bowels continue constipated, the patient is to take one of the following pills at night, on going to bed, whenever there has been no motion during the day.

℞. Podophyllin, gr. vj
Pulv. aloës soc., gr. xxiv
Ext. hyoscyami, gr. xlviij
Glycerin,
Gm. acaciæ, āā q.s., ut ft. pil. No. xxiv.
SIG.—As directed.

Externally the patient has to apply (after having, in case of much hair growing in the epigastric region, shaved off the same) the following fly blister, covering with it the whole stomach, and—laying it a little to the right—a part of the right lobe of the liver also:—

℞. Emplastr. cantharid., 6½″–8½″
Consperge cum., morph. acet., gr. iss.
Ft. emplastrum.
SIG.—Externally.

After eight hours the plaster is to be cautiously removed—a procedure which, on account of the severe burning pain that invariably occurs whenever the epidermis is destroyed, must be delicately performed, so as not to tear the latter off—then a hot poultice is to be applied for an hour or less.‡ after which the blister or blisters that may have formed are to be opened with scissors at their most dependent point, whereupon the sore is to be dressed three times daily, as long as moisture is present, later only twice daily, with the following ointment, which is spread for this purpose upon a piece of old linen, patent lint, prepared cotton, or, still better, linen charpie:—

---

* The dose of the blue pill depends, as a practical rule, upon the corpulence of the patient; the fatter he is the larger the dose. The henbane is added to prevent griping, which in some persons is rather severe when taking blue mass. I may add, that it is better not to let the patient know what he is taking, because some have superstitious objection to blue pill, while others, again, would repeat the dose too frequently of their own accord, and by omitting the Rochelle salt, which they are generally very apt to do, injure themselves.

† Originally and frequently prescribed by Prof. Da Costa in his clinics, while I was acting chief of the latter. Some enterprising firm in the West made a patent medicine out of it, and called it—to the no slight chagrin of the Professor—Da Costa's cure for dyspepsia. When indicated, its effect is remarkable.

‡ If the blisters have all formed on removal of the plaster, the poultice can be omitted. The latter favors the development of blisters decidedly. I have seen

℞.	Unguent. zinci benz.,	℥ iiss
	Acid. carbolic.,	gr. v
	Bals. Peruvian.,	f. ʒ iiiss.

Tere quam subtilissime, ut fiat unguent.

SIG.—Externally.

After a period varying from about six to twelve days the patient will be relieved of every symptom he had, except some slight feeling of weight in the epigastric region after eating. If this is the case, and all vomiting, sour eructations, nausea, etc., have ceased, he is given, in addition:—

℞.	Liquor pepsinæ,	f. ℥ vss	
	Acid. muriat. dilut.,	f. ʒ ss.	M.

SIG.—Two teaspoonfuls in a tumblerful of water, three times daily, immediately before eating.

As soon as the patient has been free, for a week, from each and every symptom he complained of, he is gradually brought back to his usual diet, and if he then continues in the same good condition for a week, the sodium mixture is first omitted. and everything progressing favorably for a week or more, the pepsin also. It is safer not to drop any of the remedies suddenly, but to do so by gradually lessening the dose. If the same cause does not, *de novo*, reproduce the symptoms, the latter, having once fully disappeared (notwithstanding the patient is taking his usual nourishment and no medicine), will never reappear. Whenever, while the patient is still under treatment, any of the symptoms return, the treatment just dropped has to be taken up again; I mean by this. not the whole treatment, but only that part of it which had just before been omitted.

By following this treatment to the very letter, omitting nothing whatever of it. any physician can soon convince himself of the remarkable effect of it. But there are a few symptoms, as yet, which may have to be removed by special treatment.

If about eight days after the application of the blister there is still any pain left in the epigastric or right hypochondriac regions, from six to ten European leeches must be applied to the painful place. The bleeding of the leech bites must be allowed to stop of itself. Should the pain again return—which is very rarely indeed the case—about four leeches will suffice to remove it. The number of leeches depend upon the severity of the pain and the plethoric or anæmic condition of the patient.

We now come to two symptoms which must be ascribed to the sudden withdrawal of the stimulant. They are, great nervousness, restlessness, trembling, etc., and sleepless nights. If these symptoms are not too severe and not too annoying to the patient, I allow nature to take its own way; within one or at the most two weeks the irritability of the nervous system will have ceased and sound sleep set in. A certain amount of physical exercise, as mentioned above, is here especially of value. But in case we are forced by one or the other reason to assist nature, then I know of no better treatment than the following. I will add here, that neither the slightest stimulation nor the use of opium or its preparations are *ever* indicated. I give my patients

℞.	Sodii bromid.,	ʒ iijss	
	Lith. bromid.,	ʒ ijss	
	Aquæ destillat.,	f. ℥ v	
	Syrupi zingib,	f. ʒ j.	M.

SIG.—A tablespoonful in a tumblerful of water, in the morning, on the empty stomach, and at night when retiring.*

I have found two large doses to be more efficient than three smaller ones. As soon as the desired result seems to be achieved, the bromides must be gradually withdrawn. My usual plan is to let the patient take three teaspoonfuls for two days, then if the improvement continues, for two days two teaspoonfuls, and so on. In this way I give the bromides just as long as necessity requires.

Usually, well carried out physical exercise and the administration of the bromides will fully suffice to produce a quiet sleep during the night. But sometimes the cases are more troublesome, and the patient's health threatens to become undermined by the loss of sleep. Then, but only then, I use the following, giving the apothecary the instruction to never by any means renew the medicine nor give a copy of the prescription without my written order:—

---

cases where for three, four and more days, nearly daily, one or two new blisters appeared, much to the annoyance of the patient, when the application of a hot poultice for an hour would have prevented such occurrence. Besides, a hot poultice diminishes the danger of strangury, more, perhaps, than the sprinkling of the plaster with morphia does.

* In the morning, should the sodium mixture have to be taken at the same time, I leave five minutes between them; if Rochelle salt, half an hour, giving the bromides first; the cathartic pill at night—if such has to be taken—does not interfere in the least: it may be swallowed at the same time with the bromides.

℞. Chloral. hydrat., ℥ ss
Mucil. gm. acac., f. ℥ iiss
Aquæ destill., f. ℥ iiss
Liquor. morph. sulph., f. ℥ ss.[*] M.

Sig.—A tablespoonful to be injected into the bowel at bedtime.

I let the patient first go to bed, when half a fluid-ounce of this mixture is slowly injected up into the bowel, by means of a syringe, which is warmed and oiled (at the point) beforehand, and which has a capacity of a little more than half an ounce. The patient is told to withstand the slight desire to go to stool which he will feel at first, but which will disappear in a minute. The light must be turned low and the patient left alone, with one word; all is done to remove irritation of his nervous system,[†] and within three to fifteen minutes he will generally have fallen into a quiet sleep, lasting about eight hours, out of which he awakes refreshed and without any of the usual disagreeable sensations which generally follow the effect of a hypnotic. He may awake a few times, but only to fall quickly asleep again within one or two minutes. A larger dose or a repetition of the first in the same night is, in those cases I here speak of, never necessary. After I have employed the remedy this way for three or four nights, I commence to decrease the dose one drachm[‡] each following night, or in some bad cases, half a drachm, taking the greatest care to prevent the chloral habit. In cases where I have to use chloral, I give the bromides a longer time in full doses, and only begin to decrease them, after I have omitted the chloral for two nights with good results. The patient in this way feels much less the withdrawal of the latter remedy. Chloral is always best administered by the rectum, as by the mouth it easily disturbs digestion; patients dislike it and a larger dose is necessary in order to get the same rapid effect. Lastly we have, when employing the injection, no cause to fear vomiting, and, therefore, a more certain result.

I hope that some of my professional brethren who have not employed it as yet will try the above treatment. They will be astonished at its uniform success, *i.e.* if they follow it in its most minute details. I will only add, in conclusion, that in some inveterate cases, which, when cured, have invariably fallen back into their old pernicious habit again, one or the other dyspeptic symptoms will stubbornly withstand all treatment, or, if at last removed, soon reappear. In such cases—after the treatment given above has been carried out fully—the subnitrate of bismuth is the best remedy. It should be given in doses of from ten to fifteen grains and between meals, therefore, on the empty stomach. Under the conditions described I have seen great good result from it, better, at least, than from any other article of our materia medica, recommended for the same purpose.

812 N. *Fifth street, Philadelphia.*

ON THE MECHANICAL TREATMENT OF SOME OF THE DISPLACEMENTS AND DISEASES OF THE UTERUS.

Extracts from a Paper read before the Obstetrical Section of the American Medical Association, at its meeting, Richmond, Va., 1881,

BY R. BEVERLY COLE, M.D., M.R.C.S., ENG.,

Prof. of Obstetrics and Gynæcology, University of California; Fellow Obstetrical Society of London; Fellow Obstetrical Society of San Francisco, etc., etc.

Without entering into an elaborate description, giving the etiology, symptomatology, varieties, degrees or treatment in detail, of the displacements of the uterus, all of which is familiar to gynæcologists and to most general practitioners, I propose to deal with this class of derangements, at this time, simply with reference to their mechanical treatment, whether complete or auxiliary.

From time immemorable, so to speak, pessaries of great variety of forms and material have been used in the treatment of displacement of this most important organ, the uterus; but Dr. Hugh Hodge, of Philadelphia, was the first to properly appreciate the true principle of shaping and adapting the instrument to the axes of the vagina and straits of the pelvis.

Until his work, "Diseases of Women," was given to the profession, no instrument was extant that fulfilled the indications in this class of cases.

The Hodge pessary, so familiar to us all, has, however, undergone many modifications and the reasons for this are easily explained.

No gynæcologist who has enjoyed a large practice has failed to encounter cases in which the Hodge pessary, as perfect as it is, has not fallen short of meeting *every* indication; hence he has felt himself not only warranted, but called upon to so change the original shape as to enable him to adapt it to the case in hand.

---

[*] The morphia is here only added to allay the irritability of the bowel. Although the dose is very small (gr. $\frac{1}{24}$), it is sufficient to effect a rapid disappearance of the desire to go to stool.

[†] I have seen the effect of the chloral postponed for several hours by friends continuing to talk with the patient after the injection had been made.

[‡] Certainly, of the mixture, a teaspoonful less, therefore.

In 1862, conceiving the idea that the pessary would be better retained in position by depressing its sides, so that the circular muscular fibres of the vagina would apply themselves to the centre of the instrument, and thus fix it and obviate the slipping that occurred when the original was used, I gave to the profession the results of my ideas and experience. And later on, in 1868, discovering that in certain cases, particularly if the instrument happened to be a little too long, the inferior bar had a tendency to compress the urethra and give rise to trouble in the act of micturition, I depressed this portion also, which entirely overcame the difficulty.

On visiting London, however, in 1864, and meeting my friend Dr. J. Marion Sims, and comparing notes, he assured me that he had adopted the same expedient, and I, therefore, never attempted to establish my claim to the improvement.

Before and since these modifications, as we have already said, many others have been made by different gynæcologists. Among those who have given special attention in this direction I will mention James Y. Simpson, of Edinburg, Dr. Albert H. Smith, of Philadelphia, Drs. T. G. Thomas and Montrose Pallen, of New York, each from his standpoint either taking from or adding to the original instrument of Hodge, in accordance with his peculiar views as to improvement. The former of these gentlemen was in the habit of modeling his instruments in gutta-percha, for each individual case, which plan has its advantages inasmuch as it enables the practitioner to take cognizance of the peculiarities of indications and adapt or model the instrument accordingly.

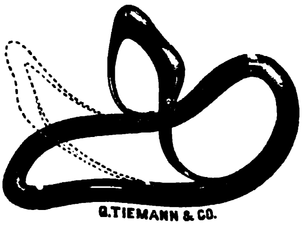
This method consists in simply softening the refined gutta-percha, by placing it, for a few minutes, in hot water, and when of a doughy consistence, rolling on a table or other smooth surface, until a proper thickness, then bringing the two ends together, so as to convert it into a ring. This done, you can give it any curve or curves required, and, while holding it in proper shape, immersing it in cold water, which immediately hardens it and gives you the instrument perfect, which we shall presently practically demonstrate.

Dr. Smith adopted the special features of both the Hodge and the Simpson pessary, producing, in some particulars, a superior instrument to either, and yet not without its faults.

But, as has occurred to each of us, cases present themselves from time to time, in which neither of the instruments extant seems to fulfill the requirements, and of these there is a class that perplexes and annoys us more than all others; it is that which is attended with great sensibility, due occasionally to a neurotic condition, but more frequently to a subacute or chronic inflammation of the parenchyma of the organ itself or the tissue surrounding it.

Under the latter condition no one doubts that we should tarry before resorting to mechanical supports, and address our remedies to the end of subduing the inflammation, and yet, when this is accomplished, for many months the tenderness is liable to continue, while the displacement contributes to its maintenance; therefore, we consider it to be of the first importance, whether the case be one of neurosis, due to retroversion, or an inflammation, subacute or chronic, due to the same or other cause, that we should replace and retain in position the displaced organ.

To meet this indication and avoid pain and irritation we have devised and used for many years the instrument here shown; it is simply Smith's pessary, shorter than usual, with the upper almost angular curve or arm so straightened as to conform merely to the curve of the floor of the vagina, while springing from the lateral bars we have two segments of watch spring, supporting at their upper extremity a bar of hard rubber, which is designed to rest in the fornix of the vagina and uterus posteriorly; in a word, the instrument is so constructed as to be of the general form of Smith's, only less angular and provided with two springs, which give it an elasticity that enables the wearer to tolerate its presence without pain or inconvenience.

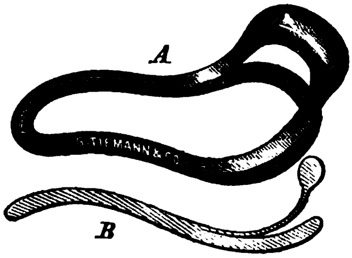


RETROVERSION.

All of us have observed that in the mechanical treatment of *acute* version and flexions, whatever be the cause or attendants, we are much more liable to encounter this extreme tenderness, or sensibility that has been described, than in *retro*-versions and flexions. This increased sensitiveness is in many instances confined to the bladder, through which the pressure, in the employment of all mechanical supports, must be exerted upon the uterus; hence any fixed support or point of pressure, such as is furnished by all acute version and flexion pessaries that have fallen under my observation, is unbearable. And what applies to the bladder will also hold good as to the uterus itself.

Suppose that from long continued displacement irritation is set up, aided as it is by many other factors, or that from the presence of a small fibroid in the anterior wall of the uterus the organ is bent forward and its fundus carried downward; the structures are liable to become the seat of great irritability and tenderness, and the sympathy of contiguity becoming great, there is no relief except through mechanical support, so adjusted and directed as to secure the elevation of the fundus of the displaced organ from exerting pressure on the bladder, and a replacement of the uterus.

In order to accomplish this most desirable end I have devised this instrument, which in construction is similar to the retroversion, except that the direction of the watch springs is reversed, and the ordinary Smith pessary is employed as the bed or support of the springs, without any modification of the superior arm or angular curve of the original instrument. I should have mentioned before that the springs in both my instruments are coated with rubber and baked, so as to render them imperishable.



ANTEVERSION.

After nearly twenty years' of experience in the use of this and the original instrument from which this has been taken, and which was made much more clumsily, of silver, I have no hesitation in saying that while it may not, and does not in some cases, answer the purpose, yet it is far, very far, the best I have either used or seen used.

As a law it can be well borne by the most sensitive uterus and nervous patient, giving great relief and comfort, and serving as an invaluable auxiliary in the treatment of these most troublesome and common of all the disorders of women.

The next condition of the uterus of which we shall speak is one which, though met with occasionally, either escapes detection, or is considered of too little importance to receive attention at the hands of authority. I allude to *double curvature* of the cervix uteri, consequent upon *atony* of the organ and its annexa.

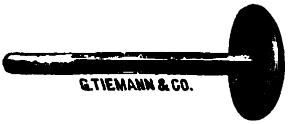
As we announced at the beginning of this paper, we do not design entering into the etiology and symptomatology of these troubles, but merely to call your attention to the fact of their existence, and perhaps, in this instance, to the diagnosis, whatever the symptoms leading to physical examination be. On introducing the finger per vaginam, the os uteri will be found looking forward, the cervix elongated and resting on the posterior wall of the vagina, and so far as a diagnosis can be made through this medium, the case is one of *prolapsus* with *curvature.* When the speculum is introduced and the sound employed, the latter will be arrested in its progress at a point about one-half to three-quarters of an inch from the external os; by changing the direction of the handle, either depressing or elevating it, according to the judgment of the operator, the instrument makes another advance for the same distance, and is again arrested; changing for the third time the direction of the sound, and perhaps, reversing the position of the concavity of the instrument, it will finally pass the internal os, into the cavity of the body of the organ.

This class of cases was first described by me in the *Medical Press*, of San Francisco, in 1859 or 1860, since which we have met with this condition at least twenty or thirty times, and, as has been said, although it must have been met with by others, I have no knowledge of any written authority on the subject.

The treatment of these cases consists in tri-weekly introductions of the sound or stiff English elastic bougie, as large as the canal will admit, assisting its introduction by straightening the organ, either by pushing the fundus up with the index finger of the left hand—a sponge holder, depressor, or other such means, or drawing the organ down with a volsellum forceps through a Sims speculum, allowing the bougie to remain ten or fifteen minutes each time, which being a foreign body, acts as an irritant, inviting an afflux of blood to the parts, inducing active congestion, and through the distention of the vessels overcoming the curvatures, rendering patulous the cervical canal and relieving the dysmenorrhœa that always accompanies the case.

While this treatment with the sound frequently accomplishes the end in view, a much more reliable means is the "galvanic intra-uterine pessary," first introduced to the profession, so far as I know, by Prof. James Y. Simpson, of Edinburgh. This instrument consists of a staff, the upper half of which is zinc, while the lower half is copper (one of which I here exhibit); the supposed action of this instrument is as a small "galvanic battery," inducing a feeble current, which, in its effect upon the uterus, as you can well understand, is excitant, attracting blood to the part and imparting tone to the organ; but, as is well known to all who have given study to the subject of "galvanism" and electricity, the current always takes the shortest route from the zinc plate or generator to the copper or keeper; hence, as the staff is divided, or rather, is united in the centre at its short diameter, the current amounts to but very little.

An improvement upon this instrument I made some years ago, which I have found to render the pessary (as a battery) much more powerful and efficient; it consists, as I here show you, in running the plates of zinc and copper longitudinally, separating or insulating them by the interposition of a thin sheet of hard rubber; by this arrangement we obtain action along the entire length of the staff, instead of, as in the other instrument, at one small point, and consequently it must be more effective.



GALVANIC PESSARY.

This instrument is, for the most part, easily introduced, by drawing the uterus down through the Sims speculum, which straightens the canal, and when employed should, for the purpose of cleansing it, be removed at least once a week.

During the use of the galvanic pessary it is needless for me to say that a properly directed constitutional treatment, as in most uterine troubles, is indispensable.

Before leaving the consideration of this little, and, as I think, invaluable instrument, allow me to trespass upon your time briefly, while I describe another condition, in the treatment of which I assert it has no equal, and in which, so far as my experience goes (it having been large), it never fails. This is a broad assertion to make, but I feel that my observation justifies it. I speak of *super involution*, or that condition which sometimes follows delivery at full term, in which the physiological process through which the enlarged uterus is absorbed and restored to its original and normal state is carried too far, and atrophy results.

These cases, in my experience, have been invariably attended with cachexia, and an indefinite suspension of the menstrual function. So frequently have I met with these cases, that now, when a woman consults me with the following history, namely: that she was delivered at full term of a healthy child (at a period variously remote, from one to many years), and that her recovery, or "getting up," was entirely satisfactory, and that since she has weaned her child no return of menstruation has occurred, and that she is growing weak, pale or anæmic, with cold feet and hands and a tendency to hysteria, no unusual indisposition having expressed itself during the time, I always suspect, and am usually right, that she is the subject of super involution. An examination and the employment of the sound soon determines the fact.

The treatment of these cases consists distinctly in the persistent use or employment of the "galvanic intra-uterine pessary," beginning with one of such length as will agree with the measurement of the uterus as ascertained through the sound, and gradually increasing their length as the organ develops in size, which, as has been said, *will result*, and that in from two to three months. I have in this way, after an absence of the menstrual function for five years, restored the uterus, which at first measurement was but one and a quarter inches in length, till finally at the end of three months it measured two and three-quarter inches; the menstruation returning, and in due time pregnancy supervening.

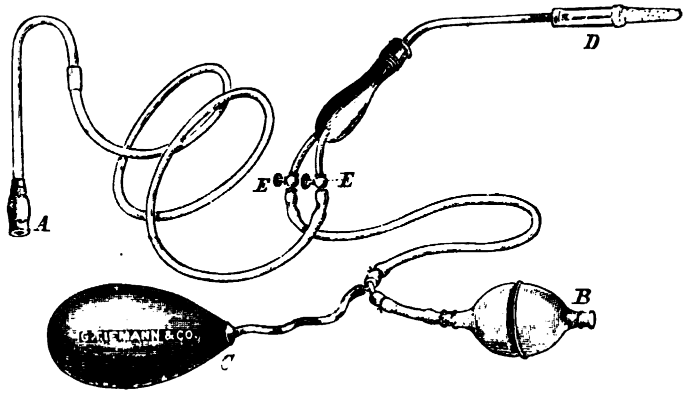
The notes of a number of such cases justify me, I repeat, in commending the galvanic pessary in their treatment.

We now come to the consideration of an affection familiar to all of you, viz., menorrhagia and metrorrhagia due to granular inflammation or degeneration of the endometrium, ulcer, cancer, and fungous degeneration of the mucous lining of the uterus. Without entering into detail as to the means of diagnosis at our command, and presuming that this has been arrived at, whether it be one or other of these diseases that gives rise to the excessive hemorrhage, the indication is distinctly the same in each, viz., to remove the cause, so far as may be possible, by destroying the bleeding, diseased surface and establishing a healthy action in the tissues beneath.

To generalize, the curette, Vienna paste, chloride of zinc, and other escharotics and astringents of every kind, and finally the actual cautery, have each had their advocates, and doubtless each has been productive of good in the treatment of these cases; without descanting on their relative merits, suffice it to say that where granular or fungous degeneration, ulcer or cancer exist, and can be brought into view, even though the sponge tent be necessary as an auxiliary aid or means, most authorities agree that the actual cautery is invaluable, and perhaps the most reliable agent in the treatment of these diseases.

When this is the conclusion of the practitioner, the question arises, how best to employ it?

We have the ordinary brutal instrument, the *iron*, heated by means of the flame or fire, and blow-pipe, which generally cools before it can be applied. We have the thermo-cautery of Paquelin, of Paris, which, although a good instrument when it works, *never works when wanted.* We have the gas jet, which has been recommended by Thomas and others; but this requires a double speculum, between the walls of which a stream of cold water is kept running, at great inconvenience to all parties. And we have what I now introduce to you, an instrument which is easy of manipulation and *never fails to work.*



AN IMPROVED CAUTERY.

The principle involved in its construction is not new, but the application of it in these treatments and the improvements I have made *are new,* and I am prepared to say that, under every circumstance, so long as you can command a supply of ordinary illuminating gas it will work to the entire satisfaction of the operator.

It consists of a goose neck, A, which is to be applied to an ordinary gas fixture. Through a rubber tube, connected at one extremity to this goose neck, and at the other to a metal tube at the handle, E, the gas is conveyed to the instrument. To another metal tube, at the handle, E, we have another rubber tube, which conveys the atmospheric air from the reservoir, C, the reservoir having been previously filled by the bulb-pump, B. The two metallic tubes, EE, at the handle, are furnished with stop-cocks, so as to give the operator complete command of the supply of both air and gas, thus enabling him to regulate the proportion of each in such manner as will secure perfect combustion. These metallic tubes traverse the handle, and are merged into one, so that when the flame reaches the cautery point, D, you have the highest degree of heat obtainable. Thirty seconds of time is all that will be required to produce a beautiful red heat, which experience teaches is the most desirable, since with a white heat we are liable to have hemorrhage.

The handle, it will be observed, is so bent as not to admit of the hand coming into the field of vision. Should the air bag become exhausted it may be refilled easily by employing the bulb-pump, without interrupting the operation.

In the employment of this cautery any ordinary speculum may be used, or the speculum of Sims, which enables you to bring the uterus down, thus straightening the canal, avoiding danger, and facilitating its application.

The after treatment of all cases in which the cautery may be employed, whether local or constitutional, will, of course, receive the attention of the attendant.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINICAL LECTURE, BY PROF. D. HAYES AGNEW, M.D., MAY 7, 1881.

(REPORTED BY GUY HINSDALE, M.D.)

Case 1.—Severe Injury of the Head, Followed by Removal of a Large Sequestrum.

This lad was admitted a week ago, presenting two fistulous openings in the scalp: one to the left and slightly below the median suture, the other on the same side, shorter and just above the temporal ridge. The abscess discharged through the fistulous opening for several months. The boy had fallen from a row of bannisters, striking his head and remaining insensible for a number of days. This insensibility was followed by paralysis, a paralysis of the right side. He has now, you see, nearly recovered, and is able to go about.

The pus collected between the scalp and the bone. Upon introducing a probe, the skull was found denuded. Dr. Harte made an incision and removed this circular piece of bone, which, you see, is about two inches and a half in diameter.

Now, what happened to produce insensibility when this lad was struck? Several things happened. There was a terrific shaking, a jar or concussion of this part of the brain. In an hour, or even in ten minutes, a man may entirely recover. The man staggers, perhaps falls, and for a few moments is bewildered and confused; his head aches, and possibly he is sick at the stomach; but the patient recovers, and is soon able to go about as usual. This is a jar or shaking of the neurine, but just what constitutes such an accident it is difficult to say. The structure is disturbed, but in a short time the stunned man recovers perfectly. No critical method that we have for investigating tissue structure can detect the slightest alteration. I illustrate it by a magnet which has lost a portion of its magnetism, owing to a change of molecular arrangement.

This lad's unconscious condition continued several days. The blood vessels of the cranium and brain were paralyzed. The lumen or calibre of the vessels depend, as you know, on a central regulation by the nerves. Their power may be temporarily suspended by the force of concussion; the muscular power of their walls is lost and the blood rushes in. A large effusion of serum now takes place, and symptoms of compression are produced. The patient cannot be roused or waked up; there is complete unconsciousness. The effusion may be gradually absorbed as the nerves are restored, the symptoms abate, and, in the course of a few weeks, the patient perfectly recovers.

In this boy compression was well marked; he was oblivious to all impressions. Paralysis upon one side was complete. This may be from a variety of causes, as from an effusion of blood, and in this instance such was the case. Where did the blood come from? Probably, in this patient, from a rupture of the blood vessels in the separation of the dura mater from this piece of skull to which it was attached. If you will look at a dura mater freshly exposed you will find it dotted over with minute apertures, the openings of blood vessels. You can also see the prolongations of fibrous material which hold the dura mater in contact with the skull. There are, then, two connections, vascular and fibrous. The force is transmitted through the skull and detachment of the dura mater ensues. As the blood exudes, drop by drop, between the dura mater and the skull, this internal periosteum is still further separated and there is produced, in a very short time, well-marked symptoms of compression.

This boy was paralyzed for three days, and this occurred on the opposite side, viz., the right. We can, from the paralysis, usually predicate the place of lesion, although there are a few exceptions; nevertheless the general rule holds true.

What follows? The force which crushed the scalp has deprived the bone of its periosteum. It detached the dura mater, and the bone is therefore separated from its membranes upon both sides. Consequently, what happens? Death of the bone. It does not follow that, when on one side or the other the periosteum is detached, the bone dies, but when they both are detached it is certain to die. The bone, however, may die if only the dura mater is separated.

The effusion was absorbed; the boy has recovered his power and is comparatively well. Turn off the scalp and see the surface exposed and the work of repair going on. How does the wound fill up? By granulations. From what! From the dura mater. The surface is white or opaque, and the blood-vessels can be seen. The cicatrix will gradually contract and leave a depression upon the surface of the skull. These cicatrices sometimes have earthy matter but never actual bone. The fibrous tissue resulting serves to protect the brain beneath. That the brain can resist changes of this kind shows the great value of its investing tissues.

Case 2.—Compound Fracture of Radius and Ulna.

This patient has just been admitted. He says that he works in a factory and that his arm became entangled in the belting of the machinery. These are often terrific wounds; sometimes the arm is vulsed from the body. I have seen the entire arm torn off at the axilla.

There is an external wound here. As I lift the arm you see it falls over to the ulnar side. Both bones are broken. I feel for the ulnar artery and the radial, to see if they are injured. The radial artery beats and the other also. What is the treatment? Readjust the fragments, close the wound, and convert the case into a simple fracture. The difference between the conditions in compound and simple fracture is just the same as the difference between that in an open ulcer and in a subcutaneous section of tendon. When there is much laceration of the muscular tissue and skin, it is impossible, sometimes, to close up the wound. Here, we will draw up the parts and try to convert it into a simple fracture. Watch and see that the pus does not burrow between the muscles. I often recommend a simple dressing of white of egg, or compound tr. benzoin. It forms a crust over the wound and excludes the air. Splints for the anterior and posterior aspects of the arm, using no pressure. Cut an opening where the splint overlies the wound, and pack well with lint and oakum. We use two splints. If we flex the forearm when the anterior splint is put on, you see it cannot strike the arm in any respect. Then the upper and lower ends are padded, to prevent excoriation Placing the hand between pronation and supination, we adjust a sling and place the arm across the chest. Watch to see that there is no excoriation. Probably, to-morrow, the swelling will be very much greater than to day. If we fail to close up the gap the wound can close only by granulation tissue, a much slower process.

Case 3.—Urethral Caruncle.

Here is an interesting case. Although I have been connected with this hospital for twenty years, I have never seen a case like the one I show you to-day. This man, before his entrance to the house, had been having a bougie introduced into his urethra. He had been treated for stricture, and eight days ago this stricture had been divided by the knife. Since that time he has had severe hemorrhage. You see how pale he is. Before the operation, he says he could pass a stream as large as a goose quill. We hear a good deal, nowadays, about strictures the natural size of the urethra, through which Nos. 28 and 30 bougies can pass, but in my opinion these can be discerned only by the eye of faith!

'Tis possible there was a stricture; possibly it was this very thing that was cut that gave the free bleeding. When the loss of blood is serious, introduce a catheter and make compression over that; but in this case that was not sufficient. Dr. Harte slit up the urethra, upon its dorsal aspect, and found, half an inch from the meatus, a large caruncle. This may have produced narrowing of the tube. The caruncle was cauterized, the wound was closed by two pins, and the parts held in apposition by figure of eight sutures. That settled the question of hemorrhage.

It is highly probable that unless something had been done the man would have bled to death.

This case was new to me. I have seen small vascular growths at the meatus urinarius, but this was at one-half the depth of the glans penis. These polypoid tumors of the urethra are said to be due, occasionally, to leucorrhœa and gonorrhœa, but they commonly arise irrespective of such disease. They consist of hypertrophied papillæ, being composed of a spongy, erectile tissue, are freely supplied with nerves, very vascular, and, as was true in the case before us, often bleed freely when injured. They are of slow growth and seldom exceed a small raspberry in size.

Caruncles are far more rare in men than in women, and it is astonishing what a vast amount of suffering they sometimes give rise to. Patients will commonly complain of pain during micturition and at coition. Women of the most cheerful disposition will, in the graver cases, grow peevish, despondent and morose, and are the victims of the greatest mental and bodily distress.

What can be done to remove them? When they are attached by a pedicle, a snip of the scissors is all that is required. It may be necessary, in some cases, to dilate the canal in order to reach the growth. Where there is no pedicle, cauterization is the best treatment, and, as in the present instance, where dilatation is not admissible, you will have to expose them with the knife.

It is not possible for any man to say that he has seen everything that is likely to occur in surgery. Come into my wards and I will show you a little lad who has emphysema of the scrotum, and emphysema up to his axilla. We often see emphysema of the side, but I never saw emphysema of the scrotum. He has a broken rib. The lung is injured; air has escaped through the opening, and has pervaded the cellular tissue low enough to fill the scrotum.

Case 4.—Ulcer on the Leg.

It is proper that you know the result of operations done in this hospital. I show you to-day the man on whom the operation for strangulated hernia was done a few weeks ago. He has recovered from his strangulation and from his operation.

This same patient has two ulcers on the leg; one quite extensive and the other not so large. In the dispensary, where so many cases are treated, it is the commonest affection we have to deal with, and by far the most frequent seat is upon the leg. Their occurrence here is due to several causes. This is the lowest portion of the body and the most exposed to injury. Over the subcutaneous surface of the tibia there is very little cellulo-adipose tissue, and bruises here are apt to be followed by trouble. Then the veins are acting under great natural disadvantages. If their valves give way we have the whole column of blood pressing upon these walls. But in this case the ulcer does not depend on these causes. This patient has had a compound, comminuted fracture of the leg. I would caution you to be lenient toward your fellow practitioners in cases where there is deformity after fracture. In many cases there is necessarily deformity, and that, too, very considerable.

The ulcer depends on one of two causes, upon necrosis of a fragment, or upon displacement, where the skin is stretched and attenuated and breaks down. We have here both causes. The fragment is very near to the surface. It is possible that the ulcer is partly due to that. Then, you see, the probe goes deep into the soft, spongy tissue of the bone. The ulcers are due to the presence of diseased bone.

What is to be done? They will never heal up till the bone comes away, just as no ulcer will cicatrize in the presence of a foreign body. Caries may involve a considerable portion of this bone. We will let him alone till the fragment is detached and the ulcer is healed. It may be many months before this is accomplished. Protect the part from damage by a soft dressing. This ulcer is being treated with carbolized oil.

There is no use whatever in strapping an ulcer of this kind, but we will wait for the carious bone to be discharged.

Case 5.—Oblique Inguinal Hernia.

This patient has a very marked swelling in the left scrotum. I find it soft and baggy. When I put my finger upon it, as he coughs, I find that there is a distinct impulse communicated to the hand as though something were shot into it. The patient says that he has had the swelling six years, but that "it won't go up this time." I place my thumb on one side and fingers on the other, and, with the other hand grasping the body of the tumor, I draw it slightly downward and outward, and then, by making a gradual but firm compression of the mass, with a gurgling noise it slips back. This is, then, a reducible hernia. The patient says he has slight nausea and vomiting. Men who have hernia occasionally complain of this.

It is an oblique inguinal hernia. A proper truss should cause no excoriation, as this has done. All that is necessary is that the pad should compress the canal. Nothing can pass out when I make pressure here. All this man needs is a judiciously applied truss.

—Miss Jennie Brown, the fearless nurse, who devoted herself to the care of the sick while the yellow fever was raging at Grenada, Memphis and New Orleans, has just come into possession of a fortune by the death of her father, an eccentric old man, who hoarded his gold, and refused to live in any kind of habitation but an old canal boat.

MEDICAL SOCIETIES.

THIRD ANNUAL CONGRESS OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

Held in the Hall of the College of Physicians, Philadelphia, May 9th, 10th, and 11th.

REPORTED FOR THE MEDICAL AND SURGICAL REPORTER.

The meeting was opened by the President, Dr. J. Solis Cohen, Monday, May 9th, at 10 A.M. After the roll call, Dr. Harrison Allen, the Chairman of the Local Committee, read an address of welcome, which was followed by the president's address. In it, Dr. Cohen called attention to the progress made in laryngology, and especially in the literature of this specialty, during the past year. He stated that there was now published a journal exclusively devoted to laryngology in America, and one in France, and that in the near future, one in Germany and one in England could be expected to appear. He also congratulated the Association on the large amount of original work done by its members during the past year. Attention was then called to the methods of illuminating the larynx by means of electricity, which had been introduced during the year; to the method of reducing the sensitiveness of the fauces by means of the ether spray; to the treatment of nasal diseases with cinchonidia and salycilate of quinia in powder; to the treatment of follicular pharyngitis and hypertrophy of the tonsils by galvano-cautery, and other novelties in laryngology, and then read an obituary notice and biographical sketch of Dr. Davis, of Chicago, the founder of the Association and its first Vice President.

Dr. F. I. Knight, of Boston, then read a paper on lupus laryngis, in which he reported three cases of the disease, one in which the laryngeal lupus followed lupus of the face, one in which the order of sequence was reversed, and one in which no external manifestations of the disease were noticed, making this case rather doubtful. The doctor gave a minute account of the clinical features of these cases, and showed colored drawings of the laryngeal images.

Dr. Morris J. Asche, of New York, then read a paper on "Lupus of the Pharynx and Larynx," in which he first gave a report of a case of lupus of the pharynx without external lesions, and then gave a very clear résumé of what has been written on the subject. He stated that the disease was not as rare as was generally supposed, and that this supposition might be explained by the fact that different authors use different names for the affection. He further stated that the disease was more frequent in females than in males, and that lupous ulcerations usually made their appearance first in the velum palati, which fact was important in the differential diagnosis between this affection and syphilis. The prognosis, the Doctor said, was always unfavorable, and the treatment should be supportive, and locally, solid nitrate of silver and other astringents should be used, with a view to heal the ulcerations.

Both papers were discussed together, and in the discussion Dr. Lefferts, of New York, said that the differential diagnosis between lupus and syphilis of the larynx and pharynx was extremely difficult, and that he would regard every case in which there were no external evidences of the disease as doubtful, and would be inclined to regard the ulcerations as of syphilitic nature.

Dr. Andrew H. Smith, of New York, then read a paper on "Certain Neuroses of the Throat." The first of these was neuralgia, manifested in an aching pain of a remittent character, and which may or may not be associated with venous congestion of the mucous membrane. The neurotic character, he said, was apt to be overlooked in these cases, and a great deal of local treatment uselessly applied, while it should be treated as neuralgia.

The second class of neuroses comprises those cases in which the patients complain of various forms of deceptive sensations in the throat, such as a feeling of constriction or of a pressing backward of the larynx, or a feeling as of a strong pulling in one direction or another, and so forth. These sensations, the Doctor said, might possibly be explained as paresis of certain muscles, leaving others without sufficient antagonism. The third class comprises those cases of tickling in the throat, frequently not connected with any ascertainable cause of irritation, either local or reflex. The author stated it as his belief that this tickling was often the earliest symptom of laryngeal phthisis, and that it had been observed to occur on the same side on which pulmonary trouble appeared subsequently. As treatment for these cases, he recommended sedatives, tonics, and change of air.

AFTERNOON SESSION.

The first paper was read by Dr. Beverly Robinson, of New York, "On Laryngeal Affections of Pulmonary Phthisis," in which he called attention to the peculiar pallor of the mucous membrane noticed in these affections. He then pointed out the different causes of aphonia in phthisical laryngitis as being first a change in the muscular tissue of the muscles of the larynx, causing paralysis of the cords; second, anchylosis of the crico-arytenoid articulation, and finally, the ulceration and infiltration of the mucous membrane. The Doctor further stated that ulceration of the epiglottis gives rise to painful deglutition, and that ulceration of the intra-arytenoid commissure produces cough and muco-purulent expectoration. The ulcerations of phthisis, he stated, were characteristic, which character differentiated them from syphilitic ulcerations. He also mentioned papillary growths in the intra-arytenoid space, as a symptom of phthisical laryngitis, which produces paroxysms of cough, but unless they were very large, should not be removed by evulsion, as they were sure to be reproduced within a short time. The paper was concluded with a consideration of the differential diagnosis between phthisical and syphilitic laryngitis, and the author, in this connection, stated it as his opinion, that tubercular disease in the larynx was extremely rare, if it occurred at all. The curability of the affection under consideration depends upon the stage as well as upon the mode of treatment adopted, and that tracheotomy as a palliative measure, in phthisical laryngitis, was perfectly justifiable and frequently indicated.

Dr. W. Porter, of St. Louis, then read a paper on "The Prognosis of Laryngeal Phthisis," which was a plea in support of the assertions made by him and combated by others, that laryngeal phthisis is often curable. The Doctor gave an account of several cases of undoubted laryngeal and pulmonary phthisis which had been cured.

Dr. Frank H. Bosworth, of New York, then read a paper on "Tubercular Ulceration of the Mouth, with Report of Cases." After having given a minute history of several cases of tubercular ulceration of the mouth, pharynx and tongue, and having reviewed some of the literature on the subject, the Doctor gave it as his opinion that tubercular ulcerations in these localities were characteristic, and unlike any other ulceration, that they were the local outbreak of a general dyscrasia, and that they might precede or be contemporary with the lung symptoms.

A lengthy discussion followed the reading of these papers, during which Dr. Smith, of New York, said we should be careful not to mistake catarrhal for phthisical laryngitis. That in his opinion the laryngeal affection in these cases was usually an inflammation of the mucous membrane, dependent upon the general dyscrasia for a cause, and that the appearance of ulceration was a sign that the parts had been irritated. He thought that in advanced cases the prognosis must necessarily be very bad, but that there might be hope for those in the earlier stages.

Dr. Glasgow, of St. Louis, said that he was very skeptical as to the existence of tubercle in the larynx, and then expressed his views as regards the pathology of the tubercular process.

Dr. Roe, of Rochester, said he had never seen a case get well which had progressed to the stage of ulceration.

Dr. Johnson, of Chicago, said that there should be no difficulty in diagnosing laryngeal phthisis, but that in the incipient stage it might be confounded with catarrhal laryngitis, and that in these cases he relied chiefly upon the temperature. In regard to prognosis, he thought it was always grave, and he had seen but one case of laryngeal phthisis get well.

Dr. Shurly, of Detroit, said that the prognosis depended altogether upon the diagnosis, and that he had seen cases of chronic laryngitis resembling phthisical laryngitis with ulceration. In his experience, true phthisical laryngitis was always accompanied with tubercular deposits somewhere in the system, and was always fatal.

In closing the discussion, Dr. Robinson said that the inference to be drawn from the discussion was that there were cases of cured laryngeal phthisis; and, if such, we should treat our patients with that view. Dr. Porter stated that he had nothing further to add; and Dr. Bosworth said that the more gentle the local treatment of such cases the better would be the result.

After this, the session was adjourned till next day, and the members invited to dine, in the evening, with the President.

Second Day.

The session was opened with a business meeting, after the close of which Dr. Louis Elsberg, of New York, read a very interesting paper on "The Histology of Cartilage in general, and of the Thyroid Cartilage in particular." The paper was illustrated with a number of excellent drawings by the author. Dr. Elsberg next exhibited an apparatus for illuminating the larynx, which consisted of a metal cylinder fitted with a bull's eye condensing lens. This cylinder could be used in connection with the lime light, argand gas burner, or student lamp, and gives a very beautiful light. He also exhibited and explained Trauve's galvanic accumulator, for galvano-cautery purposes.

Dr. W. C. Glasgow, of St. Louis, then read a paper on "the Operation for the Deviation of the Nasal Septum," and showed a new instrument for performing the operation of cutting and crowding back into its original position the cartilage, which is afterwards retained there by wooden plugs introduced into the nostril. The instrument, which had been devised by Dr. Steel, of St. Louis, consisted of a pair of forceps, one blade of which was flat, while the other was furnished with several knives, arranged in star shape upon the blade. In operating, the smooth blade is introduced into the obstructed nostril and the cutting blade into the free one; the forceps is then closed, when the knife blades cut through the cartilaginous septum.

During the discussion which followed this paper, Dr. Jarvis, of New York, said that he had divided the deviations of the septum into three varieties, viz., localized anterior, localized posterior, and general deviations, and that he was in the habit of operating for the removal of the localized ones by transfixing them with a needle and then cutting them off with his wire snare.

Dr. Shurly said that he operated by loosening the mucous membrane and then cutting a triangular piece out of the septum.

Dr. Bosworth said that, in his experience, cotton could, with advantage, be substituted for the wooden plugs for retaining the septum in position after the operation.

Dr. Carl Seiler, of Philadelphia, then read a paper on "The Effect of the Condition of the Nasal Cavity upon Articulate Speech," in which he pointed out the fact that partial or complete stenosis of either the anterior or posterior nares could be diagnosed by the sound of speech. He also exhibited a galvano-cautery knife to be used in the treatment of nasal catarrh, in which the two wires were insulated from each other by vulcanized fibre, a substance which is not affected by heat, and which is a perfect non-conductor of electricity.

In the afternoon, Dr. Roe, of Rochester, read a volunteer paper on "Laryngeal Whistling;" and Dr. Glasgow reported a case of paralysis of the abductor muscles of the larynx, of central origin.

Dr. Clinton Wagner, of New York, then read a paper on "Sub-hyoidean Pharyngotomy for the Removal of the Epiglottis," with illustrative case. He gave a minute account of the details of the operation, as it had been performed by him in a case of malignant growth of the epiglottis. In conclusion he stated that the epiglottis was not necessary in the act of deglutition.

Dr. Geo. M. Lefferts, of New York, then read a paper on the question of "Hemorrhage after

Tonsillotomy," in which he stated that hemorrhage after ablation of the tonsils was not frequent, that dangerous bleeding might occur, but that it could generally be controlled by pressure upon the larger vessels or by torsion of the bleeding branch, and that fatal hemorrhage was extremely rare.

A paper by Dr. Jas. E. Sajous, on "Paralysis of the Vocal Cords due to Lead Poisoning," was then read by title, after which the session adjourned till next morning.

In the evening the members of the Association were entertained at a reception given by the Philadelphia Laryngological Society, at the rooms of the Penn Club

Third Day.

The session was opened by the reading of a paper by Dr. William C. Jarvis, of New York, on "Hyperæmia of the Larynx," which was followed by a paper on the comparative value of atomized fluids in the treatment of the diseases of the larynx, in which he questioned the general usefulness of sprays, and suggested a new method of using the spray, which consists in telling the patient to close the lips around the tube, and to breathe through the nose.

Both these papers were discussed together, and the discussion proved to be chiefly technical in character. During the discussion, Dr. Delavan, of New York, exhibited a spray tube for throwing the atomized liquid into the vault of the pharynx, which he thought was superior to the tube in general use.

A paper, by Dr. W. H. Daly, on the "Relation of Hay Asthma to Nasal Catarrh," was then read by title, after which the Association went into private session for the election of officers for the ensuing year.

Dr. F. I. Knight, of Boston, was elected President; Drs. Shurly, of Detroit, and Porter, of St. Louis, Vice Presidents; Dr. Lefferts, of New York, Secretary and Treasurer; Dr. Bosworth, of New York, Librarian; Dr. Harrison Allen, of Philadelphia, to fill a vacancy in the Council. The next annual meeting is to be held in June, 1882, at Niagara Falls.

In the afternoon most of the members went on an excursion, by special train, to Atlantic City, where they were entertained at the Seaside House and the Brighton Hotel, returning to the city about midnight.

MEDICAL SOCIETY OF THE THIRD CONGRESSIONAL DISTRICT OF INDIANA.

Reported for the MED. AND SURG. REPORTER.

The Society met at Jeffersonville, Ind., May 4th, the president, Dr. J. L. Stewart, in the chair. Dr. N. Field read a report from the Committee on Practice.

Dr. C. N. Nutt reported the case of a female patient, aged 49, suffering from double sciatica, to whom one-third of a grain of morphia sulphatis was administered hypodermically.

In less than *one minute* after the needle was withdrawn very alarming symptoms of narcosis supervened. The symptoms lasted for six hours, despite active resorts to restoratives.

Extreme nausea, vomiting, and epigastric distress persisted for five days, when they gradually abated, and the lady advanced to a permanent recovery.

Dr. G. W. Burton, of Mitchell, Ind., next reported on the subject of medical legislation in Indiana, saying that the subject had engaged the attention of the General Assembly for nearly a quarter of a century, that in the last eight years over forty "bills" had been introduced, and in turn, each had failed. He thinks this is due to the fact that the profession is not yet ready for a law upon the subject. The opposition includes unrecognized homœopaths, eclectics, physio-medicals, corn doctors, cancer doctors, itinerants, and a considerable number of "weak-kneed regulars." These were all agreed in opposing everything. Regulars could not and would not agree upon any bill. Indianapolis was opposed to the bill presented by Dr. Hibberd, Chairman of the State Society's Committee. The colleges opposed a law requiring an examination of their graduates. Quite a number wanted nine examining boards, others four, others one, and still others none. Dr. Yancey's bill, of the Senate, provided for nine boards. Dr. McIntosh's, of the House, provided that the county clerk of each township, from the evidence presented, should determine as to the fitness of all applicants, and for such as were qualified, should put the seal of the county on their certificates as evidence thereof. With this great difference in the ranks of the regular profession, it can readily be seen that it is impossible to accomplish anything. If there is to be a law to protect the people of this commonwealth from the great army of "quacks" now infesting every part of it, the regular profession must first agree as to what that law shall be, and then, as a body, demand it.

Dr. W. O. Roberts, of Louisville, reported a dislocation of both hips, in a man sixty-three years of age, the right one in the dorsum of the ilium, and the left in the obturator foramen. The accident was caused by a pile of lumber falling on the man while he was in a stooping position. Reduction was accomplished by Reed's method, practiced *while the patient was upon the floor.* He spoke of the great advantage of Reed's method over that of extension and counter extension. The right limb became paralyzed, which was due to the injury received by the nerve at the time of the accident. But now (two years since the accident) the man is able to walk with the assistance of a cane, and is at present attending to light work in the lumber yard.

Dr. L. S. Oppenheimer, of Seymour, reported a case of xenomenia following spinal injury—atresia uteri—operation. The patient, aged nineteen, began menstruating in her thirteenth year. Two years ago she was struck on the back, in the lumbar region, by a fire shovel; spinal caries set in, resulting in an abscess and in partial paralysis. The menses remained absent until an operation for caries was performed by Dr. J. M. Holloway, of Louisville, and a supporting apparatus applied; after this, whenever the menstrual period returned the patient suffered from cephalalgia, stupor, etc., until profuse epistaxis (vicarious menstruation) set in and relieved the cerebral symptoms. This continued for several days, and then gradually ceased. Each menstrual epoch has been marked by these phenomena since that time. An examination of the generative organs revealed marked atrophy and atresia of the uterus. I forced an entrance into the uterus by means of a small sound, and maintained it patent by appropriate treatment. The following menstrual epoch came on, beginning with the cerebral symptoms and slight epistaxis, but gradually changing to the generative organs, pelvic fullness and flowing from the uterus. The flow of blood was slight at first, but gradually became more profuse, and in a few days disappeared. The patient now seemed to be in a fair way to recover, but the next epoch brought a reappearance of the epistaxis, etc., and no more blood flowed from the uterus. The liver was found to be considerably enlarged and displaced. After about six months the patient died. The autopsy revealed besides the atrophied uterus and ovaries, and the spinal disease, a liver weighing nine and a half pounds, almost entirely filling the abdominal cavity, and displacing nearly all the pelvic viscera to the left.

Dr. Wm. H. Wathen, being announced by the programme for an oral communication, said that he desired to call the attention of the Society to that fatal form of disease, "cancer of the uterus," from the fact that many of the best practitioners of the country will sometimes treat a patient suffering from cancerous disease of the uterus for months, possibly for one or two years, without a knowledge of the true nature of the trouble, and sometimes without even suspecting its serious character. He wished to impress upon the members of the Society the importance of making a physical examination of women suffering with uterine symptoms. Generally the symptoms of cancer, he said, are sufficiently well marked to attract the attention of the practitioner to an extent that will lead him to make a physical examination of the pelvic organs. Occasionally, however, the symptoms are so masked that the disease may progress to its final stages without the symptoms being sufficiently marked to indicate its gravity. He had met in his practice, in consultation, quite a number of patients under the treatment of the best practitioners of the country, where the symptoms presented, even in a casual examination, indicated that cancer had progressed to a very considerable extent, and in a few instances to an almost fatal degree, the patient all the while under treatment for other ailments.

If physicians would remember the importance of an early diagnosis of cancerous disease, and would make examinations with care when women present themselves suffering from some form of uterine trouble, the nature of the difficulty might be diagnosed often sufficiently early to enable the surgeon to remove the disease and probably entirely cure the patient. He called attention to the fact that nearly all of the latest and leading pathologists teach that cancer is originally of local origin, and finally becomes constitutional by an absorption of the poisonous matter. He claims that this is the only rational theory, in view of the facts now before us, that can account for the course of this disease; and that, this being true, if that form of cancer which involves the cervix could be detected before it had reached the vaginal attachments, or extended to the walls of the uterus and into the cellular structures surrounding, it might be removed by amputation or by the application of caustics, and that numerous cases operated upon in this fashion have been reported to be entirely cured. Of course, in that form of cancer known as sarcoma, which is found occasionally in the body of the uterus, an early diagnosis would be of no great importance, from the fact that the disease is so situated that it cannot be removed without the performance of hysterotomy, a very serious and often fatal operation, which, even if successful, is usually found to have been preceded by such a wide-spread disease that other pelvic structures are very soon attacked, conducting the case to a fatal termination.

He emphasized, that while the symptoms that point to the usual form of cancer, epithelioma of the cervix, are nearly identical with many of the symptoms that are observed in inflammations, erosions and ulcerations of the cervix, still, there is generally more pain and the discharge is more watery and acrid.

Granting that the symptoms are identical, they are sufficiently well marked to indicate the necessity of a physical examination, by which the nature of the disease would be detected sufficiently early to admit of its removal.

In many instances the pain is so marked as to be characteristic, but such decided symptoms may not appear until the disease has extended into the cellular tissues surrounding the uterus, so that the disease cannot be entirely removed. He said that, unfortunately, he had met with a few cases where the disease had so far progressed that he could only mitigate the severity of the symptoms and prolong life, an operation, in these instances, being found of great benefit in controlling the otherwise fatal hemorrhage, and the acrid discharges that keep the vulva and adjacent parts constantly excoriated. He related an interesting case where he had operated upon an old lady, 64 years of age, two years ago, in whom the disease had not returned up to this time.

Dr. J. M. Matthews, of Louisville, being announced for an oral communication, spoke as follows: I will relate a case of Verneuil's operation of linear rectotomy, recommended in cases of stricture of the rectum. The ecraseur or galvano-cautery is used by him in performing the operation. Mr. Allingham uses the knife in lieu of both these, and no doubt it is to be preferred, in the majority of cases. I imagine that the former were recommended simply because of the fear of hemorrhage; but if the knife is properly handled, very little hemorrhage will ensue, and if it should, it can be easily controlled. The operation as devised and practiced by Verneuil, for stricture, is as follows: The knife being substituted for the ecraseur, or galvano-cautery, as suggested by Mr. Allingham. The patient is put in the lithotomy position and the finger passed through the stricture. A long, straight knife is then introduced along the finger until the point is fully above the stricture; a firm cut should be made through it, into its whole depth, even to the sacrum, if necessary, and the knife brought out at the tip of the coccyx. The whole stricture must be divided, from the upper edge down to the coccyx, and through its entire depth. Thus a deep drain is made, from which all discharges freely flow, and as it heals up the ulceration ceases and the stricture is sometimes cured. If the median line is kept the bleeding is but trifling. I have now practiced the above operation in five cases of stricture of the rectum, and cannot recommend it too highly. It cannot be claimed, of course, that all such cases are cured by this operation, as, for instance, those originating from specific causes, but so rapidly beneficial is it that in a few hours night sweats are arrested, and the patient, who seemed ready to die, will really eat, drink, and improve. The wound should be well syringed and the parts kept clean. You will at once perceive the great advantage of this operation in stricture to the oft advised and practiced plan of dilating the same with bougies. The latter proceedure is not only fraught with danger, but requires many months to accomplish a cure, if ever. It certainly is to be preferred to colotomy, in the same trouble, from the fact that colotomy is a formidable operation, disgusting to the patient, and with no promise of cure. It was not, however, for the relief of *stricture* that I desired to speak of Verneuil's operation of rectotomy, but witnessing its very beneficial effects in this trouble I was led to practice it in *ulceration* and *cancer* of the rectum. For this class of unfortunate patients there is little done by the general practitioner, and if, perchance, they fall into the hands of the surgeon, either extirpation of the rectum or colotomy is advised. To my mind, both of these operations are wrong, for either cancer or ulceration; colotomy never did prolong the life of a patient suffering from cancer, one single day. It is accepted as a *dernier ressort*, and that only to relieve pain. If this pain, which is the predominant symptom in cancer and ulceration, can be relieved outside of so dangerous and disgusting an operation as colotomy, it behooves us to know it. I can safely recommend it in these cases, having now practiced it in more than half a dozen such, with entire satisfaction to myself and patient. Of course, no cure is promised here, nor expected. It is simply for the relief of the distressing pain which accompanies these diseases, and is offered as a substitute for colotomy, which is usually done to accomplish the same thing.

The festive features of the meeting were highly creditable to the local members of the profession, and were fully appreciated by the visitors from abroad.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Gastro-Intestinal Dyspepsias.

In a review of a work on this subject, by Prof. Sée, the Paris *Médicale* observes that it is divided into two principal parts, the one theoretical and physiological, the other therapeutical. Mr. Sée assumes, from this principle, that dyspepsias are in the first place chemical operations, and that they can belong to but one order, no matter the organ in which the digestive juice is at fault; in a word, gastro-intestinal dyspepsias are imperfect chemical operations. The digestive organs derive importance from their secretions, and secretion owes its power to the digestive ferments, which are intended for the transformation of the four great divisions of food (albuminoidal, fatty, feculous, and saccharine substances).

A chemical derangement is, therefore, the *sine qua non* condition of any gastro-intestinal dyspepsia. This theory is very ably established and defended by Mr. Sée, and does not exclude the histological elements from participation.

The practitioner having under treatment a case of dyspepsia must, therefore, carefully examine the alterations of the gastric juice. Its degree of acidity; the quantity and conditions of the pepsins; the alterations caused by mucus, or the gastric juice; the physiological modifications caused by an excess of peptones; peptic troubles owing to inanition; the signs indicative of a putrid fermentation of the food; all that greatly simplifies the physiological theory, and hence the treatment of dyspepsias.

A number of the nervous troubles which are met with among dyspeptic patients, such as neuralgias, headaches, palpitations, etc., are considered by Mr. Sée as due to reflex actions; on the other hand, all nervo-vascular troubles may, by counter effect, impede the formation of the stomachic juice.

Passing over the differential diagnosis of dyspepsias, we come to the question of treatment.

In order to be rational, the treatment of dyspepsia must rest upon the chemical origines. According to Mr. Sée, the treatment consists in seven principal methods.

The first includes *digestives* and *nutritives*. He studies the effect of chlorhydric acid, of digestive ferments, of pepsines, pancreatines and peptones; with regard to these last his conclusion is that—in obstructions of the upper ducts, alimentation by means of peptones is alone possible—in severe dyspepsias, in incoercible vomitings, peptones are an auxiliary resource we should not neglect.

In the second method Mr. Sée includes *pepsinogenic substances*, which are made up from alkalines and alcohol.

The third method comprises *excitants*, and the author explains the effects of bitters, such as columbo, gentian, quinia, beer, orange, etc., etc., as also of tannin and substances containing tannin, of the strychnias, and of nitrate of silver. There is a method which, for some time past, has attracted much attention; it is the cleaning out of the stomach by means of the gastric probe. Mr. Sée gives its history, and explains when it is indicated, and how it should be used.

The fifth method is composed of *evacuants*, that is, emetics and purgatives. This is a careful study on evacuants, their mode of action and when indicated.

The sixth method comprises all *absorbing* and *neutralizing substances*, such as magnesia, charcoal, etc. These are but auxiliary agents, and with them the author includes sedative substances, as opium, belladonna, henbane and aconite.

However able and rational the treatment, it would be of no avail, were it not assisted by a regimen. Several chapters are devoted to diet, to the digestibility of nitrogenous food in proportion to its consistency, the amount of water it contains, its volume, its texture, its mode of preparation, and its degree of assimilation.

Mr. Sée likewise studies the effects of non-nitrogenized food, and examines the so-called exclusive regimen.

Among others, the vegetarian system, which, although of ancient origin, is again attracting attention, and having disciples in several countries.

The chemical theory being demonstrated, it would seem that there should be no difficulty in formulating a chemical treatment. Unfortunately this is not the case.

We can give but a very imperfect idea of this important work, which is based upon the teachings of the physico-chemical and biological sciences, and is far in advance of such books as those by Bean, Chomel, Guipon and Nonat.

Sterility and Amenorrhœa.

The following case is reported by Dr. Jugand, in the *Progrès Médicale*, and is not devoid of interest:—

Madame L. is a native of Strasburg, but for a number of years past has resided in Paris, where she conducts a dress making establishment. She is of medium height, and of rather delicate appearance. Her complexion is colorless, and has a dull, yellowish hue, indicative of chloro-anæmia. But she speaks of her health as being generally good. Her appetite is fair, and family antecedents excellent. At the age of 17 a few drops of blood appeared at the vulva, and since then she has never had her courses. She was married when 22 years old, and each month experiences all the symptoms of uterine congestion, pains in the back, in the abdomen on a line with the ovaries, bearing-down pains, febrile movements, etc., etc.

Mrs. L. is anxious to become a mother; she has often sought medical advice, and has tried almost all known emmenagogues, from mugwort to saffron, including rue, spurred rye, etc., etc.

Local treatment, by means of Sitz baths, cold douches, injections and medicated sachets, has not been of any better avail. Finally, of her own accord, she has been taking, for over two years, iron in insoluble pill form, and this has brought on considerable digestive troubles.

It is under those conditions that Madame L. came to us for treatment in September last. An examination of the neck of the womb revealed no abnormal conditions, and digital pressure caused no pain. The hysterometre penetrated without marked difficulty, and furnished the indications common to women who have had no children. Our first advice was to suspend all treatment for a month, recommending only careful hygiene, and well selected but moderate food; to this we added phosphated peptones, so as to assist the somewhat debilitated digestive organs.

A mild diarrhœa supervening, we prescribed citrate of magnesia, in small doses, so as to modify the intestinal mucous membrane; this not proving a sufficient check, we added to it albuminous water as a drink, and, in connection therewith, syrup of citrate of iron, to subdue the chloro-anæmia. We were gratified to find that the diarrhœa ceased, the citrate of iron was well tolerated, and six weeks later Madame L. noticed a few drops of blood oozing from the vulva.

Struck by this coincidence, we immediately placed the patient on a course of albuminate of iron liquor combined with bitter orange peel, as prepared by M. Laprade.

During the following four months the periods appeared regularly, and without pain; they stopped on the fifth, and now Madame L. is on the eve of being a mother.

Methods of Surgical Dressing.

Mr. Wm. Berry, F.R.C.S., observes, in the *Medical Press and Circular*, March 28: while Listerism in surgical practice is *sub judice*, perhaps more especially in private practice, owing to the want of time, help, and appliances, on the part of the general practitioner, it is well, perhaps, that some safe, simple, and effective mode of dressing can be employed.

The examples from hospital practice, afforded by Mr. Sampson Gamgee, of Birmingham, are certainly satisfactory, and will, I think, commend his mode of treatment to the busy practitioner. His *dictum* of rest, drainage, and pressure, if duly carried out, will save much time and trouble, and show results comparable with the antiseptic method.

I have endeavored, through the small means at my disposal in private practice, to carry out this plan, using absorbent wool as dry dressing, proper means of drainage, and firm and even bandaging; so far, am admirably satisfied with the results.

The absorbent wool, which can be obtained either in bulk or in pads, is an excellent material for carrying out this mode of treatment. When applied to a wound it forms a nice, soft covering, takes up any discharges which may escape, and allows the parts to be undisturbed till the dressings are saturated and uncomfortable. If the discharges be fœtid and unhealthy, the wool can be made antiseptic by means of terebine, salicylic, carbolic or boracic acid.

Dressings of this material are easily carried and applied, they need not be disturbed for some days, unless the thermometer indicates some disturbance of the system or the dressings become saturated, then the covering should be removed, the wound cleansed, and a renewal of fresh dressings made.

In large wounds and in chronic abscesses it is always better to insert a drainage tube, so as to allow of the free escape of fluids which may collect, then, a sufficient covering or pad of absorbent wool, firmly and evenly bandaged on with an ordinary roller, will constitute a light and compact dressing, which may remain undisturbed until one of the conditions mentioned above necessitates a change.

I would here mention the importance that should be attached to the indications of the thermometer in all surgical cases; for long before either pulse, tongue, facial expression, or pain in the part show any disturbance, the thermometric rise will indicate something wrong; then the dressings should at once be removed and the wound examined.

The "Epidemic Constitution of the Atmosphere."

This mysterious old phrase is thus explained in the National Board of Health *Bulletin*, by Dr. Geo. M. Sternberg, U.S.A.:—

The fact, observed by myself, that during the summer months the mud in the gutters of New Orleans possesses an extraordinary degree of virulence, shows that pathogenic varieties of bacteria are not alone bred in the bodies of living animals. The more I study this subject the more probable it seems to me that in this direction lies the explanation of many problems which have puzzled epidemiologists, and that the sanitarians are right in fighting against filth as a prime factor in the production of epidemics—a factor of which the *rôle* is easily understood, if this view is correct.

The presence of septic organisms, possessing different degrees of virulence depending upon the abundance and kind of pabulum furnished them and upon meteorological conditions more or less favorable, constitutes, in my opinion, the *epidemic constitution of the atmosphere* which wise men were wont to speak of not many years ago as a cloak for ignorance. It must be remembered that the gutter mud of to-day, with its deadly septic organisms, is the dust of to-morrow, which, in respiration, is deposited upon the mucous membrane of the respiratory passages of those who breathe the air loaded with it. Whether the peculiar poison of each specific disease is of the same nature or not—a question which can only be settled by extending experimental investigations in the future—it is altogether probable that this factor often gives a malignant character to epidemics of diseases which, uncomplicated, are of a comparatively trivial nature.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Dyspepsia; How to Avoid It. By Joseph F. Edwards, M.D., Author of "How a Person Threatened or Afflicted with Bright's Disease Ought to Live," "Constipation Plainly Treated and Relieved without the Use of Drugs." Philadelphia: Presley Blakiston, 1012 Walnut St., 1881. Cloth, 12mo, pp. 87. Price 75 cents.

Popular hygienic works are getting more and more in demand, and are, perhaps, contributing more than any other single agency to the spreading of sound and useful knowledge of sanitary matters and just appreciation of the value of the prevention of disease. The book before us will recommend itself to the American public, who are proverbially a nation of dyspeptics. It is divided into four chapters, on food, digestion, how to cook food, and how and what we ought to eat. The information it contains will, in the main, be found valuable, and most individuals would undoubtedly be benefited by following the precepts laid down therein. We think, however, that the author goes a little too far when (page 89) he asserts that a piece of pork containing trichinæ may be eaten with impunity and with as much safety as a fresh-laid egg, provided it be first thoroughly cooked. This assertion is contrary to the opinion of those who have carefully investigated the subject (see REP., vol. xliv, page 853), and dangerous in the extreme, when we consider how vague is the idea of thorough cooking among the laity. Some novel and startling psychological suggestions occur in the first chapter, on food; thus, on page 19, the author asks: "Is it too visionary, to imagine that some of the particles of brain tissue which, in the mind of Julius Cæsar, originated and worked out the details of military campaigns which resulted in making Rome the master of the world, may, after centuries of wanderings and vegetable life, and residence in minds of inferior calibre—poor pasture, as it were—finally have been eaten by and assimilated into the brain of Napoleon Bonaparte, and, meeting there with conditions and surroundings like to those of their ancient Roman home, planted in good and well-manured brain soil, they may have grown vigorously, labored with some of their ancient energy, and enabled Napoleon, through their agency, to make France mistress of Europe?" We think it rather visionary.

The Sanitary Care and Treatment of Children and their Diseases. Being a Series of Five Essays, by Drs. Elizabeth Garrett Anderson, Samuel C. Busey, A. Jacobi, J. Forsyth Meigs, and J. Lewis Smith. Prepared by request of the Trustees of the Thomas Wilson Sanitarium, of Baltimore, Md. Boston: Houghton, Mifflin & Co. The Riverside Press, Cambridge, 1881. Cloth. 8vo, pp. 309. Price $2.50

These essays, being the result of vast experience, profound thought and careful preparation, deserve a wide circulation. Want of space, however, precludes the possibility of our giving them the full attention in this review which the importance of the subjects and the able manner in which they have been treated merit. Dr. Elizabeth Garrett-Anderson, of London, England, in discussing the question, *how can children in a city be kept healthy*, finally comes to the sad conclusion that, "after public and domestic hygiene has done its best, city life will always be full of special risks to children of the poor, and that philanthropic efforts cannot do very much directly toward diminishing those risks." "It can do something," says she, "but it must be mainly through the parents, by improving their knowledge of what the children need, by raising their standard of comfort, and by deepening their sense of responsibility." *The Mortality of Young Children; its Causes and Prevention*, is the title of one of the essays, of more than ordinary scientific merit, prepared by Dr. Samuel C. Busey, of Washington, D. C., in which the author points out the influence of climate, density of population, poverty and ignorance, alimentation, etc., on infant mortality. Dr. A. Jacobi, of New York, gives his views, which are based on the experience of a quarter of a century, *on the improvement of the condition of the poor and sick children*; and Dr. J. Forsyth Meigs, of Philadelphia, presents *observations upon the sanitary care and treatment of children and their diseases*. The subject chosen by Dr. J. Lewis Smith, of New York, is essentially the same as that of Dr. Busey, viz.: *causes of the great mortality of young children in cities during the summer months, and the hygienic measures required for prevention*. The publication of these essays in book form will put them within reach of those interested in alleviating the sufferings of city children, and though the work, perhaps, contains nothing that is new, yet no one can fail to receive many valuable suggestions from its perusal. It may be had in this city, from Messrs. Porter and Coates.

The Diseases of Children. A Practical and Systematic Work for Practitioners and Students. By William Henry Day, M.D., Physician to the Samaritan Hospital for Women and Children, etc., etc. 2d edition, rewritten and much enlarged. Philadelphia: Presley Blakiston, No. 1012 Walnut street, 1881. 8vo, pp. 752. Price, Cloth, $5.00; Sheep, $6 00.

This work, the author informs us, is the outcome of private and hospital practice extending over a lengthened period, and in its preparation he has relied on clinical experience rather than on theories. After a few introductory remarks on the study of children's diseases, their special characters and peculiarities, the management of children during growth and development, the importance of attending to the constitutional rather than the local state, etc., etc., a chapter is devoted to milk diet and hygiene, in which the composition and relative value of various kinds of milk and other substances used as food for children is given, and other hygienic and remedial agents, as air, exercise and sleep, bathing and medical preparations ordinarily given to infants and young children, are discussed. Diseases are next considered in their natural division of acute and chronic, after which each group of diseases and individual affections peculiar to childhood are taken up for special consideration. The classification of diseases adopted by the author is after the method sanctioned by modern pathologists, and the treatment advocated will be found to be fully up to the most recent views of authorities in this department. A list of prescriptions are appended, in the arrangement of which one certain broad principle, as regards dose and combination, has been kept in view, leaving the details to be varied at the discretion of the practitioner. We heartily recommend this book to the profession, as a safe and reliable guide in the department of which it treats.

Medical Electricity: A Practical Treatise on the Applications of Electricity to Medicine and Surgery. By Roberts Bartholow, A.M., M.D., LL.D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, of Philadelphia, etc. etc. With ninety-six illustrations. Philadelphia: Henry C. Lea's Son & Co., 1881. Cloth, 8vo, pp. 262. Price $2.00.

The object of this work is fully set forth in the author's preface, viz., to furnish students and practitioners with a suitable text-book, neither too voluminous nor too scientific, yet sufficiently complete to embrace the whole subject of Medical Electricity, and so simple in statement as to be easily understood by students previously unacquainted with the subject. The book is divided into six parts, treating severally of Electro-Physics, Electro Physiology, Electro-Diagnosis, Electro-Therapeutics, Electricity in Surgery, and Thermo-Electricity. Medical Electricity has made rapid advance and gained much favor, both with the profession and the public, during the past decade, and no one absolutely ignorant of the uses of this powerful agent can longer be considered properly armed and qualified to combat disease. Though there are, as the author admits, many excellent works on the subject, we think none better meets the needs of the general practitioner than the one before us.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS.—MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS.—SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

RECENT STUDIES ON FOODS AND DRINKS.

As so many questions in health and economy turn on foods and drinks, the more recent studies on these subjects have a wide interest. Every sanitary reformer starts out with a theory of his own, which, as a rule, he is more anxious to make good than to submit to impartial examination. With the growing cost of the food supply, many advocate the advantage of a vegetable diet as equally nutritive, less stimulating, and cheaper. It is no doubt, in a measure, a question of climate, habit, temperament and race; but taking temperate climates, Prof. BOUCHARDAT was probably right when he said that nations are more energetic in proportion as they consume more animal food.

In a letter in an English contemporary, Dr. C. R. DRYSDALE, of London, quotes some of the latest experiments to test the relative values of animal and vegetable foods. They are of sufficient value to warrant transferral to our pages.

Professor HOFMANN gave to a servant of his 1000 grams of potatoes, 207 grams of lentils, and 40 grams of bread. On an average of six days, it was found that 356 grams of the solid matter were digested, 116 remaining undigested; 38.7 of nitrogenous matter had been digested, 44.4 undigested; 263.8 of starch digested, and 28.2 not. It would here appear that not even one-half of the total albuminous matter of this vegetable diet had been digested in this experiment.

The same man was then given 390 grams of lean beef daily, 126 of pure fat, and 40 grams of flour. The result was that 221.8 grams of solid matter were digested; 33.6 undigested; 73 of albuminous matter were digested, and 16.9 undigested; 124.1 of fat were digested, and 4.9 undigested. Thus, animal food was shown to be much more digestible than vegetable, in this experiment of HOFMANN.

Dr. C. MEINERET, in his work, "Die neueste Ernährungs Theorie," gives the loss of nitrogen in solid excreta, expressed in percentage of the total nitrogen contained in various substances. In meat that loss he found to be only 2.6; in eggs, 2.6; in milk and cheese together, 2.9 to

4.9; in milk alone, 7; in maccaroni and gluten, 11.2; in maccaroni alone, 17.1; in peas, 27.8; in black bread, 32; in potatoes, 32; in carrots, 39; in lentils, potatoes and bread, taken together, 47; in lentil flour, 8.2; in whole lentils, 40.2; in celery, cabbage, and carrots, 31; in Hosford-Liebig's bread, 32.4; in rye bread, 22.2; in very black bread, 42.3; in white wheaten bread, 19.9; in mixed food with meat (fourteen days), 18 to 12. White bread is, say MEYER and RUBNER, far more digestible than brown rye bread.

RUBNER took 1172 and 1435 grams of meat daily (more than 2 pounds), and yet all the albuminous matter except 2.5 per cent. was digested; and when 21 eggs were taken daily, 2.9 per cent. alone of the albumen was undigested. FLUGGE took daily 1 litre of milk, 500 grams of meat, 150 grams of wheaten bread, and 68 grams of butter, and found that 94 per cent. of the nitrogen was absorbed, and 95 per cent. of the fat. When he took a diet chiefly vegetable, he had only 85.3 per cent. of the nitrogen absorbed, and 88.7 per cent. of the fat.

All this points to the great value to a nation of mutton, beef, pork, and other forms of meat diet.

The question of the addition of alcohol to diet is tending more and more to a settlement in the sense that distilled spirits are probably injurious, while wines and beers, in moderation, are innocuous, or slightly advantageous. A careful study of the effect of the "spirit ration" in the British army was lately made by a writer in the British *Medical Journal.* His conclusions were as follows:—

1. Spirits are not an absolute necessity in the field.
2. Given before or during a march, or work of any description, they are nearly always calculated to do harm.
3. The only case in which exception need be made to the above rule is, when men are near the end of a long and fatiguing march, which it is necessary should be accomplished. Then the issue of a spirit-ration may probably supply the necessary stimulus for completing the work; but it must be on the condition that no further work shall be demanded until after a sufficient period of repose.
4. The issue of a ration at night, when work is done, may be useful as a sedative, and in inducing calm and refreshing sleep.
5. Under any of those circumstances, the ration ought not to exceed two ounces and a half (half a gill) of spirits—equal to one ounce and a quarter of alcohol; and it ought to be given well diluted with water—hot, if possible.

Even in cases where its utility is, with limitations, admitted, it is still a question whether extract of meat might not be better, as it certainly would be attended with less chance of evil result, should it not accomplish the immediate end contemplated. Admitting, however, that in cases where rapid stimulus is required, alcohol is more useful than any of the proposed substitutes, there seems to be no valid ground for continuing its issue on campaigns as a regular ration. It would be better to carry it as an extra, and only issue it by the advice and with the concurrence of the medical officer.

In other words, it should be removed altogether from the list of articles of ordinary consumption.

This conclusion will undoubtedly be approved by the large majority of sanitary students. The alcohols in most spirits are, in equal quantities, much more injurious than those in wines; and their more concentrated forms add to their bad effects.

NOTES AND COMMENTS.

The Failure of Pilocarpin in Diphtheria.

We cannot but regret to announce that the more recent trials of pilocarpin, advocated so forcibly by Dr. Gutmann as almost a specific in diphtheria, indicate that it is of no use at all in that disease. Dr. Joseph Schmid, in the *Wiener Med. Presse*, No. 15, 1881, says, after a full trial, he has found it "generally wholly useless, often decidedly injurious." In serious forms of the complaint, he actually believes the unfavorable termination was hastened by his use of the drug. In the lighter catarrhal forms the symptoms were not visibly ameliorated by it.

Some Recently Discovered Medicinal Plants.

If a very little of what is heralded of the medicinal virtues of plants turned out true, it would be a most gratifying fact. However, it is well to record all for trial.

Hieracium Venosum. Observations are given by Dr. W. Stump Forwood, in the *Quarterly Transactions of the Lancaster* (Pa.) *Med. Society*, April, 1881, to show that this may prove of value in phthisis. At least, it seems to have a well deserved reputation for that disease among cattle. The infusion is used.

Euphorbia Villosa. In the Ukraine and Gallicia, this plant is said to be regarded as an unfailing remedy against hydrophobia, provided it is taken within five or six days of the infection. Unusually good evidence seems to be in its favor, (*Allg. Med. Cent. Zeitung*, March 26th, 1881).

Convalaria Majalis. Clinical and physiological experiments with this herb are reported in the *Centralblatt für Klin. Med.*, by Dr. Bojojawlensky and Troitzky (No. 47, 1880; No. 1, 1881). In organic heart disease its effects equal those of digitalis; the urine is increased; serous deposits are rapidly absorbed; nervousness is diminished; cumulative effects were not observed.

Uterine Hydatids in Virgins.

A question of considerable interest was lately discussed before the Dublin Obstetrical Society, to wit, whether a woman could expel uterine hydatids—in other words, be liable to "molar pregnancy"—without sexual connection. Dr. More Madden maintained this to be possible. He thinks the unimpregnated ovule may be arrested in its passage through the uterus, and there undergo a vesicular degeneration or other form of abnormal development. The President, Dr. John A. Byrne, dissented, believing that vesicular moles had not been observed in virgins. He granted, however, that substances not unlike these are occasionally expelled from the virgin uterus. These are not true vesicular chorionic degenerations, as this is always a product of conception.

Suggestions in Toothache.

At the last meeting of the Odontological Society, of Great Britain, Mr. Stocken read a paper on "The Value of Certain Remedies in the Constitutional Treatment of Inflammatory Conditions of the Vascular Tooth-Structure, and of Neuralgia arising therefrom." The remedies to which Mr. Stocken specially directed attention were chloride of ammonium, sulphide of calcium, and gelseminum. He had selected them because their action was not so generally known as that of many other agents. He gave a full description of the therapeutic effects of these drugs, indicating the class of cases in which each would be likely to be most serviceable. His conclusion was that, in simple neuralgia of the fifth pair, gelseminum, either with or without aconite, would effect a cure or, at least, afford considerable relief. If the pain was due to congestion or inflammation of the pulp or periosteum, he would prescribe also chloride of ammonium. While in chronic periostitis with suppuration, sulphide of calcium gave results which were in the highest degree satisfactory, cutting short the attacks in the most remarkable manner. He was of opinion that dental surgeons do not generally give sufficient attention to the constitutional treatment of the cases under their care.

Painful Effects of Color.

The painful effect of light on the eye in many diseases is well known; that certain colors exert a similar effect on healthy eyes occasionally is less familiar, and is commented on by Dr. Von Hasner in the *Centralblatt für Augenheilkunde*, No. 1, 1881. One patient could not bear to look at white objects, another at red, another at blue. If persisted in, headache, giddiness, sick stomach and vomiting were brought on. This condition, we believe, is by no means an uncommon one in certain lesser degrees, but we do not think it has received special study from ophthalmologists. As the eyes were normal or nearly so, the cause of the defect is probably cerebral.

The Duration of Pregnancy.

A paper in the St. Petersburg *Med. Wochenschrift* (quoted in the London *Medical Times and Gazette*), by Helen Idelson, M. D., an intelligent lady physician, states that she found that of 4370 patients in Prof. Horwitz's Obstetrical Clinic, only 488 could furnish the requisite data for the determination of this question—viz., the exact date of the last day of the last menstruation, and the maturity of the fœtus. After showing the great differences which prevail in various animals, and the great differences between the maximum and minimum admitted by authors in woman, she states that it results from her own researches that the average period was 278.8 days, viz., a minimum of 226 and a maximum of 328, or a difference of 102 days.

She sums up the results of her investigations as follows: 1. The duration of pregnancy amounts to 278.8 days, or nearly forty weeks. 2. The sex of the infant influences the duration, this being longer in female infants. 3. The heavier the child the longer is the duration. (?) 4. The duration is longer in multiparæ than in primiparæ. 5. The younger the woman the longer is the duration. 6. The duration is longer in married than in unmarried women. 7. The first movements of the child are felt, on an average, on the 135th day, but later in primiparæ than in multiparæ.

SPECIAL REPORTS.

NO. XI.—INSANITY

It must be confessed that

The Causes of Insanity.

have been investigated in a very unsatisfactory manner. Causes which in one report stand out prominently are hardly mentioned in another. For instance, in American reports, genital excitation and disease vary from 14 per cent. to zero in patients taken from the same class and country. Evidently this great difference depends on the "personal equation" of the physician in charge, and not on the patients. In fact, all such causes are generally predisposing rather than efficient. This is now becoming recognized. After referring to the alleged causes of insanity in the patients admitted into the Lancashire, England, County Asylum, during 1879, Dr. Cassidy, the medical superintendent, argues that there is an anatomical and physiological substratum beneath these so-called causes which it is greatly more difficult to reach. For instance, among 13,309 admissions into asylums in England and Wales in 1878, the causation of insanity was attributed in 1951 cases to intemperance in drink, in 78 cases to pregnancy, and in 102 to fevers. If we consider the extent to which these three so-called causes flourish in England, it seems fair to conclude that they have less to do with the insanity with which they are occasionally associated than has the weak and unstable nervous organization upon which they act.

In a communication to the third Italian Phreniatic Congress, held last September at Reggio-Emilia, Dr. Andrea Verga states that, based on the official census made the last day of December, 1877, he has been able to ascertain that, among the different causes of insanity in Italy, pellagra appears in 8.88 per cent. of the cases; diseases of fœtal life and early infancy in 7.77 per cent; derangement of the female sexual organs, and related to the maternal life, in 6.96 per cent.; epilepsy in 7.73 per cent. of the males, and in 5.51 per cent. of the females, amounting to a net total of 6.68 per cent.; alcoholism in 3.92 per cent.; venereal and other excesses in 3.73 per cent. among males, and 1.16 per cent. among females. Dr. Verga further points out the greater frequency of mental diseases among physicians, and the increase of general paralysis.

Relation of Mental Disease to Sexual Irregularities.

The intimate relationship between the mental and sexual life and their reciprocal actions, are the subject of a well-written article by Dr. A. J. C. Skene, in the *Annals of the Anatomical and Surgical Society*, of Brooklyn, vol. ii, No. 11. His investigations are confined chiefly to the female sex, but he justly remarks of both sexes, that "failure in reproduction (more accurately, in reproductive acts) always causes more or less disappointment and mental depression in those who are naturally of sound mind and body." This is, of course, aggravated where an insane neurosis is present, or where a disease of either organ heightens the mental sensitiveness. As he says:—

> Clinical observation affords ample proof of the truth of these statements. An ovarian or uterine hyperæmia arising from extrinsic causes first deranges the function of these organs, and, secondarily, produces perverted brain action in the form of irritability, mental depression, excessive interest or apathy. Every physician is familiar with the groundless fears, the melancholia and mental irritability which so often are associated with diseases of the sexual organs. It is equally well known that evil influences direct the mind to the sexual organs and excite them to premature, and hence imperfect, functional action. In adult life, also, the brain which is badly organized and unqualified by culture for its office of guarding and protecting the physical functions, may so influence the sexual organs as to make their periodical excitation and congestion continuous and abnormal.

This is a theme on which much might be written with profit.

Cerebrology of Criminals.

A curious observation has been made by Dr. Moritz Benedict, of Vienna. He published a book about a year ago, *Anatomische Studien an Verbrechergehirnen*, in which, among other notes, he states that in nearly one half of the brains of persistent criminals the superior frontal convolution is not continuous, but is divided into four sub-convolutions, analogous to the disposition of the parts found in predatory, carnivorous animals. In a recent paper (*Centralblatt für Med. Wiss.*, November 13th, 1880), he argues that much of moral perversity may and must be the result of this deflection of the cerebral organs from the normal type, producing, as it necessarily would, other arrangements of cerebral nutrition, and hæmostatic relations. It cannot be fortuitous that the mental characteristics of the most perverse criminals, and also the cerebral anatomy, both resemble those of wild beasts: this double analogy must be one of cause and effect.

Insanity as a Disease.

Some sagacious observations on this point may be found in the *Report of the Commissioners of*

Lunacy in England, 1880. One extract will not be out of place:—

> "The disease of lunacy, it should be observed, is essentially different in its character from other maladies In a certain proportion of cases the patient neither recovers nor dies, but remains an incurable lunatic, requiring little medical skill in respect to his mental disease, and frequently living many years. A patient in this state requires a place of refuge, but his disease being beyond the reach of medical skill, it is quite evident that he should be removed from asylums instituted for the cure of insanity, in order to make room for others whose cases have not yet become hopeless. If some plan of this sort be not adopted, the asylums admitting paupers will necessarily continue full of incurable patients, and those whose cases still admit of cure will be unable to obtain admission until they become incurable, and the skill and labor of the physician will thus be wasted upon improper objects. The great expense of a lunatic hospital is unnecessary for incurable patients; the medical staff, the number of attendants, the minute classification, and the other requisites of a hospital for the cure of disease, are not required to the same extent. An establishment, therefore, upon a much less expensive scale, would be sufficient.

Mental Contagion.

A most extraordinary notion on the subject of insanity was advanced by that distinguished though erratic writer, Dr. Benjamin W. Richardson, in a paper read before the Exeter Sanitary Institute, and part of which we find in the *Scientific News*, February, 1881. His words are:

> "Go into the wards of a lunatic asylum, and notice among the most troubled there the odor of the gases and the vapors they emit by the skin and the breath. That odor is from their internal atmosphere, their nervous, ethereal emanation. They are mad up to suicide or murder, or any criminal folly. Can it be otherwise? They have secreted the madness; they are filled with it; it exhales from them. Catch it, condense it, imbibe it, and in like manner it would madden any one."

This absurd hypothesis is not new, but is taken from the visionary theories of insanity set up by the Germans, Jäger and Dunstmaier, a few years ago, and which, at the time, many took to be a huge joke—as we are not yet sure but that it was. It is a forced expression of what is well known among alienists as "mental contagion." In his *Contributions to Psychiatry*, Dr. James G. Kiernan, of New York City, has lately given a number of examples of this fact, and made some useful practical applications of it. Mental contagion is not a term that is easily defined, and to many the phrase itself will seem a paradox; but those who know the writings of Fabret will perhaps recall his philosophical study of *folie à deux* (madness of two), and the remarkable suggestiveness of his literary treatment of one of the obscure themes of the medical professor, printed some years ago in the *Annales Medico Psychologiques*.

In a general way, the fact that certain forms of insanity, or rather certain hallucinations, are communicable, has not escaped common observation; and this contagiousness even extends to certain involuntary and automatic movements, the delusion of special form of nervous paroxysm being created by one person as the active agent, and imposed upon the other party to the malady as a passive recipient. Such movements are often contracted even by asylum attendants, from contact with their charges. This form of insanity, says Dr. Kiernan, is more common among women than men, and always presents the same group of symptoms developed under similar conditions and circumstances. It consists in the communication of an insane intellectual conception from one mind to another, or an insane movement from one nervous system to another. Sometimes when patients are associated with each other, identical delusions develop themselves in each simultaneously.

The point in controversy is not as to the existence of the form of disease, but as to its comparative frequency. Dr. Kiernan, from close observation of a large circle of the insane, concludes that contagious delusions are relatively common in our asylums, and draws from their prevalence an argument in favor of isolating insane patients from each other, and thus improving their mental condition by limiting the spread of insane ideas. He appears to think that the prospect of recovery is often sacrificed by exposure to communicable delusions, which, with the tendency of insanity to nurse *idées fixés*, seize the enfeebled, but highly excited, imagination of the victim with a grip so strong as to break down the last vestige of self-control.

The general view of the medical profession has been that mental contagion is only possible in very exceptional instances. Dr. Kiernan's observations are at variance with this theory, drawn from the memoirs of Tuke, Fabret, and others, and involve the presumption that non-contact of the insane with each other is sometimes a factor essential to recovery.

Treatment of the Insane.

The "non-restraint" or Conolly system of treating the insane is certainly on the increase everywhere. From such a remote field as British Guiana we may bring evidence of this. The last report of the Superintendent, Dr. Grieve, states that the asylum contains upwards of 200 patients, of a mixed and rather unruly class, yet restraint is never had recourse to. Fortnightly dances are held, a good band has been formed. and picnics and concerts are provided. Further experience has confirmed Dr. Grieve in the opinion that suitable and interesting occupation is the main element to be held in view in the moral treatment of insanity, combined, of course, with constant kindness and consideration for the sufferers. The more skill required in the work and the greater the demand it makes upon the mental powers, as long as it is not beyond the grasp of the insane, the better the results. This is shown by the fact that the carpenter shop turns out more recoveries than any other part of the asylum.

Another reform—for we are inclined to regard it as such—is the appointment of female alienists to take charge of the female wards of insane asylums when such persons, of sufficient competence, can be secured. The recent discussions at the Pennsylvania State Medical Society show that very many thoughtful men in the profession coincide in this view; and the objections to it come rather from general opposition to female practitioners than from a doubt as to their special fitness for the position.

(*To be continued.*)

CORRESPONDENCE.

Remarks on Intermittent Fever.

ED. MED. AND SURG. REPORTER :—

In reply to the second question of S. S. F., of Pennsylvania, in No. 15, vol. xliv. of MEDICAL AND SURGICAL REPORTER, I will record some clinical experience which I have for some time contemplated reporting through your journal. The question, what is the best treatment for preventing the return of intermittent fever, has frequently puzzled me, and oftentimes, after using the best treatment known to me, the fever would return all the same.

The first few years of my professional life I practiced in a malarial district in Mississippi, and while there was called upon to treat malarial fever in its various forms. I gave all cases the usual treatment, that is to say, quinine or arsenic, followed by iron and bitter tonics. To this treatment most cases would respond and get well nicely, giving the physician confidence in his remedies, and the patient faith in his doctor. But there are other cases which do not so readily yield to treatment, and it is to these that I have directed some clinical experiments. I will not give details of experiments, but report from my practice a few cases of chronic malarial fever, vulgarly called seven-day chills. In one family I had four cases of fever which served to keep me in daily employment till I got almost ashamed to be seen going to that house. All of them seemed to be amenable to treatment, and would yield readily to quinine after a single paroxysm. But I would hardly discharge one case before I was called to another, and when he was apparently well, the third would be attacked, and so on in turn. These attacks would return, although they took iron and quinine in tonic doses, continuously for some time. A professional friend suggested the propriety of giving iodine in small doses, which I did with the happiest effect in some of the cases, but the others could not tolerate the iodine except in homœopathic doses, from which, of course, I could expect no beneficial result. The iodine in these caused irritation of stomach and alimentary canal. For them I ordered removal into the piny woods, which I believe would have been the best prescription for them all at the beginning. But such advice is not always practicable. After treating these cases and noting that those who could tolerate the remedy made a good recovery, I had some faith in iodine; but the question then arose, how can I administer it without producing the ill effects mentioned above?

The question was finally solved by an article I read a year or two ago, in the REPORTER, on the administration of iodine in, I think, some ovarian trouble. The writer used the iodide of starch, made according to Buchanan's formula, which consists of twenty-four grains of iodine to the ounce of starch, *vide* United States Dispensatory Appendix. He stated that in this form patients could take large doses of iodine without any irritating effect. After reading this article I had more confidence in my ability to combat the tendency to return in intermittent fever, and was anxious to give this preparation a trial. The first patient to whom I gave iodide of starch was a young man who had been under the treatment of several good physicians, and had taken, I suppose, nearly every known antiperiodic. But the chills would return every three weeks. I prescribed teaspoonful doses of the iodide three times a day. He passed over his time without any symptoms of a return; but subsequently had another chill and fever and was again given the iodide. He was under my observation for several months after, and showed no disposition to relapse.

I will report only one more case treated with the iodide. The patient, a man, had chills and fever for several months. Could break them with quinine, but he would invariably have a return of them on the seventh or fourteenth day. Patient also gave a history of syphilis and complained of pains in his bones, which were so intense at night as to interfere with rest. After taking one bottle of iodide of starch he returned to have his prescription renewed, saying the medicine was as good for syphilis as for chills. He had no return of his malarial trouble.

My method of administering this preparation is, to give a teaspoonful in water three times a day till one ounce has been taken, and then discontinue till three or four days before the expected attack, when I order another ounce to be taken in the same manner. My experience with iodide of starch is limited, but I think will justify any one in trying it, after failing with all other remedies.

SAMUEL R. OLLIPHANT, M.D.

388 *Magazine St., New Orleans.*

The Use of the Lancet.

Ed. Med. and Surg. Reporter :—

I have a bit of a confession to make, and also a request. I confess being so much of an old fogy, that for twenty years I have carried the *deadly thumb lance* in my pocket, and, what hurts me most, have not used it as often as I ought. During the four years of my pupilage, I saw my preceptor use it once only. For two years after graduating I did not use it at all. Since then I have used it more and more each year, and can truthfully say, that I have never seen a single bad effect from its use; but have often had to lament in sackcloth and ashes that the prejudice of patients, or the opposition of a consultant, has compelled me to witness many a death which might have been avoided, and many a long convalescence which might have been shortened, by an early and free use of the lancet. My fogyism extends even to the use of calomel in many acute inflammatory diseases. The request mentioned is, that some vigorous writer (or rather thinker) would do for calomel what Dr. Corson is doing for the lancet. It is a belief that fire will never melt out of me, that a proper use of these two agencies would completely cure many men and more women of acute inflammations, who, under the expectant and dish-water treatment, only so far recover as to be thereafter daily reminded that it has left them a legacy of which they cannot dispose. In the Reporter of April 30th Dr. Stinson asks "When bleeding is indicated, what practitioner will refuse to resort to the lancet?" Why, Dr., that is just the very point. Nineteen out of twenty fail to see the indication; and the chances are vastly in favor of the twentieth one being afraid to act in opposition to the *great minds* of the profession. F. R. Millard, m.d.

San Diego, Cal.

Quinquinia—A Correction.

Ed. Med. and Surg. Reporter:—

Allow me to correct an error which has crept into my brief communication on Quinquinia, in your journal for April 9th. I am made to say that in five of the hospitals and dispensaries of Chicago notes have been kept of cases of intermittent fever and other malarial affections treated by this remedy, of which, *four* were of intermittent fever. It should have read, *forty-one*. I used numerals, and the one (1) after the four (4) was omitted. Four cases, would certainly have been a small number on which to predicate a conclusion, even in these days of rapid generalization. I may say that, since my previous note, I have had a conversation with Prof. Bartholow, of the Jefferson school, upon this subject. He tells me that, before leaving the West, he gave Quinquinia an extensive trial, and found it quite as effective as quinine, in the treatment of all affections dependent upon malarial poisoning; in fact, sometimes succeeding when the latter failed. This fact, together with its comparative cheapness, makes it, in his opinion, perhaps, the most useful derivation of cinchona we have yet obtained. Benj. Lee, m.d.

1106 *Walnut St. Phila., May 23d,* 1881.

Metastatic Parotiditis.

Ed. Med. and Surg. Reporter :—

"Assuming, as it undoubtedly does, a form both epidemic and contagious, would it not be well to give it a distinct classification as a disease, and call it metastatic parotiditis, robbing it of its terrors as well." The above extract is from the Medical and Surgical Reporter, of May 7th, taken from a communication by Dr. Charles H. Miller, of Peabody, Kansas. We have here, at this time, a similar epidemic, and it has been present for more than twelve months. The orchitis has been present in a majority of the cases, and exceedingly annoying, and in many instances accompanied by great nervous prostration, and a typhoidal condition of the system. "I change place," may continue as the "battle ground" between the humorist and the solidist for years to come, if such parties now exist; but these theories settle nothing. The specific poison affects the facial salivary group of glands, and pancreas also, in a very marked manner, and, perhaps, finds its way to the testicles, through the same channel, lymphatics, in the same manner as other poisons.

Wm. M. Laurence, m.d.

Batesville, Ark., May 17th, 1881.

News and Miscellany.

The International Medical Congress.

It is anticipated that not less than 2000 foreign medical practitioners will visit London next August, on the occasion of the International Medical Congress to be held in the early part of that month. It is almost certain that in point of attendance, variety of attraction, and extent of opportunities for observation, the London Congress will far surpass any of its predecessors.

By the change in the Presidency of the College of Physicians, Sir W. Jenner becomes *ex officio* Chairman of the General Committee of the Congress, a post, the duties of which have up to the present time been discharged by the Chairman of the Executive Committee, Sir Risdon Bennett, m.d.

The International Medical and Sanitary Exhibition.

This is to be open the same time as the International Medical Congress in London. A large number of American exhibitors have already announced their intention to be present, and have applied for space. A plan of the exhibition building has been made, and each exhibitor will have a portion of the plan sent to him with his exact position marked thereon, so that all confusion at the last will be avoided. The committee will receive applications up to the time of the final allotment of space, which will be proceeded with on the entire completion of the plans. The claims of late applicants will, of course, be considered only after those who have already applied have been finally dealt with.

Soluble Compressed Hypodermic Tablets.

The uncertainties attending the use of solutions for hypodermic injections have been well set forth by Gubler and other writers. To overcome them Messrs. John Wyeth & Bro. have prepared, with great pharmaceutical skill, what are called "Hypodermic Tablets." These are quite small, readily soluble when required, insure entire accuracy in the size of the dose, and also that the drug is well-preserved and active. They have been used with satisfaction and are highly commended by many of the leading physicians of this city. For convenience, a number of the most usual formulæ are prepared, and a box containing ten or a dozen minute vials, with these small wafers, will be found a very valuable addition to a physician's armamentarium.

Women as Physicians.

It is pleasant to see that the *British Medical Journal* publishes some hospital reports by "Miss Clarke, M.D.," and very good ones they are. The bigotry of the British Medical Association is sufficient to exclude women from its membership. But Mr. Ernest Hart, the editor of the journal of the Association, does not partake of this narrow spirit, and his wife is an extremely able and cultivated medical writer, often contributing to the *London Medical Record*, a monthly journal largely controlled by Mr. Hart.

Kant's Skull.

Professor Kupffer, of Königsburg, describes the skull of Kant, which was recently disinterred. Its capacity was 1715 centimeters. The sutures were remarkably perfect, well retained and regular. The skull is broad for its length and height. The right side of the cerebral portion and the left of the cerebellar portion were the most developed. The cavities of the eyes were unusually high. In general, it was a mixed type, as Kant himself was, his grandfather having been a Scotchman and his mother a South German.

Centenarians.

A woman is reported to have died in Strasburg, at the age of 102. Herr A. L. Dicksten, a "teacher of religion" in Heringen, celebrated his 107th birthday last month. He is said to still possess great freshness of intellect.

Items.

—"No kiss," he said, despondingly; "no kiss from my darling to-night?" "No," she said, emphatically, "no kiss. I hear that there is mumps in your family."—*The Sanitarian.*

—The Milwaukee (Wis.) *Sentinel* believes that it has discovered in that city a bogus medical college, which calls itself the Milwaukee College of Physicians and Surgeons, and has been issuing fraudulent diplomas.

—The College of Physicians and Surgeons, of Buffalo, has nullified the degree of M.D. recently conferred upon Wm. R. Crumb, of this city, it having been proven, upon examination, that the thesis upon which the degree was conferred was written by another person and handed to the faculty as original.

QUERIES AND REPLIES.

Cremation.

Dr. D. C. Leavenworth of New Haven, Conn., will thank readers to forward him copies of any essays, articles or papers on the subject of cremation.

Tribasic Phosphide of Silver.

MR. EDITOR.—Will your readers kindly furnish me, through your department of Queries and Replies, any experience they have had in the use of the tribasic phosphide of silver in nervous diseases? Respectfully,

Penna. C. C. H.

Portraits of Medical Men.

Dr. B. R. L., of Pa., asks: Will you be kind enough to inform me where engravings of eminent medical men can be purchased?

Ans.—In the *Biographical Dictionary of Physicians and Surgeons of the United States*, the steel engravings of fifty-two eminent medical men may be found. Price of the book $7.50. It is the best collection we know.

Dr S. W. J., of Texas, asks: Are chlorate and iodide of potassium incompatibles? if so why?

ED. REPORTER.—What is the date of the last edition of the *U. S. Dispensatory*, and does the last edition come fully up to the requirements of the day? Has it been superseded by the *National Dispensatory*?

Ala. Dr. S. S. G.

Ans.—The *U. S. Dispensatory* has been superseded by the *National*. The last edition of the former is a decade old.

Name Wanted. We received $5.00, in April, from Brunswick, P. O., no State given, and name undecipherable. Will the sender please write us.

Dr. G. W. C. of Tenn., asks: Will you please give, in your "Queries and Replies" column, the composition of "Simmon's Liver Regulator."

Ans.—We have seen no analysis of it. Perhaps some of our readers have.

Query.—What about the propriety of blistering an infant (six months old), making the blistered surface to cover the entire front, reaching from ensiform cartilage to the pubis; also blistered from nape of neck down spinal column, two and a half by four or five inches. And what about the propriety of painting such extensive blistered service with croton oil. Diagnosis said to be congestion of the brain and bowels. Ixx.

Texas.

Ans.—Propriety might be consulted by submitting a physician who did it to the same treatment, in order to impress upon him more sense the next time. It is simply barbarous ignorance.

MARRIAGE.

McANINCH—McDONALD.—On Thursday, May 19th, 1881, at the residence of the bride's parents, Butler County, Pa., by the Rev. S. P. Dillon, D. L. McAninch, M.D., of West Freedom, Pa., and Miss Ella McDonald.

DEATH.

LINDLEY.—At her residence, three o'clock P.M. Friday, May 6th, 1881, Lou. C. Lindley, wife of Dr Walter Lindley, of Los Angeles, and daughter of Rev W. W. Puett, of the Indiana Methodist Episcopal Conference.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1267.] PHILADELPHIA, JUNE 11, 1881. [Vol. XLIV.—No. 24.

ORIGINAL DEPARTMENT.

LECTURE.

CLINICAL VARIETIES AND TREATMENT OF PNEUMONIA.

Delivered at the Cochin Hospital,

BY M. BUCQUOY,

Prof. Agregé, of the Paris Faculty of Medicine.

Translated for the Medical and Surgical Reporter.

Gentlemen:—At a purely clinical point of view we may constitute several varieties of pneumonia, in taking as basis three categories of facts: 1st. The pathological anatomy. 2d. The etiology. 3d. The symptomatology.

(A.) Taking as basis the post-mortem conditions of the lung, two forms of pneumonia may be admitted; ordinary acute pneumonia, or lobar pneumonia, and lobular pneumonia, or broncho-pneumonia.

Lobar pneumonia is constituted by the presence of a fibrinous exudation in the pulmonary alveoli, filling them so accurately that an exact cast of the alveolus is often found in the expectorated matter; this condition induces a veritable hepatization of the lung.

This exudation sometimes extends into the last ramifications of the smaller bronchial tubules, very near the pulmonary alveoli; the exudation being produced either on the mucous membrane of these minute tubules, or belonging exclusively to the surface of the vesicles themselves.

It is to this form of pneumonia that the Germans have given the designation "croupal;" this is making a forced extension in the application of a term to which we have already assigned a more precise signification; it is much more logical to conserve for this form of pneumonia a name drawn from the post-mortem appearances, and to call it fibrinous pneumonia.

We have, again, catarrhal pneumonia (also called lobular, or broncho-pneumonia); this designation has been applied to it on account of the special conditions which induce it, conjointly with other affections of mucous surfaces. It is characterized by abundant secretion analogous to that observed in catarrh of all mucous surfaces; a muco-purulent liquid secretion, easily distinguished from the fibrinous mass of the first variety. Lobular pneumonia is limited to one or several lobules, never affecting an entire lobe or part of a lobe; the parts affected are more limited and more disseminated. It is called broncho-pneumonia, because it originates in an inflammation of the smaller bronchial tubes, propagated or extended to the pulmonary alveoli.

A distinction must be made between the broncho-pneumonia observed in young children and that of the adult. In children, broncho-pneumonia is not true pneumonia, it is the extension of catarrh to the pulmonary alveoli, but the inflammatory process has respected the parenchyma; it is a variety of pneumonia without inflammation of the parenchyma. In children who have succumbed, particularly during the first two years of life, the lungs may be perfectly distended with air; the vesicles have been filled with the exudation, whence simple atelectasis and congestion, preventing the access of air and inducing paralysis of the pulmonary vesicle, but nothing beyond this. You will very frequently meet with broncho-pneumonia in the adult; sometimes it is met with having the simple characteristics of pulmonary atelectasis, as in children; but there is, ordinarily, inflammation of the parenchyma. It is a catarrhal affection of the respiratory passages, a generalized bronchitis, complicated with true, limited, fibrinous pneumonia. It must not be supposed that it is simple bronchitis, without inflammation of the parenchyma, as in children; there is always fibrinous pneumonia in the adult, small sections of the lung being affected; the expectoration is very abundant, the onset insidious and accompanied by more or less generalized bronchitis. This form has not the brusque onset of true lobar pneumonia; the general physical signs also are characteristic, and disappear promptly. It is, in a word, a variety of pneumonia of much less gravity than the first form, and can be treated with safety on the expectant plan.

Histologists admit other forms of pneumonia; according to them, the pulmonary tissue, the fibro-vascular framework of the alveoli, is intact in the two forms we have just examined, and which they regard as examples of intra-vesicular pneumonia, the alveolar parietes not being affected; but they admit, besides, an interstitial pneumonia.

This form being rare in practice, I will not consider it in this study, and with greater reason, since I cannot admit that in the hepatization of true lobar pneumonia the pulmonary parenchyma is intact; without doubt, resolution of the inflammation takes place and the patient is saved; but that does not prove that there has not been inflammatory hyperæmia; the localization of the process in the alveolus alone is entirely theoretic.

I admit, however, that there is reason to insist on a more marked localization of the inflammatory process in the parenchyma in interstitial pneumonia, particularly in the chronic forms of the disease.

Besides these two forms, in practice we meet with hypostatic pneumonia (Piorry), which is the result of prolonged congestion, under the influence of stasis of liquids, or through the horizontal position in chronic diseases; but this is not veritable pneumonia; congestion must not be confounded with inflammation.

Nevertheless, in serious cases of typhoid fever, for instance, sibilant râles are sometimes found with veritable souffle and undoubted signs of pneumonia; there is no true hepatization, no fibrinous exudation, but scattered in the congested tissue, limited masses (noyaux circonscrits) are found, seemingly in a hepatized condition, resembling muscular tissue; it is a condensed tissue, from which a serous liquid exudes on pressure. It is what was formerly called carnification of the lung, and what M. Charcot has recently described under the designation, "carnization."

In such a case there is more than atelectasis: there exists veritable inflammation of the pulmonary tissue (trame pulmonaire).

(B.) Symptomatology again furnishes us with a second category of varieties of pneumonia. In the classic authors are found the description of the two forms, bilious and typhoid. The bilious form is much spoken of and little known; after the summer heats a few examples of true pneumonia complicated with the bilious state of ordinary gastro-hepatic catarrh (embarras gastrique) are met with. The typhoid form is much more frequent. This variety of pneumonia appears sometimes with an adynamic character, sometimes with nervous or ataxic phenomena. Typhoid forms of pneumonia have considerable tendency to suppuration. I will not delay on the consideration of latent pneumonia, observed, ordinarily, in aged persons, and of which the signs are very obscure.

Such are the forms adopted by the classic authors, but it is truly remarkable that they have not devoted more attention to the catarrhal form; this variety of pneumonia is frequently met with, being brought on by a chill under certain conditions of the atmosphere, etc. It is characterized by its onset, less brusque than in ordinary pneumonia, and preceded by symptoms of influenza, a slight stitch in the side, abundant expectoration, less marked fever and rapid resolution: isolated portions of the lung tissue (foyers circonscrits) are affected. Notwithstanding its somewhat alarming commencement this variety of pneumonia generally ends in resolution on the fourth or fifth day.

Another form merits attention. I speak of intermittent pneumonia, of which I observed a case at the outset of my medical studies, and another at the Hôtel Dieu, in a patient just returned from Algeria.

Sulphate of quinine gives good results in this affection, of which some authors have, without sufficient grounds, denied the existence. It presents itself with all the characters of true pneumonia, then suddenly disappears for a day or two, and then the symptoms reappear as intense as during the first days.

(C.) The peculiarities we have just observed, as regards intermittence and the influence of existing medical conditions, already show that etiology has its part in establishing the diverse varieties of pneumonia. The importance of causation is particularly remarkable in those diseases where pneumonia supervenes as a complication.

Thus the existence of a rheumatismal form of pneumonia has been admitted, in which it is affirmed the pulmonary phenomena disappear as rapidly as the articular phenomena, and are dissipated in a very short time.

Such cases are rare. This rheumatismal form of pneumonia, presenting the characters of acute fibrinous pneumonia, like broncho-pneumonia, affects a large part of the lung, but has no tendency to pass to the chronic state. Puerperal pneumonia presents no peculiar characteristics; nor do certain secondary pneumonias, consecutive, for instance, to typhoid fever, the eruptive fevers, or to a traumatism, as the wound produced by a sword thrust; these punctures of the lung heal, ordinarily, with the greatest facility.

Lack of time prevents any extended consideration of the different varieties of pneumonia; nevertheless, I do not wish to conclude without saying a word concerning the localizations of pneumonia.

You know that there has been much discussion regarding pneumonia of the apex of the lung. Andral considered such cases of greater gravity than others. Briquet observed no difference in the mortality. Grisolle concluded, on the contrary, that pneumonia of the apex was of greater gravity than other varieties.

Is it because the pulmonary lesion is nearer the brain? Certainly not; and yet the fact is proven that these varieties of pneumonia are more frequently accompanied by adynamia or ataxic phenomena; this is what gives them a special character of gravity.

Prognosis should, in general, be guarded, in pneumonia, when localized in other than the usual situations; pneumonias of the apex terminate favorably when the entire thickness of the lung is not affected; if you find the signs of pneumonia equally marked under the clavicle and in the supra spinous fossa, the prognosis is bad; of the entire number of cases of these pneumonias "which traverse," I have observed but one case where the termination was favorable, and in this case the inflammation seemed to be simply diffused over the surface, after the manner of erysipelas.

As regards pleuro-pneumonia, it is an ordinary complication of acute pneumonia; the pleuritis is explained by the close proximity with the inflamed lung, and particularly by the intimate correlation of the circulation of the two organs. The pleuritis gives rise to the stitch in the side, but adds little to the gravity of the pneumonia, and terminates ordinarily with it. Nevertheless, in certain cases, the effusion into the pleura remains for a time, but is always of great benignity, and never requires thoracentesis. Cases are observed, however, where inflammation of the pleura causes pulmonary inflammation and carnification of the lung under the points where the pleura is inflamed; in such a case, a layer of congested and carnified lung tissue, four or five centimeters in depth, is found under the inflamed pleura.

Treatment.—To-day we have abandoned the systematic practice of any one treatment of pneumonia to the exclusion of the others; we should consider if we are in the right path. To establish this, we shall be obliged to go over all the statistics and determine, for instance, if the mortality in pneumonia treated by general bleeding is less than in cases where tartar emetic has been employed. I believe that this would be an objectionable method, which would lead to erroneous conclusions.

In order to make statistics it would be necessary to collect comparable cases; for, to count in block all the cases of pneumonia observed in a hospital, is completely irrational; certain cases have been treated from the onset, others entered when the inflammatory process was on the decline; some of the cases existed in young subjects, others in aged subjects, etc.

It is necessary to establish distinct categories. As proof, it will suffice to cite the following fact: I found, recently, among my notes, a statistical table of all cases of pneumonia treated in my service during the year 1875; a table compiled with care by my late interne, Mounoir; out of 65 cases of acute pneumonia there was a favorable termination in 54 cases, and death ensued in 11 cases; that is 20 per cent. of mortality; not a very favorable result. Or, if we reconsider this series of patients, we find that 25 were over fifty years of age; of this number, 15 recovered and 10 died; that is 40 per cent. of mortality. Of the 40 other patients of less than fifty years of age, 39 recovered and but 1 died, and he was a subject given to drink; the rate of mortality descends for these 40 patients, to 2.5 per cent.

It might be said, if the cases were considered all together, that with a mortality of forty per cent. my treatment must have been objectionable; while taking into consideration that our patients in this hospital are often aged men, worn out by all sorts of privations, and coming to the hospital but to die, the success of our method of treatment will be recognized.

No one exclusive method of treatment should be adopted for pneumonia, no more than for any other malady. The treatment should vary with the indications which present themselves; pneumonia is not a morbid entity to be combated regardless of the patient; on the contrary, it is necessary to treat the patient, and not the malady. It is, then, a question of opportunity; it remains to determine under what circumstances we should utilize each of the diverse forms of treatment recommended in pneumonia.

And in the first place, can the expectant plan be admitted; within what limits is it possible for a pneumonia, abandoned to itself, to have a favorable ending? A few years since such a plan of treatment would have seemed unjustifiable, and even criminal; nevertheless, every day we observe cases, even without desiring it, where pneumonia has a favorable ending without any treatment whatever; thus, a poor laborer is taken down with pneumonia; he remains in bed because he finds it impossible to work; he has no medical attendance, and finally, on the fifth or sixth day, he is brought to the hospital with a pneumonia which has followed a satisfactory course; there is no fever, the patient is almost convalescent, and we have but to assist at a spontaneous cure. It has been often thought that such cases of pneumonia had a greater tendency to become chronic, and that resolution of the inflammation was more tardy, but such is by no means the case; their course is as regular as in cases which have undergone the best treatment. And note well that I speak of patients who follow the expectant plan, involuntarily, under the most deplorable hygienic conditions; the results are much more favorable with patients in comfortable circumstances, living under the best conditions, hygienic and otherwise. In such patients expectation is not inaction; the patient is perfectly at rest in bed, with the diet carefully regulated, and has the thousand little cares bestowed on a patient in a febrile disease.

This is an entire plan of treatment, although no drug be administered, and we do not quit the expectant plan when we apply wet cups, to combat the stitch in the side, or when a potion is prescribed, to calm the paroxysms of cough.

The expectant plan may then be followed in all cases where the natural tendency of the malady is to recovery; that is in adults and in children over two years of age or thereabouts; with the condition that they be not already debilitated by any cause, and that they present no trace of any other anterior disease; the inflammation again should be limited and have no tendency to diffusion.

Bleeding was formerly carried to such an extent that the present generation of physicians abstain completely from this method of treatment. The reaction has led too far; we cannot admit that Chomel, Andral, Louis, and Grissolle were always mistaken when they upheld this practice of bleeding; and although they were obliged to combat the too exclusive practice of Bouillaud, were compelled to admit that bleeding was often of benefit, and followed the practice themselves in pneumonia. It has been said that patients cannot bear bleeding now as formerly. We are not a collection of feeble, anæmic subjects, as has been too often repeated, and we would bear bleeding as well as did patients twenty-five years ago.

In young subjects, in cases of pneumonia with widely diffused hepatization and intense reaction, bleeding is of real utility at the onset of the malady. In our hospitals you do not often observe bleeding, but it is because the patients arrive often towards the fifth day, when hepatization has already taken place and the inflammation has become limited; when consequently, there is nothing more to prevent; the dyspnœa and fever might be diminished, but with the risk of enfeebling the patient at a period when his strength should be guarded in order to arrive at prompt resolution.

In private practice the occasion for bleeding occurs more frequently, for the physician is called at the onset of the malady; and it is certain there is too much hesitation in bleeding in such cases.

I have often regretted, on the third day of a pneumonia, not to have attacked it on the first day by general bleeding, which would have diminished the inflammation and prevented its extension.

When pneumonia is accompanied by intense pain in the side, considerable dyspnœa and high fever, when, in other words, the inflammation is intense, bleeding will prove beneficial.

Abstracting 400 or 500 grams of blood will have considerable local effect on the inflamed lung, will relieve the patient, render the pulse stronger, and cause a reduction in the temperature.

As regards local abstraction of blood there is much less scruple: you see wet cups applied every day. In country practice, leeches should not be forgotten, to diminish cough and relieve the stitch in the side.

The contra-stimulant medication, combined with bleeding, constitutes the French method of treatment; it was instituted by Laënnec, and

Grisolle put it in practice up to his death. Tartar emetic seems to be the remedy par excellence, in pneumonia; it causes, first, vomiting; then tolerance becomes established, but a feeling of nausea remains, the pulse becoming stronger and the temperature falling. But the doses have to be repeated, and these results are obtained only when the toxic effects of the drug are arrived at. I fear this state of artificial adynamia. I am willing to administer tartar emetic, after the method of Rasori, but as soon as tolerance becomes established, I arrest the treatment and seek to combat the effects of the adynamia.

I have seen Aran treat pneumonia by veratria, giving 25 to 35 centigrams (4 to 5 grains) per diem, in pills containing 5 centigrams (¾ of a grain each); he thus induced profound adynamia and a state of great debility, which I should by no means desire to produce. It is not, in effect, demonstrated that by such treatment the duration of pneumonia is diminished, or its ravages considerably attenuated. If the case seems to be of too much gravity to follow the expectant plan, and if an extensive portion of the lung is in the hepatized state, I prescribe 30 centigrams (4½ grains) of tartar emetic, in a julep, one spoonful to be taken each hour, so that after eight hours the nauseating and emetic effects of the drug have been obtained, and tolerance becomes established. This suffices to lower the pulse and the temperature. The next day I do not continue the use of tartar emetic, and if the patient be at all feeble, I stimulate by an alcoholic preparation (brandy mixture, etc.). If the patient does not seem prostrated, and if the malady follows its normal course, I return to simple expectoration.

I make use, sometimes, of tincture of digitalis, particularly in catarrhal varieties of pneumonia. As regards veratria, it is an atrocious medicament, that I completely reject. Medication by tonics and alcohol is much more frequently indicated, particularly in debilitated subjects, who stand in need of stimulation, in order that complete resolution of the inflammation may be obtained. It is thus that alcohol should be employed; it is not a specific remedy in pneumonia, but it places the patient in proper condition, that resolution may be brought about. You all know the success which has attended this medication in England. It is useful in pneumonia attacking drunkards; for these individuals, depressed and enfeebled, alcohol stimulates the nervous system and continues a state of excitation to which they have been accustomed; it places the patient in his usual condition of health and permits him to traverse fortunately the course of the malady.

I will not devote a lengthened consideration to the indications for emetics and purgatives; they have an antipyretic action, at the same time lessening the pulmonary inflammation (défluxionnent le poumon). The indications for the use of emetics will be found in benign forms of pneumonia, in catarrhal pneumonia with bronchitis, etc.

Patients are purged too frequently; this effect is produced by tartar emetic, but is not sought; in general it is better to avoid the use of purgatives. Blisters are also too frequently employed; it is a deplorable method. Generally, to-day, the special indications of the particular case are not sufficiently considered.

Blisters are applied at the onset of the malady, and give little relief to the patient; it would be much better at this period to apply wet cups; blisters should not be applied until later, if the resolution of the inflammation is tardy; if they are applied too soon, they cause elevation of the temperature and exaggeration of the febrile state. It is at the terminal period of the malady that blisters should be applied. The alkalies and iodide of potash may be employed at the same time, if the inflammation shows any tendency to pass into the chronic state, and enters but slowly into the period of resolution.

COMMUNICATIONS.

RAPID AND EASY CURE OF A CASE OF MORPHINE HABIT OF TWELVE YEARS' STANDING. AMOUNT USED SIXTEEN GRAINS PER DAY.

BY H. H. KANE, M.D.,
Of New York City.

The number of morphine habitués is at the present day so largely on the increase, that any plan of treatment offering a rapid cure, unattended by marked suffering, is sure to be welcomed by the profession, the more so, as many of the victims to the habit are physicians. For the past year I have been taking these patients into my own house, where the facilities for careful observation and prompt treatment are greater than when the sufferer is in his own house, or at a hotel or boarding house, near by. I have thus been enabled to carefully note and record the cases I have treated, and to compare accurately the merits of one plan of treatment with another. My plan is that of rapid reduction, which has all the advantages and none of the drawbacks and dangers of the German method. Patients leave me as fully and permanently cured, in as short a time and with less suffering than when treated by Levenstein's plan, of sudden deprivation.

By it, moreover, patients so much debilitated from the long continued use of morphia, or from coexisting organic disease, whom it would be wholly impossible to treat safely by the plan of sudden deprivation, can be taken in hand at once with a marked prospect of success. One such patient, a physician, with decided spinal and cerebral sclerosis, ataxia and frequent epileptiform convulsions, and very much emaciated and debilitated, is now under my care. He is two-thirds through the reduction, and has suffered from nothing save slight nausea. He says that, when "broken" before, some two years ago, he suffered markedly, especially with pains in the limbs, angina pectoris, palpitation, vomiting and purging, restlessness, and insomnia.

A case that has but recently passed from under my care may serve as a good illustration of some points in the treatment pursued.

C. P., Pennsylvania, a clerk, aged forty-two years, a widower, no family history of alcoholism, insanity, drug addiction, marked nervous disease, or syphilis.

In June, 1871, while dispensing some one-eighth of a grain of sulphate pills, he put one in his mouth, swallowed and forgot it, until going home to dinner, when he noticed that, whereas on former occasions he had been worn out and hardly able to drag one leg after the other, now his step was light and springy, and his appetite excellent. He was at a loss to account for this decided change, but finally thought of the morphia pill he had taken, and, as he had taken nothing else, supposed that it must have been that. Taking his vacation a few days later, he took one hundred of these pills with him, and swallowed one every morning. On his return to Chicago he took no more, the carrying out of his resolve being attended with pains in the limbs, restlessness, dullness, and insomnia.

In the fall of 1871 he lost all his property. So worried and prostrated was he by this that he could not sleep, and on the advice of a physician who was in his store one day, he again took a $\frac{1}{8}$ gr. pill. Took one pill twice a day for three months. Then stopped their use at once, being afraid of the consequences. He, however, began to use the drug again in the winter of 1871–72, and continued its use for four years, after a time reaching the daily quantity of sixteen grains. At the end of this time he found his appetite good, bowels somewhat constipated, sexual appetite gone, urine variable in quantity from day to day, temper extremely irritable, eyesight unaffected, no chills or fever, no delirium, but considerable gastritis, with attacks of vertigo, and occasionally syncope. Finally his stomach rebelled at any preparation of opium or its alkaloids, and, making a virtue of necessity, he stopped its use at once. He then suffered from chills, high fever, intense nausea, restlessness that was almost constant, and he finally sank into a low typhoid condition attended with some delirium. The pains in the limbs were constant and very severe. On the fifth day of this struggle he was given two one-eighth grain morphia powders which somewhat relieved him. Did not get about until September, 1875. Did without morphia until January 1, 1876, when, from inadvertently taking some laudanum he relapsed into the old habit, and was soon taking one drachm of the sulphate of morphia each week. In September, 1877, he was again broken of the habit, but relapsed in June, 1880, since which time he has been taking two drachms each week. Find the patient, on admission, a tall, sallow complexioned, weak looking man, apparently easily tired. Face of reddish hue, skin coarse, eyes light blue, hair light brown, slightly deaf. Is using two drachms morphia per week. Pulse about 76. Complains of nothing but loss of sexual appetite and a slight cough, which is found to be due to intense venous congestion of the whole pharynx and larynx. Urine slightly albuminous, and containing a few medium-sized hyaline and light granular casts. No sugar. Specific gravity, 1.019. Reaction acid.

Allowed him to rest for one night, and in the morning gave him—

℞.	Morphiæ sulphatis,	gr. vj
	Quiniæ sulphatis,	gr. viij.

Passed a perfectly comfortable day and night, although somewhat restless toward morning. Sneezed twice during the forenoon.

Second day. Gave

℞.	Morphiæ sulphatis,	gr. iij
	Quiniæ sulphatis,	gr. x.

Some slight sneezing, appetite good. Went out walking. Then ordered

℞.	Sodii bromid.,	gr. xv
	Potass. bromid.,	gr. x
	Tr. digitalis,	gtt. j
	Tr. cinchonæ comp.,	ʒj
	Pulv. sacch. alb.,	gr. x.

SIG.—Every three hours.

Also

℞.	Auri et sodii chlorid.,	gr. $\frac{1}{16}$
	Tr. acteæ racemosæ,	
	Tr. cinchonæ comp., āā	ʒss.

SIG.—Every three hours.

Third day. Restless. Did not sleep well, although given 20 grains of chloral in two doses. Slight pains in limbs. Slight nausea. Gave one grain of morphine and ten grains of quinine. Pains in limbs wholly relieved by general faradization. Sinking sensation at pit of stomach yielded readily to compound tincture of cinchona and hot water. Took beef tea with relish. Stomach somewhat distressed after it. Pulse 42. Faradization. Stopped bromide mixture.

Fourth day. Slept some four hours. Feeling weak. Continued medicines, with the exception of the bromides. Gave one-half of a grain of morphine and ten grains of quinine. The bowels not having moved, gave

℞. Mass. hydrarg.,
Ext. colocynth. comp., āā gr. iv,

to be followed in six hours by a Seidlitz powder. Owing to lightness of all symptoms, began to suspect the patient was getting some morphine. This, however, was not the case. Gave whisky, but found that it caused nausea.

Fifth day. Did not sleep well until a hypodermic of one sixteenth of a grain of morphia was given. Weak, but sat up to have bed made. For the nausea gave ten grains of bismuth, two grains of the oxalate of cerium, and two drops of hydrocyanic acid in mucilage acacia, every hour, until relieved. Small dysenteric discharges of a brownish-green color. Ordered tincture of hyoscyamus in two-drachm doses, to be repeated in two hours, if necessary, as a sleeping mixture.

Sixth day. Slept very well. Somewhat troubled with dysenteric symptoms. Stopped all medicine but the digitalis and whisky; the former in two-drop doses, every three hours. Electricity at night.

Seventh day. Slept well, with exception of occasional awakening; at four o'clock bowels began to move and kept him awake the rest of the night. Next day somewhat prostrated. Took in addition to beef tea, which he has been using, some poached eggs and a cup of tea. The distress after each was measurably relieved by—

℞.	Pulv. pepsine (Hawley's)	gr. x
	Tr. nucis vomicæ,	gtt. xx
	Tr. hyoscyami,	gtt. xxx.

Sig.—At a dose.

From this time on, by use of above mixture, digitalis. hot baths (106°-110° Fah.) followed by general and local faradization, patient improved in strength, spirits, appetite, and sleep. On the twelfth day, returning sexual power was indicated by nocturnal emissions. Went out into the open air, in charge of a nurse, and in two weeks from date of entering the house was discharged, with a fair appetite, power to sleep without medicine, and urine free from all morbid deposit. The pulse rose on the eighth day to sixty-four, and gradually came up to one hundred, at which point it was beating when he left, it being regular and healthy as regards tension frequency. His pulse in health was always high, and would occasionally intermit. From here he went to a country town in this State, to still further recuperate. He seems to have absolutely no craving for morphia.

This case is peculiar in many respects. In the first place, the contrast between the method of cure by sudden deprivation and by rapid reduction is marked, and greatly in favor of the latter. It is the more noticeable as the two methods had been tried on the same patient, that by rapid reduction at a time when it would be naturally supposed that the effort at cure would be attended by the most suffering. As is seen, the characteristic pain in the limbs, nausea and vomiting, collapse, dyspnœa, restlessness, and delirious excitement, were either entirely absent, or of so slight a nature as to require but limited special treatment. Baths were not given until several days after the use of morphia had been entirely stopped. Heretofore, baths have been the most important feature of treatment in these cases. Stimulants were used but for three days and were then objected to by the patient, as they distressed the stomach. Marked relief to the pains in the limbs and sinking at the stomach was afforded by general and local faradization.

It has been said that it was suspected, from the lightness of the symptoms, that morphia was being taken on the sly. Being well acquainted with the cunning of these patients, I caused the closest search to be made and watch to be kept, and this resulted in certain disproval of the patient's taking the drug, showing that the usual distressing reflex troubles incident to deprivation of the drug* were being successfully combated by the medicines used. The rapidity of recuperation displayed by this patient is shown in the fact that on the eighth day of treatment and the fourth after the last dose of morphia had been taken, the patient walked out, rode to the ferry in the street cars and crossed to the Jersey side, coming back the same way. He was then able to mount two flights of stairs to his room.

I now exhibit the chloride of gold and sodium in the form of Fuller's tablets, which are easier to give and distress the stomach less than fluid medicine. I have the machine and find the tablets easy to make and pleasant to take.

---

* "Drugs that Enslave." H. H. Kane, Philadelphia, 1881.

In conclusion, it may be said that the curative treatment of these miserable patients is now easy, satisfactory and rapid, and it is time that members of the regular profession, knowing these facts, should endeavor to aid those who are especially studying and treating such cases, by placing them under their care rather than let them drift from the hands of one quack to those of another, to be fleeced and physically injured each time.

The patient will be in Philadelphia in a few weeks, and should any physician desire to see him and verify the statements here made, I will gladly send them his address.

191 *West* 10*th street*, *N. Y.*

INCONTINENCE OF URINE IN BOYS.

BY JOHN MORRIS, M.D.,
Of Baltimore, Md.

Read before the Baltimore Medical Association, April 25th, 1881.

The subject to which I shall call your attention for a brief period, to-night, is one of a practical character, and well worthy, I think, of our consideration. It was suggested to me recently by a philanthropic gentleman of the city, connected with most of our public charities. In a visit with him to some of our reformatories, I was surprised to find, on inquiry, that one boy in every twenty suffered from incontinence of urine. At the reformatory for colored boys, in Prince George's County, the ratio is still greater. On further inquiry, too, I discovered that this serious trouble exists, almost to the same extent, in many of our boarding schools. This is certainly a very unpleasant, if not a startling condition of things, and has been entirely overlooked heretofore, by those having charge of our reformatory institutions. It may be possible that the disease was deemed intractable, and consequently, received but little notice. Incontinence of urine in children does not, I think, prevail to so great an extent in private practice. If it does, it is a serious reproach to parents and to our profession—a reproach which should at once be wiped out, by proper and earnest efforts in the future. It is a surprise that a subject of so grave importance as incontinence of urine should not have received greater consideration from the profession. Our text books afford us very little information in regard to it, and every medical man, when called to treat a case, has to rely almost solely on his own experience. I shall, in my address to-night, confine myself to nocturnal enuresis in children, because we are more frequently called on to treat this disease than the bladder troubles of old people, which are of an entirely different character. I have said that our text books afford us very little information in regard to this matter, but during the past few years a number of articles have appeared in the journals, containing suggestions of more or less value on this subject. Before the appearance of these articles this disease had been treated almost at random, and nothing of a scientific character was suggested for its relief. It was looked on as one of the *opprobria medicorum*, and its poor victims were left to the mercy of the merest empiricism.

Incontinence of urine in old people is frequently an evidence of some severe nervous lesion, but it is not so in the young. In the latter it is a curable disease, and exists almost always independently of brain or spinal trouble. It may result from a number of causes, the most frequent of which are intestinal irritation, acidity of urine, worms, defective nutrition, feebleness of constitution, and, possibly, teething. A very frequent cause, too, is a nervous temperament, or diathesis, independent of any organic disease; but the most frequent cause of all, in my judgment, is a condition of the bladder, or rather of the sphincter, brought on in early youth, through the slovenliness and inattention of mothers and nurses. They feed the child with improper food, and suffer the bladder to become distended before putting it to bed. No attention is paid, even during the day, to see that the urine is voided at proper intervals. The consequences of this inattention are daily recognized by medical men on entering dwellings and rooms occupied by these poor, forlorn children. To make it plainer, it is enough to say that the odor of these apartments is not that of "Araby the blest."

In the treatment of the disease it is necessary for us to ascertain its origin. The history of the child, and its habits from birth, as well as the family history, should be inquired into. The urine should be tested for acidity, and the bladder and rectum, if needs be, examined. Atony of the bladder might, by causing over distention, give rise to it, or undue irritability might prove sufficient to overcome the resistance of the sphincter. If incontinence be due solely to acidity of the urine, it is easily cured. The administration of a simple alkali in combination with benzoic acid is all that is necessary. A solution of benzoate of soda, combined with a very small quantity of belladonna, will be found very useful in this condition. This form of the disease is owing to perverted secondary assimilation. If the disorder is caused by worms, some anthelmintic remedies will be required; but worms in this affection, as in many others, are simply a *bugbear*. Intestinal irritation, no matter from what cause, must be met by proper agents; defective nutrition, by the use of cod-liver oil, iron, and a judicious general regimen, embracing the cold bath, fresh air, calisthenics, etc.

The form of the disease most amenable to treatment, and which, as I said before, is very common, is the purely nervous form. It is most frequently met with in boys and girls of a lymphatic or scrofulous temperament. They lose the coördinating power, at first, from the will not being called on and properly exerted, and this is afterwards kept up by habit. In these cases the syrup of the iodide of iron and the cold sitz bath act as a specific, particularly if aided by moral means. Large doses of the iodide of iron must be given to the big and strong boys in public reformatories. The reason that syrup of the iodide of iron is preferable, in cases of children, to other preparations of iron is, it is easily decomposed in the stomach. The iodine is set free, as Jacobi states, and acts as an anti fermentative in the many cases of disturbed gastric digestion occurring, even in normal children whose circulation has been disturbed, or whose gastric secretions are certainly below their normal amount, in consequence of a deficient supply of blood. If nocturnal enuresis exists with daily incontinence, belladonna may be given with the iron at bedtime. I can speak with great confidence of these last two remedies. I have given them a fair trial, and in every instance, save one, have they proved beneficial; indeed, in my judgment, they are the only drugs which have any real value in this disease. Strychnia has no specific powers, and I much doubt if a single cure has been effected by it. In cases of atony, or paralysis of the bladder, I believe it might, in combination with syrup iodidi ferri, prove highly efficacious. In abnormal irritation of the bladder, belladonna is our best remedy, and far preferable to conium or henbane; the bromide of potassium has been recommended, but I think it almost useless. Tincture of cantharides has no virtue whatever, at least I have obtained no good results from its administration.

In the purely nervous form of the disease that I have heretofore described, the condition of the urine is very singular. It is voided in large quantities; it is limpid, almost colorless, and lacks the normal ingredients. Hysterical patients, as you all know, pass enormous quantities of limpid urine, and from precisely the same cause. The diet of the little patients suffering from this particular kind of enuresis is an important matter. From their family history, peculiar temperament, and other causes, they are apt to be over indulged, and the loathsome penalty they pay is oftentimes but a retribution of the gods.

In mechanical means I have no confidence whatever. I have tried Sir Dominick Corrigan's remedy, the application of collodion over the meatus, but obtained no good results. As I left it to the patients themselves to make the application, it may be possible that it was ineffectively done, or perhaps the collodion itself was defective in quality. I think it possible Sir Dominick's suggestion may prove useful in other hands and under better conditions, and I shall certainly recommend its trial in the public institutions I have referred to. It is, at least, the only one of the mechanical remedies that possesses the slightest trace of merit. Of course, if incontinence of urine can possibly be superinduced by congenital phimosis, an operation is necessary. I invariably examine the prepuces of my patients, with a view to the discovery of any local trouble. Trousseau's truss, the passage of a catheter, the injection of warm water, as proposed by Dr. Braxton Hicks, Pluvier's pads, applying a nail to the back, a circular band around the pelvis, etc., etc., are not only useless, but injurious.

As to the kind of moral means to employ, I have very little to suggest; the judgment of the practitioner must be exercised in each particular case. It is only in cases of a purely nervous character that the old mode of treatment, by whippings and scoffing, has any value, if it has value at all. Though the nervous supply of the bladder is derived from various sources, and though the sympathetic is the controlling influence, there is enough of voluntary power derived from the cerebro-spinal system to play an important part in our treatment. It is this power that is evoked and brought into action by the moral means before indicated. Hydrate of chloral was suggested some years ago, to be given in ten-grain doses, at bedtime. It was said to act very kindly, by giving rest to the bladder and sphincter, and thus enabling them to regain their normal tone. I have given it a trial, but with no satisfactory result. I have no doubt that it might prove useful in cases of spasm of the bladder. I shall recommend its trial on a larger scale, to the gentlemen having charge of public institutions and boarding schools, in a lay pamphlet which it is my purpose to prepare at an early day, for their use. The preparation of this pamphlet has been suggested to me by the philanthropic gentleman referred to in the beginning of this paper.

I am convinced that a fair trial could be given to all the remedies that have been suggested for incontinence of urine, if undertaken properly and systematically, in our large institutions for the reformation and education of boys. I am also convinced that if the medical man had under his own immediate charge all the cases he is called to treat, so that he might see that proper food was given, tea and coffee, or other slush avoided; hard beds and light bed clothing used; the urine voided at certain regular hours, particularly before retiring, in addition to constitutional remedies, a far greater number of cures would be effected. As it is, he has to rely solely on the few means that I have briefly suggested.

In conclusion, let me say that I have no confidence in any treatment that is not constitutional. Enuresis is always a sign of mental or physical weakness; the strong in mind and body are never its victims. Let our efforts, then, be directed to the building up of the physical nature of our patients, so that they may enjoy that greatest of all boons, a sound mind in a sound body.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. D. HAYES AGNEW, M.D., May 14, 1881.

Reported by GUY HINSDALE, M.D.

Case I.—Traumatic Tetanus.

This patient, two weeks ago, accidentally fell from a derrick, sustaining a compound fracture of the radius and a dislocation of the ulna. There being an external wound, it was a compound dislocation. He is forty-five years of age, and had been in excellent health until the accident. He had been doing well until five days ago, when he complained of some rigidity about the jaws. This increased, not by a regular progress, but it would at times lessen and then again increase. As I place my finger over the masseter I find it tense and hard. It is as stiff as a board. Over the temporal region there is extreme tension of the fascia, a continuous, violent spasm of the temporal muscles. He is incapable of separating his jaws.

This is trismus, or rather tetanus, for it extends beyond the limits of trismus; the muscles of the abdomen are tense and board like. The muscles of the chest are tense, also, but not to such a degree as was the case one or two days ago.

This is traumatic tetanus. We have two varieties of tetanus; first, the idiopathic, a rare form; second, the traumatic, which is by no means uncommon. This latter form may arise after any surgical injury, especially in the extremities, as, for instance, the toes and hands. Any accidental or designed wound may provoke tetanus; even a draught of cold air may bring it on. No ulcer or wound of any kind should be exposed to wind or cold. I recall two cases in point. One was a lacerated wound of the hand. The skin and subcutaneous fascia had been torn, but the patient was almost well and the wound had nearly cicatrized. While riding in a horse-car he exposed his hand to the wind, and on going home he soon began to experience some peculiar sensations, namely, muscular rigidity, not only of the jaws, but of the whole body, from the crown of his head to the soles of his feet. He became perfectly stiff and could be rolled about and turned over in bed, like a log.

Tetanus may follow any injury accompanied by laceration of the nerves, or one in which a nerve may have been accidentally included in a ligature.

Besides the other divisions that have been made, we have tetanus acute and chronic. The acute form runs its course with great rapidity, and is almost invariably fatal. A case of this kind, admitted to the house a few days ago, died twenty-four hours after admission. If the patient survive the tenth or twelfth day there is a fair prospect of recovery.

This man before you is better, and I think we can give a favorable prognosis. He swallows very well, but has still a little difficulty in speaking.

In the severe cases the jaws are locked; there is great difficulty in swallowing, and the water, or saliva, is sometimes violently forced out between the teeth. Owing to these phenomena, tetanus has been confounded with hydrophobia.

When the muscles of the back become violently contracted and the body rests on the occiput and heels, the disease is designated by the term opisthotonos; when the muscles in the front of the body are thrown into violent contraction, the condition is called emprosthotonos. When the muscles of one side are affected, and the patient is curved laterally, we have what is called pleurothotonos.

We know nothing of the pathology of this disease. By some authors the lesion has been located in the gray portion of the spinal cord, but nothing has been established positively, the post-mortem changes being, probably, of a secondary nature.

The treatment is far more important, however. I will not undertake to enumerate the various medicines that have been used in this disease. In the commencement of the attack I directed the administration of a brisk cathartic, clearing out the whole intestinal tract, followed by the use of chloral, which seems to have acted favorably: fifteen to twenty grains are given every two or three hours, according to the effect: in addition, one-fourth of a grain of morphia, hypodermically, is given every fourth or fifth hour.

There is, however, something else in the treatment quite as important as drugs, and that is nourishment, the frequent exhibition of nutritious articles of food. Stimulants should be liberally used, in the form of milk punch. We endeavor to sustain the patient until the disease eliminates itself. This man has taken, each day, sixty grains of chloral hydrate. It is not a large amount, and the treatment is having a happy effect. We will continue this, believing that the patient is going to recover.

Case 2.—Anchylosed Elbow Joint.

This young girl comes to us with a difficulty at the elbow. It is the result of a fall received five months ago. She was bruised at the posterior part of the arm, the force of the blow falling chiefly on the olecranon; the effect has been to leave her with a stiff arm. The injury has been a severe one, not simply affecting the skin and the superficial connective tissue, but it has involved the articulation. When I attempt to make flexion and extension, I find the joint immovable.

Affections of this kind are common at the elbow and knee joint, less frequent at the ankle. The ginglymoid, or hinge-joints, are more commonly anchylosed than the ball and socket joints; the structure of the former is more complex than that of the latter.

We need to exercise the greatest care in cases of this kind. Nothing definite is known of the patient's history; it is evidently one of those cases that we see arising from neglect. The proper course after the injury would have been to have put the arm absolutely at rest, using an angular splint and making an application of lead water and laudanum. Over the swollen surface of the joint the application of a few leeches would have had a beneficial effect. In from four to six days the inflammation would have subsided, and the swelling would have gradually disappeared, and then, passive motion being employed, all the effects of the inflammation would have faded away, leaving the joint uninjured.

After such an injury an effusion of a certain amount of lymph takes place. It may have its origin inside, from the synovial membrane, or the ligaments may be matted together from without. As a consequence of this inflamed state of the joint, we have rigidity.

There are two kinds of anchylosis, false and true. In false anchylosis there is no bony matter present, but a mere exudate, more or less organized, something which interferes with the proper motion of the joint; but in true anchylosis there is osseous matter covering the articulating surfaces, and it is impossible for this to undergo absorption.

The forcible breaking up of the adhesions, unless passive motion is subsequently kept up, does no good; the patient is left with a joint as stiff as before. In many instances we accomplish more if content to use a small amount of motion, the same repeated often.

On making pronation and supination I feel the adhesions breaking away. You see, we get very good movement. Be careful, in doing this, that the arm is not broken. Place it on a table and make slow movements backward and forward. The joint now moves freely, and all its motions are easily performed. There is, however, some grating of the articulation, the delicate surfaces of which are covered with a product resembling shreds of omentum or frost-work.

We will now wrap up the joint in cloths saturated with lead-water and laudanum, and each day secure passive motion. Make pronation and supination, flexion and extension, if only so much as you see me do; it will help to hold what ground we have gained.

MEDICAL SOCIETIES.

NEW JERSEY STATE MEDICAL SOCIETY.

The one hundred and fifteenth annual meeting of the Medical Society of New Jersey was held at Long Branch, on May 24th and 25th, 1881.

The Society met in the parlor of the Ocean Hotel, on Tuesday, 24th, and was called to order at 8 o'clock P. M., by the President, Dr. A. N. Dougherty, of Newark. Vice Presidents Dr. L. W. Oakley, John W. Snowden, Stephen Wickes, and the other officers, were in their respective places. Rev. Mr. Young, of Long Branch, opened the meeting with prayer. The attendance of members of the Society was not as large as it has often been, although every district Society, with the exception of Salem and Sussex, was represented.

Dr. S. H. Hunt, of Etontown, President of the Monmouth County Society, extended a cordial welcome to the Society. He spoke of the Society of New Jersey as distinguished, not merely for its great age, but also for the many noble men who have been numbered among its members, who have left a record of grand triumphs in medicine, and whose memory is left to us fragrant with deeds of self-sacrifice and earnest life work.

In welcoming the Society to Long Branch he referred to the historic fame of Monmouth County, whose glory is to be perpetuated by a monument which will be an honor to the State, which shares in the fruit of her early sacrifices and patriotism. He referred also to the great advantages, both natural and artificial, which the county possesses. Its beautiful and far famed summer capital, with all its advantages of situation and climate, its health-giving atmosphere, and its unsurpassed beach, with a background of one of the richest and most productive agricultural districts to be found anywhere on God's earth, affording magnificent drives over excellent roads, skirted with pleasant villas and happy homes, to which the great cities on either side come, panting, from the summer heat. Dr. Hunt spoke most feelingly of the loss which the Society has sustained since its last meeting, in the death of Dr. Thomason, of Monmouth County, and while he mourned the loss of him and others like him, he rejoiced that the fruit of his active and honored life would live long after him.

The corresponding delegates were introduced to the Society by the Secretary, as follows:—

Dr. William Govern, from New York; Drs. W. H. Palmer and W. J. Burge, from Rhode Island; Dr. W. S. Babbit, from Massachusetts; Drs. G. Mott and C. K. Mills, from Pennsylvania; each of whom expressed feelings of cordial pleasure at being present. Drs. Wm. B. Atkinson and S. Cohen, of Philadelphia, being present, were invited to seats as corresponding members.

The President read the annual address, on the subject of

PLEURAL EFFUSION, WITH SPECIAL REFERENCE TO THAT OF PYOTHORAX.

His address began with a recital of fourteen cases of pleural effusion which he had treated or with which he had been conversant, and detailed all his personal knowledge of the subject, good and bad. His last case, one of pyothorax, was treated by the trocar and cannula, and by the drainage-tube introduced through the latter, the drainage-tube being lined for an inch and a half with a piece of silver catheter, for resting between the ribs, and a plate of silver with a tube and binding-screw, for the passage and securing of the drainage tube.

The history of the case, still in progress, went to show that this simple treatment was sufficient in at least some bad cases of empyema, and that it might be employed instead of the more dangerous methods in vogue, viz., per incision and injection.

The patient is getting well, wearing the tube without any inconvenience whatever, and never having had an injection used, or any antiseptic precaution taken. The President then went on to give the history of pleural effusions and their treatment, from the time of Hippocrates, down to and including the rib resection of Prof. Estlander. He introduced histories of cases furnished by Drs. Bleyle, Harvey, Corwin and Prof. Chew and others, and also tables of cases from the New York and Roosevelt Hospitals, concluding with a summarized recommendation of the best mode of treatment derived from his review.

On motion of Dr. Hunt, the following resolution was adopted:—

That during our present meeting the Standing Committee be directed to report upon the feasibility of lengthening the period of our annual meeting.

The various committees were then announced by the President.

Second Day.

The Society was called to order by the President at 9.30 o'clock.

On motion of Dr. E. M. Hunt, the following was adopted:—

Resolved, That a committee of five be formed, to be known as the Business Committee, who shall select subjects to be presented at each annual meeting, and the person and committee to present them, to whom shall be referred all voluntary communications offered, and said committee shall direct the hour and order of each paper and the discussion thereupon.

REPORT OF THE STANDING COMMITTEE.

Chairman, Jos. Parrish, M.D.

Two facts exist that render the study of the medical history of New Jersey for the past year of peculiar interest to the profession:—

First. The new law for regulating the practice of medicine and surgery, passed in the winter of 1880.

Second. The strong sentiment prevalent in favor of greater sanitary precautions in the prevention of disease, as instanced by the establishing of township health boards, and the increasing the powers of city boards of health.

A study of the various county reports reveals a greater prevalence of disease than during the preceding year. Throughout the State is noted an increase of malarial fevers, an increase which is apparent both in the number of cases seen and in virulence of character. The tendency to remittent and continued forms and to typhoid complications is especially noted; also from many observers we have the record of increased medication necessary for combating these diseases. Quinine in large and repeated doses, the quantity in some cases being double the usual dose of the practice of fifteen years ago. In this connection may be mentioned that in various portions of the State have occurred numerous cases of puerperal fever, usually traced to malarial causes by the observer, often fatal, yet nowhere considered epidemic. Scarlet fever, diphtheria, whooping cough and measles seemed more prevalent than usual in most of the counties. During the latter part of the Winter and Spring there was an epidemic of rötheln, which seemed universally prevalent. It had few complications, and almost no mortality.

The epidemic of variola that has been present in New York and Philadelphia affected New Jersey but very slightly. Camden county reports 688 cases, of which 164 died. Essex reports a few cases, with 2 deaths. Hudson reports about 400 cases, with a mortality of 33 per cent. The proximity of these places to the cities mentioned accounts for the presence of the cases, but the number of them in Camden does not speak very well for the activity of the health authorities.

Numerous and varying were the answers to the question promulgated by the Committee as to the "cause of fevers." To formulate these answers is impossible, yet they furnish much subject for thought, and the Committee present the following conclusions as safe, if not decisive:—

The theory of marsh miasm, which includes the germ and spore theory, is not vindicated by the experience of residents in most of the seaboard counties of our State. No malarious diseases seem to be indigenous to the salt-meadows, cranberry-bogs, shore-springs and cedar-swamps which cover thousands of acres of New Jersey. Indeed, these regions are noted for their healthfulness. It is equally true that in elevated regions which are free from contaminated and obstructed water courses, where there is no marsh or accumulated organic matter undergoing decay, fevers of this type are common. Indeed, they occur at all seasons, and in almost every climate—on the open sea, in the sandy desert, and on the fruitless rock. If your students of etiology will study carefully the geography of malaria they will find this to be true, and with this discovery the natural suggestion may present itself to inquire into thermal and meteorological conditions for an explanation of at least some of the phenomena of malaria. Even quinine, the sovereign remedy, would be inefficient if we did not enjoin upon our patients the necessity of protecting the body against changes of temperature, and especially against the chill humidity of the night.

Observations regarding the use of the following new remedies were reported to the committee.

Dr. Fisler, of Gloucester, has used carbolic acid in the treatment of typhoid fever, with marked results. The Doctor uses three drops three times a day.

Dr. Victor Maolay, of Union, recommends the extract of quebracho, in five-grain doses, for asthmatic conditions.

Dr. Simpson, of Bergen, has employed the sulphide of calcium in a case of threatened suppuration in the neck, during the course of typhoid fever—with the result of reducing the swelling of the neck and the constitutional symptoms that accompanied it.

REMARKABLE CASES.

Dr. Thornton, of Burlington, reported a case of stenosis of the fauces following syphilitic ulceration; the obstruction was almost complete; an œsophagotomy was made, to relieve the condition, but the patient did not survive the operation. The Doctor also reported a case of cancer, with branny infiltration of the skin. Nearly the whole of the skin of the chest was involved.

Dr. Marcy, of Cape May county, communicated an interesting case of double uterus, with twin pregnancy. One child presented by the vertex, and was delivered naturally, the other, a vertex also, was delivered by podalic version.

Dr. Buckingham, of Gloucester, reported a case of a boy whose penis was attached to and embedded in the scrotum. He proposed to operate for the removal of the deformity.

Dr. Harold, of Essex, reported a case of double hare-lip, with protruding inter-maxillary bone and cleft palate. Photographs of the child before and after operation were also shown. The operation, by Dr. Pierson, consisted in paring the edges of the cleft lip, and pressing the inter-maxillary bone into the space between the superior maxilla, notching the vomer, to facilitate this movement. It was then secured in position by an interosseous suture, the soft parts were loosened at their attachments to the jaw, and were then brought together by pins and sutures; the result was a perfect lip, with a very good and continuous alveolar arch—the cleft palate was not operated on.

Dr. Burrage, of Essex, reported a case of acute pyæmia following labor, with recovery. During the progress of the case numerous abscesses appeared in the abdominal walls and the limbs, and the Doctor estimates that these abscesses discharged over four hundred ounces of pus, and the patient lost forty pounds of flesh. One feature of the disease was the absence of chills and profound sweats usually accompanying pyæmia.

Dr. Harvey, of Essex, reported a case of foreign body in the right bronchus, where immediate laryngotomy was made, without result. At the end of three weeks the foreign body, a nutshell, was discharged during a fit of coughing, together with an ounce of pus. A pneumonia followed the evacuation of the body, from which the patient completely recovered, with a sound lung.

In regard to the working of the new medical law, the Committee note that several of the district societies have appointed committees of registration, with a view of securing a complete record for their several counties, and publishing the same in the local papers. Warren county reports the law working favorably, and notes the disappearance of several irregulars.

In Patterson a test case was tried. The Registration Committee published a list of those who were practicing without diplomas. A person named Duclos was arrested and brought before the Recorder, on the charge of practicing without a diploma. Duclos was held, and the case sent to the Court of Sessions. Judge Woodruff there decided that he could not be held under the law, as Section 2 of the law distinctly states that the fine must be recovered in an action for debt, and that it was a civil and not a criminal charge.

The committee called the attention of the Profession of the State to the condition of the insane and of the insane asylums in the State. While these institutions are well conducted financially and beautiful architecturally, they are very meagerly supplied with apparatus for clinical and pathological research, consequently an immense amount of material that might be made extremely useful for the study of insanity and for the dissemination of knowledge of the subject among the faculty at large—for which there is certainly great need—has been allowed to lie in our great buildings, of little value to any one.

Both of the State asylums, through the instrumentality of the committee, have been supplied with such instruments of precision as will enable the staff of each asylum to supply, in future reports, valuable medical information on the specialty with which they have to do.

The committee recommend that each District Society appoint a Committee on Insanity, for the purpose of doing whatever may seem best, to relieve the people of New Jersey from the reproach that in most localities attaches to the County-house management of the pauper insane.

A valuable meteorological report was furnished, to condense which is impossible.

NECROLOGY OF THE YEAR.

Drs. T. J. Thomason, of Monmouth; C. R. Terhune, of Bergen; L. M. Crane, J. A. Cross and I. A. Nichols, of Essex; Louis Braun, of Union; J. F. Schenck, of Somerset; C. O. Gordon, of Ocean; J. W. McCullough, of Camden; Jos. Fithian, of Gloucester.

The following essays were read by title:—Menstrual Headache, Dr. H. A. Hopper. Carbolic Acid in Typhoid Fever, Dr. S. F. Fisher. Acute Peritonitis, Dr. J. C. Johnson. Two Cases of Perityphlitis, Dr. Stephen Pierson. Etiology, Symptomatology and Preventive Treatment of Pulmonary Phthisis, Dr. P. C. Barker. Camden Sewers, Dr. J. H. Wroth. History, Origin, etc., of the Epidemic of Typhus Fever in the Camden Almshouse, by the Staff. Acute Pyæmia following Labor, Dr. R. L. Burrage.

The Corresponding Secretary made a formal report.

Delegates to Corresponding Societies read their reports, which were received and referred to the Committee on Publication. Dr. L. W. Oakley and Dr. Jas. S. Green, to American Medical Association. Dr. E. P. Townsend, to Pennsylvania Medical Society. Dr. D. E. English, to West Jersey Medical Society.

The following persons were appointed by the President, on the Business Committee: H. R. Baldwin, E. J. Marsh, S. T. Thornton, E. M. Hunt, and J. L. Bodine.

The degree of Doctor of Medicine was conferred upon Dr. Charles Vogler, of Newark, he having complied with the requirements of bylaws.

Dr. S. Wickes, of Orange, read a paper, his subject being "A Twenty-five Years' Review."

LACERATION OF THE CERVIX UTERI.

Dr. G. H. Bulloray, of Paterson, read an essay on "Laceration of the Cervix Uteri." He referred to the frequency of the lesion, and its importance as a cause of uterine disease in those who have borne children. He also referred to the frequency with which the lesion is misappreciated by general practitioners in this country, and also by specialists in Great Britain, Ireland and France. In proof of the correctness of the latter statement he said he had seen, in one day, in the out-patient department of a large special hospital for women, in London, thirteen cases of laceration of the cervix, not one of which was diagnosed as such. In reference to the cause of uterine cervical laceration, Dr. Bulloray says that, in a large proportion of the cases he has met with, the labor in which the laceration occurred was very rapid, in many, delivery being accomplished before the arrival of the accoucheur. Dr. Bulloray does not agree with Dr. Goodell, of Philadelphia, who thinks that meddlesome midwifery plays an important part in the production of this accident. He thinks that the cervix, like the perineum, will sometimes rupture in spite of all preventive measures. He does not think that the forceps, when properly applied in appropriate cases, materially increases the risk of the occurrence of laceration of the cervix. The chief point of interest in the essay is in reference to the relation existing between laceration of the cervix and cancer of that portion of the uterus. Out of thirty-seven cases of cancer of the uterus examined by the author, with special reference to this point, twenty-one were found to have previously suffered from laceration of the cervix. In many of the remaining cases the disease was so far advanced that it was impossible to ascertain whether or not any laceration existed. In the operation of hysterotomia, Dr. Bulloray recommends the use of silver wire or silk woven gut sutures; he is opposed to the use of silk because it has proved unsatisfactory in his hands. He does not endorse the recommendation of those who advocate sewing up a woman's cervix uteri in the physician's office or at the dispensary, and then sending her home to take care of herself until she returns to have the stitches taken out.

A NEW DISTRICT SOCIETY CREATED.

An application, in due form, being presented by the physicians in Atlantic county, for the establishment of a District Society in that county, it was voted that a commission be issued.

Dr. C. J. Kipp read a very interesting and instructive paper on Eye Affections from Malarial Poisoning.

Intermission for lunch at one o'clock, P.M. At 2 o'clock the Society re assembled.

ELECTION OF OFFICERS.

The committee on nomination reported as follows:—

For President, L. W. Oakley. *First Vice President*, J. W. Snowden. *2d Vice President*, S. Wickes. *3d Vice President*, P. C. Barker. *Corresponding Secretary*, Wm. Elmer, Jr. *Recording Secretary*, Wm. Pierson, Jr. *Treasurer*, W. W. L. Phillips. *Standing Committee*, Jos. Parrish, C. J. Kipp, S. C. Clark. (Dr. Parrish afterwards declined, and Dr. E. J. Marsh was added to the committee.)

Delegates to American Medical Association—Drs. Hopper, Parrish, Ridge, Elmer, A. Coles, Halsey, Gordon, Ward, D. C. English, R. R. Conover, E. P. Cooper, D. L. Disbrow, Marsh, Field, A. J. Coles.

Delegates to International Congress—Drs. A. W. Rogers, E. M. Hunt, H. W. Hopper, John Wolverton, E. Holden.

Delegates to Medical Society of Massachusetts—Drs. G. H. Bulloray, J. L. Bodine, C. J. Kipp.

Delegate to Medical Society of Rhode Island—Dr. S. Disbrow.

Delegates to Pennsylvania Medical Society—Drs. R. H. Page, J. D. Heritage, J. W. Snowden.

Delegates to Medical Society of New York—Drs. T. R. Varick, D. St. John.

Delegates to Connecticut Medical Society—Drs. J. C. Herrick, J. B. Wainwright.

The report was adopted and the ticket recommended was duly elected.

It was decided that the next annual meeting of this Society should be at Asbury Park.

It was voted that the assessment for the next year should be two dollars per capita.

Dr. W. J. Chandler, of South Orange, was appointed essayist for the next meeting.

It was voted that the hour for meeting shall be four o'clock in the afternoon, and that the Secretary be instructed to prepare the programme in accordance with the plan proposed by the Business Committee.

On motion of Dr. H. R. Baldwin, it was voted:

Whereas, The position of honorary membership to the New Jersey State Medical Society has, for the past century, been granted with extreme caution, and,

Whereas, Of late years, a reprehensible laxity has grown up in the proposal of names (though highly honorable in themselves) scarcely up to the required standard; therefore, be it

Resolved, That a standing committee of three Fellows be appointed, to which all nominations for honorable membership shall be referred, and who shall report at the next annual meeting; that the committee be appointed by the President, and that it shall continue in office for three years.

Drs. H. R. Baldwin, S. H. Pennington, E. M. Hunt were appointed on the committee.

The reports from the Committee on Honorable Membership received at this meeting were referred to the Committee.

It was voted that a committee be appointed to report upon the comparative values of humanized virus and bovine virus, and the best security of their purity, and that the reporters of each district medical society shall transmit to the chairman of the committee the facts and opinions of the district society.

Dr. S. Wickes was appointed a committee to report upon the condition of the hospitals, infirmaries, dispensaries, and insane institutions in this State.

Dr. Newton, of Paterson, read a short paper on the adulteration of milk.

The Society then adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of the Diarrhœa of Phthisis.

At a recent meeting of the Medical Society of London, Dr. C. Theodore spoke on this subject. He enumerated three different varieties met with in that disease, 1st. Disease from the primæ viæ. 2d. Diarrhœa from ulceration of the intestines. 3d. Diarrhœa from lardaceous disease of the intestines. The first was due to over-feeding, an error often committed in the treatment of phthisis, but easily remedied. The second was the most serious form, often proving fatal. Intestinal ulceration was detected after death in five-sixths of Louis' cases, in sixty-seven per cent. of Lebert's, and eighty-one per cent. of the Brompton Hospital cases, the amount of mucous membrane involved varying in different cases. The small intestine appeared to be the first attacked, and especially the neighborhood of the ilio cæcal valve. The stages of the disease consisted of, (1) Inflammatory hyperplasia of the solitary and agminate glands; (2) their conversion into small abscesses, or their caseation; (3) the discharge of their contents, leaving behind ulcers with smooth floors and sharp edges; (4) formation of gray tubercle in floor of ulcer, and its subsequent caseation, leading to extension of the ulcer, and its junction with neighboring ulcers, until the whole intestine becomes a mass of ulceration. Thickening of the peritoneal coat generally takes place in the vicinity of the ulcer, and thus perforation was not common. Sometimes, however, it takes place and sets up local or general peritonitis, ending in death. Occasionally, ulceration into a small vessel causes alarming hemorrhage, and is known to heal, leaving a thickened scar, which causes a constriction of the intestine. The clinical symptoms of ulceration were persistent diarrhœa, tongue characteristic of great irritation, pain in the abdomen, tenderness over the ulcerative process, and rapid wasting. Tenderness was, in the author's experience, more common in the left iliac region than in the right. The disease appeared in the small intestine, but created greater ravages in the large one, and advanced rapidly, and this was to be accounted for by the traction on the ulcers from the changes in the size of the colon during digestion, by the slow progress of the fæces and the disengagement of foul gases in this region, giving rise to conditions unfavorable to the healing of ulcers. Pyrexia depended upon the amount of ulceration. If only a limited surface was attacked it was absent, but if large tracts were involved the chart showed great extremes and marked fitfulness. Ulceration might exist without causing diarrhœa, but such cases were rare. The forms of diarrhœa in phthisis arising from lardaceous disease corresponded with colliquative diarrhœa. It prevailed in the latter stages of the disease, and often alternated with the profuse night sweats. It differed clinically from the ulceration in the state of the tongue and nature of the stools, and was not necessarily attended with pain. The chief feature was the infiltration of the tissues, and especially of the villi and their vessels, with lardaceous material. The treatment of the first form was by alterative and antacid medicines and careful regulation of diet; treatment of the second form must be directed toward treating the ulcers, and consisted of rest in bed; the use of bland non-irritating food, counter-irritation to abdomen by poultice or blister; opium and sulphate of copper by mouth, or, if large intestine be involved, by opiate enemata combined with astringents and sometimes antiseptics. Morphia suppositories or injections containing opium were useful. Treatment of third form chiefly by astringents.

On the Treatment of Eczema.

The *Concours Médicale* publishes an article on the above subject, from which we make the following extract:—

The great *desideratum* in the therapeutics of eczema would be to have some specific remedy that would reach the very cause of the disease. The discovery of this specific has often been announced, but the hopes of both physicians and patients have always been deceived, and to this day nothing of the kind is known.

Among the many remedies which have been suggested, we shall indicate a few of those that have remained in some degree of favor.

1st. In the first rank we find the vegetable depuratives—bitters. In that long list of drugs there were two held in great esteem, but deservedly forgotten now: elm bark and Asiatic penny-wort.

2d. The second place is occupied by purgative medication. It is one of the oldest forms of treatment in use, and still has a few partisans. Let us note this difference: in purging their patients, old time doctors intended expelling the *peccant humor;* now, a purgative is only considered as a revulsive agent. A purgative is given once a week, or a laxative is taken every other day, but unless called for by special indications, this method should not be resorted to, as it has no effects, either on the manifestations or the duration of the disease.

3d. The diuretic method is open to the same, and even more severe criticism.

4th. Sulphur deserves special mention, because great allowances are to be made in taking the opinion expressed by Alibert, that "sulphur is the mercury of herpes." Sulphur is only useful in two cases; when eczematous patients have bronchial catarrh, or when they are of a lymphatic temperament.

5th. All cutaneous derivatives, in the form of blisters, setons, etc., do not answer the intended purpose, and are besides dangerous, because they may give rise to new eczematous developments.

6th. In fact, among the many therapeutic agents directed against eczema, but one really deserves attention; this is arsenic. It has been praised by some, and condemned by others; its effects are certainly not very marked, and it is not a specific, yet it renders valuable service.

To obtain the best results from this remedy, we must know how to use it, and to that end, we must observe the three following indications:

1st. Arsenic should be given at the proper time.

2d. It must be given in really active doses.

3d. It must be given for a long time, and continued far beyond the period of cure.

The proper time for its exhibition is during the period of dryness, in the non-inflammatory stage, for it has no effect on eczema when either acute or oozing. It is inert unless given in really active doses, hence the remedy is so often without effect, because both patients and doctors are afraid of arsenic. An active dose of Fowler's solution is twelve drops as a minimum, rapidly increasing to fifteen, twenty and twenty-five drops; while for arseniate of soda the daily and progressive dose is one, two, three and four centigrams (gr. 0.15, 0.30, 0.45 and 0.60). Finally, its use must be continued for months, care being taken to interrupt it, for example, every three weeks, during which time a purgative may be given, if judged necessary. After eczema has passed, arsenic should still be occasionally taken, say two or three times a year, and this continued for years.

This treatment of eczema by arsenic reminds us of syphilis treated by mercury. In both those ailments it is well to remember the adage: chronic disease must be met by chronic medication.

The general treatment of eczema is not limited to this remedy alone. Other methods are to be employed, according to the several indications presented by the disease. Chief among these is the patient's temperament. The lymphatic and arthritic types are those which most favor eczema. The first is to be corrected by the use of iodide of iron (three to six spoonfuls of the syrup daily), cod-liver oil and bitters; against the last we should prescribe arsenic, bicarbonate of soda, and alkaline mineral waters. The physician must endeavor to ascertain the causes which may have developed the disease, so as to suppress them. This will require minute enquiry into the patient's private life. He must also prescribe a regimen or hygiene, which may vary according to cases and subjects, but which should include the following points, neglect of which will always be dangerous: a quiet, regular and abstemious life; all excitants must be avoided; salt water fish, shell fish, and pork meat discarded. Alcoholics of all kinds must be shunned, as also excesses (of work, late hours, or pleasures). All causes of stimulation for the skin, such as frequent and protracted baths, extremes of temperature, sea air, etc., must be avoided. And these observances must be continued during the balance of the patient's life.

We have made no allusion to mineral waters in the treatment of eczema; we reserve this question for a review of the general treatment of herpes.

Hard Chancre of Lip.

The following singular cases are reported in the Glasgow *Medical Journal*. They illustrate how innocent persons may become syphilitic:—

M. M., æt. 22, saleswoman, was admitted 29th October, 1880. She is a strong, healthy girl, and seems to have been unusually exempt from illness throughout life. About six weeks previous to admission into hospital, a small hack appeared in the middle of the upper red lip; this became painful and inflamed, and ultimately an open ulcer formed, and gradually spread over the lip, defying all treatment.

Condition on Admission.—Occupying the middle of the upper lip was a raised ulcer, circular, and about the size of a shilling; its base was hard and cartilaginous, and the forepart was covered with a scab. Free movement of the lip caused pain and bleeding. The entire lip was thickened and everted, and the glands behind both angles of the jaw and under the chin were enlarged. There was a distinct measly rash over the lower part of the chest and abdomen.

The patient was quite ignorant of the real nature of the sore, but its appearance was perfectly characteristic, and if any doubt had existed it would at once have been removed by the presence of the secondary eruption, about which, too, the patient was quite ignorant.

Treatment.—The ulcer was merely protected, and bichloride of mercury and chlorate of potash administered internally. On 15th of November it was noted that the base of the ulcer was less firm and cartilaginous, and the measly rash was fading. By the 17th the ulcer began to diminish in size, and a healing line could be seen. On the 18th it was dressed with a solution of potassio-tartrate of iron. When patient left, on the 21st, the ulcer was perfectly healthy, was much smaller, and the effusion into the surrounding tissues rapidly subsiding. On the 29th, having continued the medicine meanwhile, she returned to report progress; the ulcer was completely healed, but the thickening had not entirely dispersed, and the gland still remained enlarged. All eruption had gone.

Dr. Macleod had a second case in the hospital some time ago, with an almost identical history. The patient was a healthy young servant. The nature of the sore was recognized on admission, but only local treatment was employed till the secondary syphilitic eruption appeared. The roseola was very plentiful and characteristic, and it and the sore (for which, before admission, many useless local applications had been tried), both disappeared quickly under the use of the bichloride of mercury.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The claims of Ventnor, Isle of Wight, as a health resort, are set forth by Dr. W. T. Parker, in a reprint from the New York *Medical Journal.* He thinks it deserves special attention from Americans, as there they escape the social boredoms so frequent in most of the resorts nearer home.

——A timely and judicious paper has been published by Dr. Clifton E. Wing, of Boston, with the title "On Unnecessary Surgical Operations in the Treatment of Diseases of Women." He begins by intimating that a good many of these operations are performed when not at all, or at least not strictly necessary, because the fees are greater for "a surgical operation" than for the treatment of cases by more simple means. He maintains, and we think with entire justice, that many of the gynæcological operations now in vogue can often be avoided with advantage to the patient.

——Our space permits us only to name the following reprints, etc:—

A case of Primary Tuberculosis of the Larynx, by Dr. J. Solis Cohen, of Philadelphia.

Constitutional Syphilis, by Dr. G. M. B. Maughs, of St. Louis.

Address at the Opening of Pardee Hall, by Dr. Francis A. March, of Easton.

Prospectus of the American Hospital for Skin Diseases, Philadelphia.

Annual Report of St. Joseph's Hospital, Philadelphia.

Statistical Report of 252 cases of Inebriety, by Dr. L. D. Mason, of Fort Hamilton, Long Island.

Report of the Asylum for Persons Deprived of their Reason, Frankford.

Report of the State Lunatic Asylum, Utica, New York (from Dr. John O. Gray).

——Dr. J. Adams Allen's Commencement address at the Rush Medical College, Chicago, is written with the customary vigor of that veteran practitioner, orator and journalist. Pity that it has so many typographical errors. The Secretary's Report contains some interesting statistics of the College. It appears that during last winter's session there were in attendance at the College, 170 gentlemen in the graduating class, 319 under graduates, and 16 students pursuing special studies, making a total of 505 matriculates. The number of students attending lectures during the past five years has been:—In 1876-7, 806; in 1877-8, 882; in 1878-9, 864; in 1879-80, 471; in 1880-1, 505. When, to the number of students, is added the number of matriculates present in the Practitioners' Session, to be held in April, it is stated that by far the largest number of matriculates ever recorded in any one fiscal year, in a medical college in the West, will be contained in the Rush's commencement for 1881-2.

——Some months ago (REPORTER vol. XLIV, p. 298) we described a "nine-cent dinner," in that incomplete language and indefinite manner which was as much as could be expected of a masculine quite uninitiated in the mysteries of the kitchen. Needless to say, our description was generally received as a well-meant effort of the imagination; or as a display of ignorance of economics, to be pitied rather than blamed. We are glad to announce, therefore, that the amphitryons of the occasion, the accomplished ladies who preside over the New Century Cooking School, 1112 Girard Street, Philadelphia, have come to the rescue of their guests, and describe, in a neat pamphlet of 31 pages, "How We Made a Nine-cent Dinner," and have added to that pamphlet the explanation of "some other economies," and, in fact, a lot of other matters full of interest to the sagacious housekeeper. We heartily recommend every reader to get this little publication for his own family and his friends, which can be done by enclosing ten cents to the address given.

——In a reprint on the preventable causes of insanity, Dr. H. Wardner, of the Illinois Southern Hospital for the Insane, divides the immediate mental causes into three groups:—1, shock; 2, prolonged strain; 3, bad mental habits (as violent temper, etc). The great preservative he recommends is "constant, sufficient, but not excessive occupation." He adds a valuable warning on this subject:—

> In illustration of the ill effects of the lack of this, I need only refer to that tendency which is more common among women than among men, to depression of spirits.
>
> This dire affliction, for no physical pain is more to be dreaded, is frequently attributable to, and is always aggravated by a lack of healthy mental occupation. It is because men have more constant occupation than women, that they are free from this fruitful source of mental alienation.
>
> The remedy lies greatly in the larger intellectual cultivation of your daughters; the substitution, perhaps, of lessons designed to awaken in them a love for literature as an unfailing source of healthful mental occupation, in place of the drill that is now so much given them in technical school-book study.

——Of the numerous short monographs and

reprints lately received several bear on the matter of specialties in medicine. Prof. Bartholow, of the Jefferson Medical College, has chosen to refer to the cultivation of such special branches, in words far from those of approval; in fact, quotes in relation to them some very abusive terms from the Roman medical writers, the application of which to modern specialism is utterly out of place. Certainly he must have known that there is no similarity whatever between the quacks of Ancient Rome and the learned specialists of to-day; and knowing it, the inference he left his hearers and readers to draw was a very unjust one.

On the same subject we have an address by Dr. E. C. Seguin, of the College of Physicians and Surgeons, New York. This is in much better tone, as the following extract toward the close will show:—

> In this address I have endeavored to show that the growth of specialties has been normal, and in accord with the general scientific movement of the age; that specialties are useful to the public and to medical science; and that the practice of a specialty is not unattended by intellectual dangers.

BOOK NOTICES.

A System of Oral Surgery; Being a Treatise on the Diseases and Surgery of the Mouth, Jaws, and Associate Parts. By James E. Garretson, M.D., D.D.S., Dean of the Philadelphia Dental College, etc. Illustrated with numerous steel plates and wood-cuts. Third Edition, thoroughly revised, with additions. Philadelphia: J. B. Lippincott & Co., 1881. Cloth, 8vo, pp. 916.

The fact that a third edition of this exhaustive treatise on oral surgery has been called for, is the best indication of the favorable reception of former editions, and shows how fully the labors of its author have been appreciated by the profession on both sides of the Atlantic. In the present edition the text has been almost entirely rewritten, and much new matter, including some two hundred additional cuts, has been added. The work throughout is characterized by a thoroughly systematic arrangement, the subject being divided into two parts, treating respectively of *dental art* and of *special surgery*, thus advancing progressively from the purely mechanical to the scientific, from the simple to the complicated. It would be impossible for us, in the limited space allotted to book reviews, to do full justice to a work of such magnitude, and treating of so comprehensive a subject; but we wish especially to draw the attention of surgeons and dentists to the importance which the author attaches to the early recognition and correct diagnosis of malignant tumors situated about the mouth or adjacent regions. The author says that every foreign growth or ulcer which cannot be otherwise accounted for should be regarded as malignant, and that the patient's only chance of recovery lies in its early removal. He holds that cancer begins as a local disease, and afterwards becomes constitutional; hence, the importance of early diagnosis. In epithelioma of the face he advocates the thorough removal with the knife of the diseased tissue, the seat of the ablated part to be occupied by structure brought from neighboring or distant parts. A large number of cases are recorded, giving to the theories advanced the weight of clinical experience. In the final chapter the subject of anæsthesia receives full consideration. The illustrations, numbering five hundred and forty-one wood-cuts and nine steel plates, are well executed. The book unquestionably deserves a place in the library of every English speaking dentist or surgeon.

A Treatise on the Continued Fevers. By James C. Wilson, M.D., Physician to the Philadelphia Hospital and to the Hospital of the Jefferson Medical College, and Lecturer on Physical Diagnosis at the Jefferson Medical College, etc., etc. With an introduction by J. M. Da Costa, M.D., Professor of the Practice of Medicine and Clinical Medicine at the Jefferson Medical College; Physician to the Pennsylvania Hospital, etc. etc. New York: Wm. Wood & Co., 27 Great Jones street, 1881. Cloth. 8vo. pp. 865.

The volume before us constitutes the April number of Wood's Library of Standard Medical Authors. The introduction, by Prof. Da Costa, on *The Management of Fever*, is characterized by the usual clearness of expression and profound philosophical thoroughness of that distinguished physician and teacher. The lesson he here teaches is well worthy of the careful study of every physician and student. The author treats of the various forms of disease known as continued fevers, in a more elaborate manner than is usually found in text books on practice, and the work must be regarded as a valuable addition to medical literature. It is especially, we should say, designed for the use of practitioners who have already had considerable experience, being rather too comprehensive for students. The purely mechanical execution of these volumes shows an improvement on last year.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER-GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS. — MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS. — SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

RECENT MEDICAL LEGISLATION.

Slowly, but, on the whole, as rapidly as could be expected, when we reflect what kind of material most State Legislatures are made of, the attention of our law-making bodies is turning to providing health boards, protecting the people against unscrupulous quacks, and prohibiting the adulteration of articles of food and medicine, and the sale of diseased and dangerous flesh and grains.

In Indiana a bill has been passed establishing a State Board of Health, defining its purposes, powers, and duties, providing a system for the registration and report of vital and sanitary statistics, and prescribing the duties of various civil officers in relation thereto. Five thousand dollars a year is the appropriation—a very insufficient sum, but enough to begin on. We quote a few sections to show the scope and purpose of the Board:—

> SEC. 2. The State Board of Health shall have the general supervision of the interests of the health and life of the citizens of this State. They shall especially study the vital statistics of this State, and endeavor to make intelligent and profitable use of the collected records of deaths and of sickness among the people. They shall make sanitary investigations and inquiries respecting the causes of disease, and especially of epidemics, the causes of mortality, and the effects of localities, employments, conditions, ingesta, habits and circumstances on the health of the people. They shall, when required, or when they deem it best, advise officers of the government, or other State boards, in regard to the location, drainage, water supply, disposal of excreta, heating and ventilation of any public institution or building. They shall, from time to time, recommend standard works on the subject of hygiene, for the use of schools of the State; and it shall be the duty of the board to examine into the purity and chemical qualities of the intoxicating liquors used as a beverage in this State, and report what, in their best judgment, is the effect of the use of such intoxicating liquors as a beverage upon the industry, prosperity, happiness, health and lives of the citizens of the State. They shall, prior to the 15th day of November of each year, make a report to the Governor of their doings, investigations, and discoveries during the year ending on the 31st day of October next preceding, with such suggestions in regard to legislative action as they may deem important.
>
> SEC. 11. The clerk of the Circuit Court of each county in this State shall be required to keep a book especially prepared and set apart for the registration of name and post-office address of physicians and accoucheurs of their county. And it shall be the duty of such clerk to report

to the health officer of the county, on or before the fifth day of each month, the number of certificates of marriages that have been recorded during the preceding month, together with the names of parties contracting such marriage and the date when such marriage was solemnized: *Provided*, That the clerk shall be entitled to charge each physician and accoucheur so registered a fee of ten cents and no more, and the County Commissioners shall allow such clerk fifty cents, and no more, for each monthly return made to the health officer of said county.

SEC. 12. It shall be the duty of the board of health of each county to keep a complete record, according to the form prescribed by the State board, of all marriages, births and deaths reported to them under the provisions of this act, and such record shall be open to the inspection of any citizen, without fee.

The fine for a physician refusing to register is not more than ten nor less than five dollars.

Tennessee has passed a registration law providing for the registration of all births, marriages and deaths. They are to be made up by the clerk of the county court and transmitted annually to the Secretary of State. In cases of death, the date, sex, color, age, place and disease are to be stated.

Arkansas has appropriated four thousand dollars to pay the Secretary of the Board of Health and the expenses of the Board. Its duties are defined, similarly to those of Indiana. But a registration of physicians is not contemplated; and it appears to be placed more directly under the control of the executive to act as a body for investigating special causes of disease, and such sanitary questions as may at any time arise, and be of general importance to the commonwealth. Thus two of the sections read:—

SEC. 8. At any time, the Governor of the State may require the State Board of Health to examine into nuisances or questions affecting the security of life and health in any locality, and in such case the said Board shall have all necessary powers to make such examinations, and it shall report the results thereof to the Governor, within the limits of the time which he shall prescribe for such examination

SEC. 10. Said Board may, from time to time, engage suitable persons to render sanitary service, and to make or supervise practical and scientific investigations and examinations requiring expert skill, and to prepare plans, and report relative thereto. And it is hereby made the duty of all officers and agents having the control, charge, or custody of any public structure, work, ground, or erection, or of any plan, description, outlines, drawings, or charts thereof, or relating thereto, made, kept, or controlled under any public authority, to permit and facilitate the examination and inspection, and the making of copies of the same by any officer. or person by said Board authorized, and the members of said Board, and such other officers or persons as may at any time be by said Board authorized, may, without fee or hindrance, enter, examine. and survey all grounds. erections, vehicles, structures, apartments, buildings and plans whereby the public health may be promoted, or in any wise preserved.

In New Jersey an act has been passed (approved March 25), placing in the hands of the State Board of Health authority to take cognizance of the interests of the public health as it relates to the sale of food and drugs, and the adulteration of the same, and make all necessary investigations and inquiries in relation thereto.

The act reads:

1. *Be it enacted by the Senate and General Assembly of the State of New Jersey.* That no person shall, within the State of New Jersey, manufacture, have, offer for sale, or sell. any article of food or drugs which is adulterated, within the meaning of this act, and any person violating this provision shall be deemed guilty of a misdemeanor. and upon conviction thereof shall be punished by a fine not exceeding $50 for a first offence, and $100 for a second and subsequent offences.

2. *And be it enacted*, That the term "food," as used in this act, shall include every article used for food or drink by man, and that the term "drug," as used in this act, shall include all medicines for internal or external use.

Drugs are defined to be considered adulterated under the following conditions:—

First. If when sold under or by a name recognized in the United States Pharmacopœia, it differs from the standard of strength, quality or purity laid down therein.

Second. If when sold under or by a name not recognized in the United States Pharmacopœia, but which is found in some other pharmacopœia, or other standard work on materia medica, it differs materially from the standard of strength, quality or purity laid down in such work.

Third. If its strength or purity fall below the professed standard under which it is sold.

It will be noted that these are rather stringent conditions, and if fully enforced would materially limit the sales of some of the wholesale drug houses, or else alter their modes of conducting business.

Ohio, this winter, added some sections to her revised statutes which will make it troublesome for the projectors of bogus colleges to run their institutions inside of her borders. We quote them from our contemporary, the *Lancet and Clinic*:—

SECTION 4403*a*. Whoever shall make, issue or publish, for purpose of sale, barter or gift, any certificate, diploma, or other writing or document, falsely representing the holder or receiver thereof to be a graduate of any medical school or college, or of any educational institution of medicine whatsoever, and entitled to the powers, privileges, or degrees thereby pretended to be conferred; or whoever shall sell, or otherwise dispose of, or offer to do so, any such diploma, certificate, writing or document, containing the false representation aforesaid; or whoever shall use his name, or permit the same to be used, as a subscriber, for any purpose or in any capacity, to such false and fictitious diploma, certificate, writing or document aforesaid; or whoever shall engage in the practice of medicine and surgery under and by virtue of such fraudulent diploma, certificate, writing or document aforesaid, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be subject to the penalty prescribed in Section 4403*b*.

SECTION 4403*b*. Whoever shall make, issue, or publish, or cause to be made, issued, or published, for the purpose of sale, barter or gift, any diploma, certificate or writing, representing the holder thereof to be a graduate of any medical school or college, or of any educational institution of medicine whatsoever, unless such holder shall have, in fact, attended a complete course of instruction in such school, college or institution for medical teaching, equal to the average course of instruction in other schools, colleges or institutions where the various branches of medicine are taught as a science, in good standing in the state of Ohio, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined in any sum not exceeding one thousand dollars, nor less than one hundred dollars, or imprisoned in the penitentiary not more than three years, nor less than one year, or both, at the discretion of the court.

Ohio has not yet a board of health, nor a registry system, but certainly she will not long remain without these important proofs of civilization.

This by no means exhausts the list of medical laws which have been enacted this past winter; but references to the others we shall have to reserve for a future occasion.

There is no real difficulty in obtaining proper medical legislation in any State, provided that the majority of physicians are earnestly interested in having it. As a class, they can bring effective influence to bear on the members of Assembly; but it is only too obvious that there prevails a regretable lethargy among them which prevents the active legislation so much to be desired.

NOTES AND COMMENTS.

Tinctura Magnoliæ Acuminatæ in the Treatment of Gastric Intermittent Fever.

In an article on the above disease, published in the *Southern Practitioner*, for May, Dr. A. E. Beresford, of East Springfield, Ohio, recommends in high terms the tincture of the Magnolia Acuminata (cucumber tree).

The preparation he prefers is a tincture of the fresh bark of the root; although he has used a tincture of the ripe fruit considerably. He does not pretend to say that it will cure all cases of intermittent fever, as the different forms of intermittent fever require different treatment; but in this particular form of the disease, he asserts that it is followed by better results than any of the *Salts of Cinchona*.

He usually commences the treatment with a preparative dose of podophyllin and leptandrin, or the following powder, viz:—

℞.	Podophyllin,	gr.ss	
	Leptandrin,	gr.j	
	Bitartrate of potassa,	gr.iv.	M.

Divide into four powders.

SIG.—One every three hours until the bowels are moved.

He then gives the tincture of magnolia acuminata, in tablespoonful doses every three or four hours, until the fever is arrested; and then in wineglassful doses every morning before breakfast, for some time after, to prevent a recurrence of the disease.

His opinion is, that the magnolia acts: first, as a sedative, by allaying the irritation of the gastro-intestinal mucous membrane. Second, as an antiperiodic, in breaking up the periodical tendency of the disease, which it has never failed to do in his hands—if given in sufficiently large doses—in two or three days' time.

Third, as a tonic, in strengthening the digestive and assimilative powers, and giving general tone to the system.

The Value of Local Treatment in Syphilitic Ulceration of the Larynx and Pharynx.

Dr. J. D. Arnold, of Baltimore, writes from Vienna, to the *Maryland Medical Journal*, May 15th, giving the history of several cases treated at the Vienna Clinic, in illustration of the above. The treatment from which he has seen most satisfactory results consists in penciling the face of ulceration with the following solution:—

℞.	Iodidi potassii,	0.5	
	Iodinii puri,	0.3	
	Glycerini,	40.00	M.

The diseased surface having been thoroughly cleansed of all secretion by careful washing with a weak solution of copper sulphate, the iodglycerine is applied with the brush, *two* or *three* times *daily*, while the infiltrated edge of the ulcer is occasionally touched with silver nitrate fused upon a metal sound.

The Rhus Aromatica (Fragrant Sumach).

In the May number of the *American Journal of Pharmacy*, Mr. H. W. Harper has a well written paper on this indigenous plant. He states it is recommended especially for enuresis and hemorrhage, and adds:—"Since its introduction many physicians have tested its virtues, and their statements corroborate those of the discoverers. That it is an efficacious remedy in the treatment of *enuresis* there can be no doubt, for the author of this essay has seen it tried with success in several cases. A tincture containing the oleoresin, acid resin, gallo-tannin and extractives of the crude drug, and representing four troy ounces to a pint of stronger alcohol, may be made by macerating the ground drug in the menstruum for seven days, with frequent agitation, and then percolating until one pint of tincture is obtained. It is obvious that preparations of Rhus aromatica should not be mixed with solutions containing salts of iron."

The dose of the powdered drug is from 20 to 60 grains (gm. 1.3 to 4.0); the fluid extract 5 to 40 drops (gm. .3 to 2.5); the tincture 20 drops to a teaspoonful (gm. 1.0 to 4.0) given in water and repeated as often as necessary. As a topical remedy to control hemorrhage a decoction of the bark will be found efficacious.

Curious Facts in Physiological Magnetism.

The French Association for the Advancement of Science met last month. Among other interesting papers presented was one by M. Ziegler of Geneva. This observer believes that he has discovered that two magnetized bars of metal, joined together in a certain manner, produce certain definite effects upon animals submitted to experimentation, which differ according to the angle of intersection. One of these bars can be replaced by terrestrial magnetism. It is concluded that terrestrial magnetism radiates in the same way as light or heat, and that its rays are refracted in passing through certain bodies, such as crystals and iron. The physiological effect of magnetism can be shown by concentrating its rays through a lens of soft iron on the heart of a rabbit, when circulatory disturbances will occur. Violent peristaltic movements are provoked by focusing in the same way the magnetic rays on the intestines. M. Carl Vogt, who read the paper, states that he has himself observed the effects produced on the bowel, and, without giving any theoretical explanation of their mechanism, he believes that the discovery will lead to important results in physics, physiology, and medicine.

Diagnosis of Coxalgia.

The Paris correspondent of an English contemporary states that—

M. Cazin, of the Marine Hospital of Berck-sur-Mer, has published his researches on the Exploration of the Hip-joint per Rectum. He states that, in young subjects, the finger can always recognize a quadrilateral space corresponding to the cotyloid cavity, and which it is proposed to call the "post-cotyloid surface." This mode of examination, hitherto reserved for special cases, should in future form part of the investigation in every case of coxalgia. In ninety-six cases of hip-joint disease observed by M. Cazin, rectal exploration has furnished information in forty-seven instances. The signs which can thus be noted are: pain on pressure of the post-cotyloid surface, hypertrophy of the intra-pelvic ganglia, general increase in size of the osseous surface, depression, erosion, flexibility, mobility, destruction and perforation of the post-cotyloid surface; doughiness of the soft parts, abscesses of different kinds, etc. M. Cazin believes that this method of examination will render the diagnosis of coxalgia in early cases a matter of much greater certainty.

Contagion from Milk.

As the results of a recent careful study of this subject, Mr. A. H. Smee, of London, says that the food of milch cows affects the quality of the milk; that milk can be a vehicle of contagion in three ways—by direct communication through the water used for adulteration, or for cleansing: by absorption through the exposure of the milk to deleterious gases; and in extreme cases by alterations in the milk itself from altered secretion in diseased animals. The methods which are now employed are not sufficiently delicate to detect the minute changes which take place in milk.

—"I half agree with you," said old Piper Heidsick to the homœopathic doctor. "It is just as you said just now, '*similia similibus* decanter;' but I prefer larger doses than you give in your school."

SPECIAL REPORTS.

NO. XI.—INSANITY.

(Concluded from page 642.)

The Genesis of Hallucinations.

We note, from the London *Medical Record*, that in The *Rivista Sperimentale di Freniatria e di Medicina Legale*, Anno vi, Fasc. 1 and 2, Professor Tamburini discusses the genetic source of hallucinations at some length, and concludes as follows:—

1. Hallucinations necessarily have their seat in the sensory cortical centres, where the impressions received from the organs of the senses are perceived.
2. Hallucinations consist of a morbid excitement of the sensory centres of the cortex, analogous to that which, occurring in a motor centre, may produce cortical epilepsy; the one has abnormal sensation, and the other abnormal motion for its result.
3. This morbid irritation may either arise spontaneously, or it may be due to irritation in the peripheral organs of the senses, in the conducting nerves, in the sensory ganglia at the base, or in the white medullary conducting fibres; it may also be due to morbid activity commencing in the centres of ideation. In the first case the origin of hallucination is central; in the second, either peripheral or in the conducting media; in the third, it is intellectual; but in every case the sensory centre plays a most important part, for, if it be unaffected, no real hallucination can exist.
4. An illusion is merely a hallucination in which the morbid excitement of the sensory centre is due to a real impression received from without. The nervous impression, however, acting upon a nervous centre in a state of abnormal irritability, becomes transformed by it into a sensation other than the true one.

It is interesting to compare these theories with the contrary or, at least, negative conclusions, reached by M. E. M. Hartwell, of the Johns Hopkins University, an abstract of whose paper we quote from the *University Circular*, April, 1881:—

> Apparitions, hallucinations and visions were held to be manifestations of pseudopia or false sight, due to lesion or disorder in some portion of the visual mechanism. It was the aim of the paper to show, through the discussion of the laws of normal vision, that the explanation of pseudopia is based upon the doctrine of reflex nervous action. Accordingly the nature of reflex action and its essential factors was first discussed. The physiology of sense organs in general, and of the visual organ in particular, was next considered; especial emphasis being laid upon the fact that sight is a function of certain centres or regions of the brain, rather than of the eye or of the optic nerve, which are respectively organs for the reception and transmission of visual stimuli. The antagonistic theories of Ferrier and Goltz regarding the localization of the functions of the brain were commented upon. The peculiar effects of certain drugs in producing visions were noted. Numerous cases of pseudopia were cited; and especial attention was called to those of Joan of Arc, Swedenborg, and of certain carefully recorded cases which occurred in the practice of the late Dr. E. H. Clarke, of Boston. The conclusion was reached that the visions seen by the victims of delirium tremens, emotional insanity, narcotic poisons and approaching death are attributable, chiefly, to disease or disturbance of centres in the brain; but that in the present state of science the precise localization of such centres is impossible.

The Italian professor has certainly gone much further, and with a plausible show of accuracy.

Simulation of Hallucinations.

The extraordinary power of simulation possessed by quite young and not at all intellectual children, is little appreciated by even medical men. A striking instance is detailed in the *Vierteljahrschrift für Gericht. Medicin*, Jan., 1881, by Dr. L. H. Ripping, director of an asylum on the Rhine. In April, 1877, it came to the knowledge of the authorities that Joseph G., a boy of 14 years, had excited great attention by his visions of the Virgin Mary and Jesus Christ. An officer was sent to the small village where he lived, and found about 800 persons collected in a field, many of them invalids, drawn thither by the fame of the vision and the miraculous power of the earth scooped out of a hole on the spot where the boy had seen the vision. They were praying and crossing themselves, and a woman, a butter dealer, was passing around the dirt collected from the hole.

Joseph G. was small in stature, of unhealthy appearance, the son of a poor peasant, but he could read and write fairly. He gave verbally and afterward wrote out, an account of how, on several occasions, the Mother of God and Christ appeared to him. He described her dress and repeated her words. When she agreed to appear at a specified hour, he would tell the neighbors, and hundreds would assemble to communicate with her through him.

He was taken and placed in the asylum of Dr. Ripping. At first it was thought that he was suffering under hallucinations and fanaticism, but after a most close and careful observation of his words and actions, when he did not think himself watched, it was conclusively shown that the young rascal was a thorough impostor, perfectly sound in mind but an adept in simulation.

As Dr. Ripping remarks, under other circumstances, we could easily have had, at this little Rhenish village, a repetition of the scenes of Lourdes, Knock, Marpingen, etc.

The Criterion of Hallucinations.

A very excellent essay on "The Philosophy of Sleep and Dreams," by Dr. Delboeuf, has been translated and published in the *Medical Press and Circular.* It is full of acute and thoughtful remarks. We quote what he says on the test question of distinguishing between an illusion (conception) and a reality (perception):—

> By what characteristic can we practically distinguish a conception from a perception, when they both have the same brilliancy? The answer is very simple: The conception is altogether a personal matter; the perception is common to all. The engravings which are in my room everybody sees, everybody can touch; those which are in my imagination are inaccessible to all except myself.
>
> In the matter, then, of perceptions and conceptions, the evidence of other men is the sole criterion to guide us. But this criterion unfortunately is not infallible. Does it not sometimes happen that entire populations see marvelous apparitions? In his instructive book, "On the Study of Nature," M. Houzeau, Director of the Observatory at Brussels, instances the sepulchral lamps deposited by the Romans in their tombs, which numerous witnesses declare that they saw still burning when the interior of the tombs was brought to light. Now, here is a thing perfectly impossible, and proved to be so. Then, again, what do we see in the descriptions, collected by Porta, of the opening of a Roman sepulchre in the island of Nisidia, near Naples? "Several sober, respected gentlemen, members of various professions," says M. Houzeau, "swear to having seen with their own eyes, and in the most positive and absolute manner, some chemical miracles, which were a perfect mystery to them." In the middle of the eighteenth century are certain miracles supported by a collection of proofs such as the best established historical events could scarcely show. In fine, what is stranger still, do we not in our own day see philosophers, *savants*, naturalists, such men as Fechner, Zöllner, and Wallace, allow themselves to be hoaxed by the spiritualistic jugglery of a Doctor Slade? * * * *
>
> However carefully it may be considered, and however well weighed, we are always, of necessity, brought to this conclusion, which I have enunciated elsewhere, viz., that if on the one hand truth exists, on the other hand an absolute criterion of truth does not exist; that we must distinguish between subjective and objective certainty; that our convictions, however strong they may be, may be unfounded; that truth may have for us only an entirely provisional character. The sole motive which makes us reject a proposition resolves itself into the contradictions which it presents to other propositions considered by us as true. Then, as the number of these has always a tendency to increase, we have no guarantee that new contradictions will not some day arise; the history of the sciences has made us only too familiar with surprises of this kind.

This as he says, will no doubt be a grievous conclusion to many, as it is substantially denying the validity of any test, either subjective or jective, for truth; but the philosophical will not be shocked by a statement which metaphysicians have long since recognized.

Epileptic Mania.

A highly important contribution to the medi legal aspects of mental disease is made by James Finlayson, lecturer on clinical medic in the Glasgow Western Infirmary, in the Gl gow *Medical Journal*, December, 1880. It a paper illustrating the character of epile mania, and especially the fact that just as epileptic fit may occasionally consist of the only, and nothing else—the fit being, as it aborted or suppressed—so, in other cases, have the epileptic mania only, all the ot phenomena of a typical attack being suppre or at least occurring in such an obscure form not to be recognizable. He maintains, in fa that epileptic mania, however, may occur wi out the least trace of anything corresponding a convulsive fit, the explosion being, as it mental, instead of motor, in its character.

He observes:—

> When such cases result in violence and m der, there is great unwillingness to admit tha person who goes through all sorts of purpos action, who procures suitable weapons, and them in a business-like way, can possibly be i state comparable to that of an epileptic fit. T idea of loss of consciousness, so generally as ated with the epileptic state, appears inconsis with actions obviously purposive in charac It cannot, however, be too strongly insisted that an elaborate series of actions, of a purp character, may be carried out, although the and higher consciousness of the individual is pressed. When these purposive actions result some terrible tragedy, and when the surrou ings are such as to suggest motives for retalia or revenge, it is difficult for lunacy experts obtain a fair and impartial hearing; particul is this the case in the present state of the ministration of justice, which allows, and may say, almost encourages, the calling of perts on both sides, as if they were special ple ers retained to support a foregone conclusion the side on which they receive their fees.

Dr. Finlayson adds the details of several cases, which seem to substantiate this asserti

In immediate relation to the above should mentioned an article by Dr. C. H. Hughes, St. Louis, showing

Persistent Consciousness in Epilepsy,

published in the *Alienist and Neurologis* April, 1881. Of several cases given we quo two:—

> Eliza C., aged 12 years. Of late years she ha had very pronounced epilepsy, the attacks o *grand mal* recurring about every fortnight, with frequent epileptoid seizures in the intervals.

> This girl came under my medical care, February 1st, 1878, and, under vigorous treatment, speedily improved from a state of apparently helpless imbecility and untrustworthiness, after her paroxysms, to one of good average intelligence and reliability, so that the rest of her family could safely entrust her alone in the house, and permit her to go to school a part of each day. In the following August, after having been six months free from seizures, epileptoid paroxysms were displayed in evanescent attacks of psycho-motor paralysis, recurring every few days, of which the patient was wholly conscious, making "desperate" but fruitless mental efforts, "like one in a nightmare" (as she afterward stated), to overcome her momentary immobility of limbs and tongue, and attract attention.
>
> Theo. B., aged 20, came under treatment in June of 1879, with *grand mal* without aura. His first seizure, in May, was caused by overwork in the harvest field, and mental depression resulting from failure to get pay for his work. He has been free from all manifestations of the disease since July, 1880; had a paroxysm of conscious automatism about the first, and a brief aphasic spell in the middle of September, 1880.

Dr. Hughes insists that this conscious condition is by no means rare, though it has not received the recognition it deserves, and he concludes his article with the following words:—

"Other clinical confirmations of epileptoid disease without unconsciousness have been recorded by us (*vide Alienist and Neurologist*, April, 1880), and others still might be here enumerated from our own experience, but the testimony would be needlessly cumulative. The recognized and conceded automatism of certain undoubted epileptics, in which there is every appearance of a consciousness sometimes, though exceptionally, quite complete, coupled with a psycho-motor excitation and consequent impulsion to travel or perform accustomed, as well as unaccustomed journeys and acts, should, even without the proofs here given, dispel that incredulity which has led some to deny the possibility of consciousness in epileptic states. The idea of unvarying loss of consciousness should take its place with that ancient and exploded, but once thoroughly accredited fallacy, which gave to this malady the name of *morbus sacer*."

Another important feature of the epileptic condition, is the opposite condition, of

Cerebral Trance,

or unconscious intelligent action. Such a case is recorded by Dr. T. L. Wright, of Bellefontaine, Ohio, in the Cincinnati *Lancet and Clinic*, Jan. 29th, the subject being a clergyman of learning and ability, some years before subject to epileptiform seizures, with prolonged unconsciousness. He writes:—

The facts in my *singular experience*, of which you make inquiry, are, so nearly as I can recollect, about the following:—

> 1st. I wrote and preached a sermon from a very familiar text, and in two weeks afterwards wrote and preached a second sermon from the same text, *without any recollection of the first*, only reminded of the first when I went to put away the second in a drawer kept for my sermons, where I had put the first one two weeks previous.
>
> 2d. It was immediately after a severe "spell," of several weeks, of "*general debility*," and before I had entirely recovered, and during which sickness I was "flighty" most of the time.
>
> 3d. The second sermon was a considerable improvement on the first, as I saw from the comparison of the two manuscripts.

Dr. Wright makes the following judicious observations on this case, and its application to forensic medicine:—

> In cases of criminal prosecution, where mental defect is set up in defence, it has been a custom to claim that if epilepsy, once present, had disappeared for a considerable period of time, that fact goes to show that the mental state had become sound, and that in such a case the defence of insanity is not valid. *The exact opposite* is the correct assumption; namely, if epilepsy has disappeared, the presumption is very strong that some other neurotic state has been substituted for it; and the probability of an unsound mental condition is *increased* by the absence of the epilepsy. For it is becoming established that, in all those cases of unstable equipoise among the nerve centres *which are inherited*, or are *constitutional*, there is no hope of a final equilibrium being established.

As epileptic attacks are often feigned by criminals, a pathognomonic sign for the

Detection of Feigned Epilepsy

is of general interest. Such a one is mentioned by Dr. M. G. Echeverria, a well known authority on this disease, in the *American Journal of Insanity*, January, 1881, not, indeed, as a new discovery, but not very generally known. He says:—

> Attentive examination of the pupils of an epileptic after seizures of *petit mal* or *grand mal*, discloses an alternate dilatation and contraction of the iris, persisting for over a minute after the patient's return to consciousness. This epileptic pupil is also conspicuous during the paroxysms of mania, at those moments when the patient suddenly becomes stupefied for a few seconds, staring with eyes wide open and fixed; it again betrays the dubious forms of psychical epilepsy, and, above all, furnishes, even to those most inexperienced with the malady, a sure means of differentiating, in a ready and easy way, true from feigned attacks. Again, if we cover with a handkerchief or towel the nostrils and mouth of an epileptic, at the moment he is seized with a fit, this continues without change, because the obstacle thus put to breathing does not materially interfere with the asphyxia characteristic of the initial stage of the convulsive paroxysm, upon

tonic contraction of the thoracic muscles. This process, on the contrary, at once determines in the simulator a *besoin de respirer*, with inevitable suffocation and struggles, which discloses the best studied imposture. It happens, however, with certain cases, and mainly in incomplete seizures, that the impediment to respiration quickly suspends them, but then, a phenomenon impossible to simulate always takes place, demonstrating in a no less positive manner the real nature of the attacks. This phenomenon is, once more, the convulsive contraction and dilatation of the iris, or the epileptic pupil, which, as already stated, may recur for more than a minute before it entirely disappears, and which becomes very remarkable when the eye is exposed to a bright light.

CORRESPONDENCE.

A Case of Dystocia—Relief by Episiotomy.

Ed. Med. and Surg. Reporter:—

Labor may be rendered difficult by many and various causes. They are generally arranged into two classes. Those which render labor difficult by causes referable to the mother, and those in which the child is at fault.

The following case of difficult labor is one which belongs partly to both classes; where the labor was made difficult, on the part of the child, by an unusual large, healthy head; and on the part of the mother, by a small vulva.

The patient, a young married lady, twenty six years of age, primiparæ, had engaged, and was attended by Dr. Wm. M. Caterson. The Doctor was sent for about ten P.M., Sunday, April 3d. The patient stated to him that the pains came on Saturday evening. They were sharp cutting pains, referred to the uterus, coming and going every twenty minutes, keeping her awake all the night. Sunday she continued to have them from time to time, not as often as before. In the evening they again became worse, and when the doctor arrived she was having them about every five minutes.

The doctor remained all night with her, and part of next day, very little progress being made during that time, and not wishing to bear the entire responsibility, he desired a consultation with me, which was granted.

I was called about five P.M., on Monday. At my first visit I found the patient in bed. Upon questioning her I obtained the following information: This was her first pregnancy; thought she was two weeks before her time. She was in labor forty eight hours. The pains during my stay were feeble and slow, but severe enough to keep her almost in continual suffering. In making an examination *per vaginam*, I found the head presenting at superior strait, second position of vertex. Os dilated to about two inches in diameter. Membranes intact. Fæces in rectum could be felt through posterior wall of vagina. Abdomen considerably enlarged.

Patient was told there was no occasion, at present, for alarm. She was ordered fifteen grains of quinine as a uterine stimulant, and an enema of soap and water. I left, and promised to return later in the evening.

I saw her again at half-past eight P.M., when the doctor informed me that about one hour after taking the quinine the pains became more severe, lasting longer and more effective. The os was dilated to about three inches in diameter. Presenting part engaged in pelvis. Rectum empty.

At my next visit, 10.45 P.M., I was told that the membranes had just ruptured. Pains were of a bearing-down character. Os fully dilated. Large head diagnosed. Patient had vomited during my absence; she was ordered seven grains more of quinine. The head slowly descended to the perineum. From the rupture of membranes to the appearance of head at vulva four and three-fourths hours elapsed. During this time the pains were strong and severe. When the head was low down, and the perineum distended to its utmost, it was evident the head could never be born without a rupture, owing to the smallness of the orifice of vulva. I tried to save perineum by endeavoring to deliver head during the absence of pains, as taught by Prof. R. A. F. Penrose. The héad could not be born, as the vulva was too small, rigid, and inelastic.

The application of forceps was considered, but the danger of rupture by their use was evident.

I obtained consent of the patient to perform episiotomy. This I did with a pair of scissors, making a cut on each side of the vulva, about one and a half inches from median line of perineum. This procedure removed the tension of vulva, and allowed the head to pass out readily. saving, at the same time, the perineum, the fourchette, even, not being torn. Passing my hand around the neck, I discovered the cord encircling it. This was easily slipped over head. The shoulders and body were delivered without any difficulty.

The child was an unusually large and well developed one; the head being particularly large. Smacking the child with the hand was all that was necessary to establish respiration.

The cord was cut, and placenta delivered by Crede's method. No stitches were applied to cuts, the wounds healing by granulations. There was no hemorrhage from the incisions nor from the uterus.

Child born 8½ A.M., Tuesday, April 5th.

Duration of Labor.—1st stage. Dilatation of os, 53 hours. 2d stage. Expulsion, 4¾ hours. 3d stage. Delivery of placenta, 15 minutes. Total 58 hours.

Weight and Measurements of Child.—Weight. 12½ pounds. Length, from vertex to buttocks. 15½ inches; from buttocks to soles of feet, 10 inches. Entire length 25½ inches.

Circumference of Head.—Tape passed from occipital ridge above ears to frontal bones, 15¼ inches.

Diameters of Head.—Bi-parietal, 4 inches; occipito-mental, 6 inches; fronto-mental, 4 inches; occipito frontal. 5 inches; bis acromion, 5 inches; bis iliac, 4 inches.

The cause of this lingering labor was, I believe, the excessive distention of the uterine cavity by the large foetus. Just the same as we have in dropsy of the amnios, where the uterine walls are over-distended, making them thinner and preventing them from acting with energy.

In primiparæ, delivering the head during the absence of pain will, in the majority of cases, save the perineum from rupture. Where this cannot be done, cutting the vulva, as in this case, is the only resort. The edges can be united by a stitch. None were used in this case. No deformity followed.

I would say, in conclusion, that the action of quinine in this case, as a uterine stimulant, was a very decided one. I have seen it used in similar cases, and always with a very happy effect. I consider it, in full doses (15 gr.), a very valuable aid in cases where the pains are inefficient. Its mode of action is not yet fully understood. It is believed, however, that it does not originate uterine contractions, merely stimulating those present.

The lying in of the patient was not attended with anything unusual. Mother and child are both well. Frank O. Nagle, m.d.

1439 *North Fifth St., Philad'a.*

Static Electro-Therapeutics.

Ed. Med. and Surg. Reporter:—

My paper on "Static Electricity in Therapeutics," of March 12th, was followed by others in another journal, in which the Holtz machine was advocated, with double or quadruple plates, the object being to gain *quantity*, and to overcome the defective or absolute refusal to work in damp weather. Its inclosure in a glass case was proposed, with the employment of a vessel therein, containing sulphuric acid or other substance, to absorb the aqueous vapor or dry the air immediately surrounding the machine. Aside from the unnecessary complication of multiplied plates, with the accompanying difficulties in adjustment, which can be avoided, and the desired result attained, by simply increasing the diameter of the plates in the single machine, the dehydrating experiment has been tried long ago, in a variety of styles, and it has invariably failed. The simple truth is that no Holtz machine will work *satisfactorily* in bad weather, if at all, and the modifications proposed only add to the perplexity of its owner, should he be (as is often the case), unskilled in mechanics. To illustrate this point practically, I know of one instance in which a gentleman invested a large sum in a quadruple machine, and it has failed, except in dry atmospheric conditions, when any low priced or home-made apparatus would act.

That the "Tœpler" is reliable at all times has been proven to my own satisfaction, particularly during the decidedly unfavorable weather of the last ten days, when other static machines were dead, so far as results were concerned.

The endorsement of such eminent gentlemen as Professors Barker, Bartholow, and teachers of physics in our leading scientific institutions, is alone sufficient to attest the reliability of the new machine, and when it is capable of producing maximum effects in a room filled with students (a good test), it will undoubtedly act in the dry air of the consulting room, not contaminated by exhalation from a large audience.

Since my article appeared, several improvements have been made to the "Tœpler," and as it is impossible for me to answer separately the numerous letters received, asking for information, I impose upon your widely circulated journal as a ready means of reply. The No. 1 machine is too small for therapeutic work, but either the Nos. 2, 3, or 4, are adapted to the wants of the practitioner. A couple of Leyden jars (pint and quart), with an insulated ball electrode, an insulated platform large enough to sustain a chair, which may be home-made, and three yards of small brass chain, are all that is needed. Static electricity possesses all the value of Faradic currents, with properties "*per se*" which space does not now permit enlarging upon, and I am daily convinced of its value and ultimate appreciation by those who devote study to scientific electro therapeutics.

Wm. R. D. Blackwood, m.d.

Philadelphia, May 27th, 1881.

A Correction.

Ed. Med. and Surg. Reporter:—

In your journal of May 28th, on page 597, I find, under the heading "Medical Societies," and in the section devoted to a report of a paper read by Dr. David Price, of West Chester, the following:—

"Dr. Sutton, of Pittsburg, not only disputed the soundness of Dr. Price's treatment, but declared it to be based upon false pathology, exploded hundreds of years ago, and revived again recently," etc.

This statement is incorrect: what I said was, that the pathology was false, meaning that it was erroneous, and if my discussion of it was not effective, why did Dr. Price amend the title of his paper after the discussion, so as to make it read, "The Importance of Local Treatment in Congestion and Inflammation of the Cervix of the Impregnated Uterus?" *The title of the paper as read*, was: "The Importance of Local Treatment in Inflammation of the Cervix of the Impregnated Uterus."

The word *Congestion* was the result of my remarks, in which I disputed the existence of inflammation, but held that the condition was *Congestion.* R. S. Sutton, m.d.

Pittsburg, Pa.

Maternal Impressions.

Ed. Med. and Surg. Reporter:—

Your article, "Maternal Impressions," which I have just read, reminds me of a case in point that came under my observation last year. I was called to see a patient, and while prescribing, observed a child about two years old who had lost a leg, which, to all appearance, had been amputated about the middle of the os femoris. The leg, muscles and *bone*, were well developed to the point of amputation. The stump was smooth, round, and of the apple-dumpling type, a little puckered at one side, with a tit-like attachment resembling a supernumerary toe. Upon inquiry I found it to have been congenital. The mother *affirming* the amputation—or arrested development—to have been produced during gestation, by a fright which she received from a *one-legged* man. If this was not the result of a maternal impression, it was, at least, a very extraordinary coincidence.

James S. Rawlins, m.d.

Dancyville, Haywood Co., Tenn.

News and Miscellany.

The "Hammond Prize" of the American Neurological Association.

The American Neurological Association offers a prize of five hundred dollars, to be known as the "William A. Hammond Prize," and to be awarded at the meeting in June, 1882, to the author of the best essay on the *Functions of the Thalamus in Man.*

The conditions under which this prize is to be awarded are as follows:—

1. The prize is open to competitors of all nationalities.
2. The essays are to be based upon original observations and experiments on man and the lower animals.
3. The competing essays must be written in the English, French or German language; if in the last, the manuscript is to be in the Italian handwriting.
4. Essays are to be sent (postage prepaid) to the Secretary of the Prize Committee, Dr. E. C. Seguin, 41 West 20th street, New York city, on or before February 1st, 1882; each essay to be marked by a distinctive device or motto, and accompanied by a sealed envelope bearing the same device or motto, and containing the author's visiting card.
5. The successful essay will be the property of the Association, which will assume the care of its publication.
6. Any intimation tending to reveal the authorship of any of the essays submitted, whether directly or indirectly conveyed to the Committee or to any member thereof, shall exclude the essay from competition.
7. The award of the prize will be announced by the undersigned Committee, and will be publicly declared by the President of the Association at the meeting in June, 1882.
8. The amount of the prize will be given to the successful competitor in gold coin of the United States, or, if he prefer it, in the shape of a gold medal bearing a suitable device and inscription.

Signed, F. T. Miles, m.d., *Baltimore.*
J. S. Jewell, m.d., *Chicago.*
E. C. Seguin, m.d., *New York.*

A Strange Story from Colorado.

The *Pittsburg Medical Journal*, for April, has an article not calculated to improve the reputation of Colorado as a health resort. It is to the effect that the high altitudes there materially decrease and often destroy all sexual desire and power in men; and what is yet more curious, that the altitude or climate has the reverse effect on women. It adds that a vigorous man "may live for years there, and never, either sleeping or waking, will he have the least sexual desire;" "nor can the combined influences of wine and women arouse the dormant passions."

Such a statement is too extraordinary to be allowed to pass unnoticed by our Colorado brethren.

Improvement in Ovariotomy Statistics.

In his last 137 cases of ovariotomy Mr. Spencer Wells has reduced the mortality to less than ten per cent. Keith has recorded fifty consecutive cases, with only one death. This vast improvement is chiefly owing to the most rigid antiseptic precautions.

American Neurological Association.

The seventh annual meeting of the American Neurological Association will be held in New York on June 15th, 16th and 17th, at the Academy of Medicine, No. 12 West 31st street. The profession are invited to attend.

Items.

—The Countess Wilhelmina Huguay recently took the degree of Doctor of Medicine, in the University of Zurich. She is a Hungarian lady.

—Following a stupid and most injurious precedent, the Turkish government has forbidden the local newspapers in that country to say anything about the plague, correct or incorrect. That is better, however, than some city Boards of Health we have heard of in the United States, who systematically lied about epidemics prevalent in their municipalities.

—A discussion is going on in various English medical journals, as to whether beer or ale shall be given as part of the regular ration in hospitals and asylums. To an American it seems absurd to debate such a question. We do not believe there is a single hospital or asylum in the United States in which beer or ale, or any form of alcoholic beverage, is issued as an article of ordinary diet.

QUERIES AND REPLIES.

Chronic Colitis.

Mr. Editor.—A chronic case of colitis (two years' duration), came under my care about six months ago. There are about half a dozen stools every day, partly blood. The remedies usually successful in similar cases, to wit—cupri sulph., argent. nitras, ox. zinc, subnit. bismuth, spts turpentine, etc., have been of little benefit. Can any one suggest anything else that has been useful in their hands in like cases? Wm. H. C., *Ills.*

Pododynia.

Mr. Editor.—Will any reader of the Reporter, who has had experience in the treatment of pododynia, give me his views of pathology and treatment. I have a young man of rheumatic diathesis, æt. twenty-one, who has been suffering, as Prof. Gross describes under the above name, for two years. Last attack of rheumatism was six or eight years ago. Have tried, in the treatment of his case, the silicates, iodide potash, bi-chloride hyd. vest, gum bandage, elevation of feet, and have him now on Donovan's solution and a constant repetition of blisters. I solicit the views of experienced gentlemen. Respectfully, W. H. J.

Adamstown, Md., May 27, 1881.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1268.] PHILADELPHIA, JUNE 18, 1881. [Vol. XLIV.—No. 25.

ORIGINAL DEPARTMENT.

LECTURE.

ON THE NECESSITY AND USE OF THE SUSPENSORY BANDAGE IN VARIOUS AFFECTIONS OF THE TESTICLE, ESPECIALLY THOSE OF A VENEREAL NATURE.

BY F. R. STURGIS, M.D.,

Clinical Professor of Venereal Diseases in the Medical Department of the University of the City of New York: Surgeon to Charity Hospital, B. I., etc., etc.

GENTLEMEN—My apology for devoting a lecture to the suspensory bandage is its almost universal use, from its necessity as a preventive to injury and weakening of the genitals, and the by no means infrequent bad results which follow from an ill-fitting or improper bandage.

The three points I shall consider are:—

1st. The diseases for which it is applicable.

2d. The evil results which follow the use of a bad bandage, and the bandages best adapted for use.

The diseases of the testicle in which the bandage becomes a *sine quâ non* in treatment, are gonorrhœal epididymitis, varicocele, and neuralgia of the testicle. And first, as to the gonorrhœal testicle: This affection, as you know, does not come on at the first access of the disease, but is delayed until the twenty-third to the twenty-fifth day, and although induced by the extension of inflammation to the membrane lining the cord and testis, may yet be averted, by appropriate appliances. The first and foremost of these is support.

The object of this support is twofold: first, to prevent stasis of blood in and congestion of the organ, and second, to relieve the nervous tension and aching of the cord. The best support is the hand, but as the hand can do more service in other ways than by supporting the testicle, artificial aids are called into play, which are all of more or less good. In gonorrhœa the ounce of prevention is worth the pound of cure, hence the point which I have already laid stress upon—to direct your patient to obtain a well-fitting suspensory bandage at the commencement of the disease, assuring him that if he does not do so he runs a risk of suffering from a painful and tedious complication.

In varicocele the necessity is still more apparent, for the swollen and congested veins are a standing warning for support, and the discomfort and aching are continually appealing to the patient's nervous system, so that here a twofold condition is induced, physical organic changes in the veins and nervous irritability, a condition of things which sometimes leads to atrophy of the testis.

Neuralgia of the testis is another disease which is often alleviated by support, and if to that be added some degree of compression, such an amount of ease and comfort is obtained, compared to the former mal-aise and torture, as to make the patient feel the value of a proper apparatus for the purpose. This compression should never be delegated to the bandage, whose sole function is to support the testis and to assist the scrotum, but it should be obtained by other means. The best thing for the purpose is several coatings of a flexible collodion, which, upon evaporation of the ether, contracts and produces a steady, even, bearable pressure over the neuralgic testicle.

These three affections are the most important ones for the application of the bandage; but besides this, many a man in health is benefited by the use of a well adjusted suspensory bandage. Stout persons, in whom the abdominal viscera, loaded with fat, press heavily against the abdominal rings, and by pressure impede the circulation of the cord, are cases in point, and so much comfort do they get, that they never leave off their suspensory bandage. In summer, during the warm weather, the heat will often induce a temporary varicocele, which is relieved by a simple and proper support. Hence, you see, not only in disease, but in health as well, a support to the testicle is needed, and it behooves you, as surgeons, to be able to advise when and in what cases a bandage is requisite.

But to be of service it must fit well. What, then, are the requisites of a good bandage? They are two: support from below upward, and no cutting nor undue pressure upon any portion of the genital apparatus. Many varieties of bandage are sold, but nearly all are wofully defective, the most serious fault being that they either cut or exercise undue pressure at the perineo-scrotal angle, or else they abrade the skin at the junction of the scrotum and the thighs.

The best bandage is the one I show you, and is sold in the shops under the name of Rawson's United States Army Suspensory Bandage. In the first place, the elastic girdle admits of a self-adjustment to the shape of the patient's body, and to the varying positions which it may assume; in the second place, the posterior edge of the bag being cut in a sloping direction does not injure the scrotum nor the perineum, but lies evenly and snugly; and finally, the thigh straps are a good feature in securing steadiness, and in preventing the scrotum from sliding out of the bag, as it is so apt to do in the cheap and common bandages.

Before closing this lecture, I wish to say a few words about some of the evils which result from a poor or ill-fitting bandage. About those which do not retain the testicle, from the shallowness of the bag, I suppose it is not necessary to say much, still less to advise you against them. There is one seriously bad result that I have seen from a poor bandage, viz.: a perineal abscess, due to compression and irritation from the thick and clumsy edge of the bag; and I have seen several cases where a deep-seated urethral discharge was kept up by the same cause. Hence it is that I have devoted a lecture to this subject, hoping that by calling your attention to the dangers you will avoid them.

16 *West Thirty-second Street, New York.*

COMMUNICATIONS.

A CONTRIBUTION TO THE STUDY OF NERVOUS DISEASES.

BY EDWARD C. MANN, M.D.,

Physician-in-Chief to Sunnyside Retreat for Diseases of the Nervous System. Dipsomania and Opium Habit, Tarrytown-on-the-Hudson, N. Y.

Somnambulism.

The partial interference with sensibility and mobility, and the consequent limitation of will in somnambulism, is known rather as a physiological curiosity than as an affection which places the individual in a different mental and legal position.

In whatever these intercurrent spaces of non-existence may have originated, whether from unfettered determination, or the idle, wandering imagination, or from the brain wasting following moral or intellectual hard work, it is certain that occasionally they pass beyond the power and in defiance of the will, and should be classed under the head of morbid nervous affections, if not with actual mental disorder.

A majority of the states similar to somnambulism and allied to it, such as trance and trance-coma, absence of mind and obliviousness, are probably produced by narrowing the scope of intellectual exercise, by nullifying the influence of the emotions, or by contracting the mental forces, which induce ill health, both by giving disproportioned prominence to certain faculties, and allowing others to fall into desuetude and apathy, and probably producing undue or defective nutrition in certain parts of the brain.

A very remarkable instance of forgetfulness and absence of mind occurred in a poet, who had taxed attention and introspection to the utmost, and who, having confined the exercise of intellect and memory within a narrow range, had impaired the observant powers. The anecdote occurs in the biography of Horkham Fréré, the scholar and man of letters, who, handing the Countess of Errol to supper, drank the negus he had prepared for her, and altogether forgot the object of their visit to the dining-room; and who, on the day of his marriage with the same lady, had no recollection until the evening that he had promised to accompany his bride to the country—having occupied the intervening time in reading his poems to his publishers. It is also related of Sir Joshua Reynolds, that after he had been for hours occupied in painting, and walked out into the street, the lamp posts seemed to him to be trees and the men and women moving shrubs. He had fixed his attention for such a length of time on the picture before him that he could not direct it to other objects of sensation. It is noticeable that nearly all of these instances occur in men of vigorous, acute, perceptive minds, and of lofty intellect. It is the peculiarity of all these states—when they are not merely temporary effects of stimuli—that they essentially result in such consequences of bodily or mental degeneration as, robbing the thinking part of our nature of its nobler endowments, leave it in the impoverishment of an appetite, an unvarying set of words, a peculiarity, or a single, all-embracing thought; the morbid element consists chiefly in fixedness, in the inability of the will to substitute another train of reflection or perception.

The will, though feeble and fickle, is not entirely extinct, as it serves to guide in the direction of the predominating, if not constantly permanent, notion or incentive. It seems to me that we must class such states in the same category as the preoccupation of the insane, whose disordered imaginations can admit of nothing but the present and ruling impulse, the absorbing and exclusive anguish of the melancholiac. In all these cases there exists, in different degrees, a suspension of consciousness.

These spaces of non-existence, which sometimes occur at different ages and under widely different circumstances, and which pass beyond the power of the will, are states of actual disease of the nervous system, and are on the border-land which divides sanity from insanity. As I have just remarked, men of lofty intellect and vigorous and acute minds, by excessive and continuous application, overtaxing their attention and introspection, and confining the exercise of their intellect and memory within a narrow range, weaken their observant powers, and by concentrating their minds upon particular objects produce grave disorders of the nervous system. Sir Isaac Newton is a prominent example of contemplation so intense as to render him entirely oblivious to self and surroundings, or to the disturbances of perception. As regards their mental and legal responsibility, neither Sir Joshua Reynolds nor Sir Isaac Newton, during their states of partial suspension of consciousness, would have had a knowledge of the nature of their acts, whether they were culpable or blameless. It is a psychological fact that after the attention has been for a great while intensely fixed upon particular objects, the person cannot direct it at will to *other* objects of sensation. The morbid states of the brain which may be induced are exemplified in a marked degree in the lives of ascetics and ecstatics, and in those whose intense devotional feelings, as in the "Convulsionaries," Brahmins, etc., extend temporarily to enfeeblement of volition, and where the diseased functions of motivity and sensibility manifest themselves by violent convulsions and complete anæsthesia.

Somnambulism is a morbidly profound sleep, in which "the sceptre of reason is surrendered to a physical directed fancy." It is due, probably, either to an overloaded stomach pressing on the solar plexus, producing a partial paralysis in the coats of the arteries, and so in the cerebral circulation; sleeping with the head too low, strong mental emotion, etc., and it is a peculiarity of somnambulism, that even after the removal of the cause, the habit once established is apt to remain. It is frequent in youth and about the age of puberty. In states of unconsciousness accompanying somnambulism, the senses are awake and preternaturally alive. The muscles are regulated, and regulated, too, with a wonderful precision and power. There is a purpose, and there is a coördination of acts for its accomplishment; but consciousness is still asleep, and memory retains no record of the transaction, although it may have been prejudicial in the highest degree to the interest of the actor, or of others. In many states of unconsciousness the mind is forced to think or feel in a particular way, and is forced to instigate certain deeds in flagrant opposition to its ordinary character and tendencies, and in utter disregard of the promptings or of the resistance of other motives and considerations. There is a very close relation between acts committed during states of unconsciousness and mania transitoria, epileptic paroxysms, and irresistible impulses of insanity. They have in common irresistibility, suddenness, and rapidity. They are alike unannounced and of short duration. They are alike characterized by the exercise of free will being fettered or perverted, and there are undoubtedly distinct morbid conditions in all these different states. If we examined cases with sufficient care, in which states of unconsciousness occur, I feel quite sure we should discover prodromic signs of either exalted sensibility, suffering, sleeplessness, vague sensations which could not be defined, and other indications which have been observed to usher in other species of the neuroses. Somnambulism may be hereditary, but it is not inconsistent with fair health. It is apt to become periodical, patient having attacks once a week, fortnight, or month.

The treatment of somnambulism consists in preventing the very deep sleep in which the phenomena of somnambulism are exhibited. The patient should be awakened once or twice each night, before the phenomena begin to appear; soon after retiring, and again after four or five hours' sleep, will usually answer.

Patients should dine in the middle of the day, and while taking care that all meals should be light and digestible, should be particularly careful not to overload the stomach at night. The use of electricity and nerve tonics, to bring up the general health to the highest point, are indicated.

Friends should be cautioned not to awaken patient when walking, as the fright may act prejudicially. He should be quietly put back to bed. The head should be well propped up by pillows, and too great weight of clothes must be avoided.

Catalepsy

Is a disease of central innervation of the nervous system, and may be accompanied by or accompany many forms of insanity.

In a cataleptic paroxysm the limbs of a patient remain in the position in which the patient had them before the inception of the paroxysm, or in which any bystander may place them during the paroxysm.

The patient's will is powerless to bring the limbs into any other position, by reason of muscular contraction induced by excitement of the motor nerves proceeding from the spinal cord.

Catalepsy accompanies many of the neuroses, such as insanity and chorea, and is induced, probably, by mental emotion.

It is preceded by dizziness, headache, and a very irritable state of the general nervous system, and begins very suddenly.

A patient sitting at my dinner table, who had placed herself under my care, presented the following typical symptoms and manifestations of a cataleptic attack, which serve very well to illustrate the disease as it generally appears. The lady in question, while in the act of conveying a morsel of food to her mouth, became suddenly rigid and pale, the arm being arrested in its passage, and being immovably fixed with the fork a few inches from the mouth. The whole body was as motionless as if the patient were carved out of stone. The eyes presented a widely opened, staring condition, and consciousness and sensibility were entirely suspended. Respiration could not be detected, and the pulse wave could not be felt at all. In about four minutes the patient sighed deeply, made a full inspiration and resumed her dinner, quite unaware of what had happened to her. Patients sometimes retain full consciousness during an attack. These cases are of interest to the practitioner, although comparatively rare, as the cataleptic paroxysm or fit annoys and disturbs the patient's mind, lest they should come on while traveling or away from home and friends. Although the fits generally last but a few minutes, they may, possibly, last for several hours, and in extreme instances may last for days. The chief indications for treatment are to improve the general nervous tone by nerve tonics and electricity; induce the patient to lead an outdoor life, eat regularly, avoid rich, indigestible food; to retire early; and if the patient complain of a sleepless condition, to administer the bromide of lithium, in five-grain doses, at bedtime, or the Fothergill's solution of hydrobromic acid, in fifteen to thirty-drop doses, in water. I have found the constant current the most serviceable, under the form of central galvanization.

To recapitulate: catalepsy comes on suddenly, generally after mental or emotional disturbances; the patient becomes corpse-like and pale, the respiration being slow and the pulse very soft, and, perhaps, not discernible. The patient cannot be roused and sensibility is lost.

The stiffness of the muscles is a diagnostic feature of the disease, which is such that, if a limb be put forcibly into any position it retains it.

Patients remember nothing of any attack or what transpires during its continuance.

TWO CASES OF COMPOUND GANGLION OF THE FLEXORS OF THE HAND, AND THE TREATMENT.

BY J. S. WIGHT, M.D.,
Professor of Surgery at the Long Island College Hospital.

Reported for the MEDICAL AND SURGICAL REPORTER.

CASE 1.—Mr. W. W., age 38 years, foreman in a warehouse, married, born in England, a patient of mine for many years, had a large compound *ganglion* on the anterior aspect of the left hand, wrist and forearm, which began about four years previous. He did not wish to leave his work, for the purpose of having an operation, in order to make a radical cure. The swelling in the palm of the hand and above the wrist joint finally became so great as to seriously impair the use of the hand. At this time, May 1st, 1879, I advised an operation, which was postponed, on account of the temporary indisposition of the patient.

During the last week of the following June the ganglion began to inflame, becoming red, tense, and painful. In about ten days the tissues in the palm of the hand became quite thin, as if there was an abscess *pointing* at the most prominent part of the ganglion. At this time an opening was made at the point where the tissues were thinnest, by means of a narrow curved bistoury, so as to allow the contents of the ganglion to flow away slowly. The contents were a healthy pus, the ganglion fluid and some fibroid bodies. The hand was dressed with lint, saturated with carbolized oil; the same dressing being continued during the subsequent treatment. The hand and forearm were gently compressed with a bandage, which was removed and reapplied from day to day—a compress being kept on the part above the wrist, where the ganglion had been prominent before the operation. The sac of the ganglion slowly contracted, and formed less and less purulent fluid from day to day during the four or five subsequent weeks, and finally became entirely obliterated, and the opening in the palm of the hand very completely cicatrized.

From the time of the operation till the end of treatment, every time the hand was dressed passive motion was made. Each and every finger was moved, so as to prevent adhesion of the flexor tendons, and so as to remove the persistent flexion that had been caused by the ganglion. The result was quite perfect: the motion and the strength of the hand, wrist and forearm were, according to the statement of the patient, as good as they had been previous to the formation of the ganglion. A very small scar can be seen in the palm of the hand, where the opening was made.

Case 2.—Miss D. D., age 20 years, servant, born in Ireland, had a large compound *ganglion* on the anterior aspect of right hand, wrist and forearm, which began about three years previous. She had always been well. The ganglion was painful in the morning, and interfered with her work.

This patient was admitted to the Long Island College Hospital, the second week in February, 1881. On the 9th of February I performed an operation, which may be described as follows: After the administration of ether, the hand, wrist and forearm were placed under the antiseptic spray, a puncture by an ordinary tenotome was made into the cavity of the ganglion, at the most prominent points, both above and below the annular ligament, the small nozzle of a Davidson's syringe was inserted into the upper opening, and the ganglion was completely washed out with a ten per cent. solution of carbolic acid—carrying out a large number of fibroid bodies: The fluid of the ganglion would probably measure about six ounces. An antiseptic compress was laid on the anterior part of the wrist, over the entire sac of the ganglion, and kept firmly in place by a bandage. In about one week the bandage and compress were removed and reapplied; soon after, the ganglion began to fill again, and after it filled up full and tense, it began slowly to diminish in size; the sac slowly contracting and the fluid being absorbed.

On the 30th of March the patient was given ether, and I again opened the ganglion sac above the annular ligament. The sac was very much thickened, it was firm and resisting, about one-half of an ounce of fluid came out and a few fibroid bodies. The motions of the fingers and wrist have become much more extensive. A pad of carbolized oakum was bound over the opening.

Passive motion of the joints and tendons of the hand and forearm was made from day to day, and compression of the tumor continued. On the 7th of April the swelling in the palm of hand was almost gone, and a fleshy swelling was left above the wrist, mostly made up of the contracted and closed sac of the ganglion. The motions of the parts, both active and passive, were approaching the normal.

The patient was discharged from the hospital on the 4th of May, having good use of her hand, there being still some swelling above the wrist, though the sac appeared to be obliterated.

THE DIAGNOSIS OF MORBUS BRIGHTI FROM OPHTHALMOSCOPIC SYMPTOMS IN THE RETINA OF THE NEGRO.

BY W. H. WYNNE, M.D.,
Of Kansas City, Mo.

As the diagnosis of the exanthema in the negro is difficult and the symptoms referable to parts other than the skin, it is equally difficult to state positively the exact condition of cases of disease of the retina from ophthalmoscopic symptoms.

While a student in the immense clinic of the Ophthalmic and Aural Hospital, of New York city, but few cases of retinal disease in the negro presented themselves. It is stated in text books, and I have heard it stated by men of good reputation, that the retina shows itself in the eye of the negro by a "gauze-like" or "spider web" appearance, veiling the fundus. I have examined, at every opportunity, the retina of the eye of the negro, the cases now numbering one hundred and nine, and I have yet to see, in what might truthfully be called the healthy condition, any such appearance. The ophthalmoscopic picture, as I have invariably seen it, is as follows, and I regard, from close examination of a large number of retinæ in the negro, the "gauze-like" or "spider web" appearance as false, and a statement repeated by men who have heard their superiors repeat it, who have themselves in turn learned it in precisely the same way.

Here are the facts as I see them: instead of the reddish reflex of the white, the reflex in the black is almost the same as that of detached retina in the white, or like the localized cloudy appearance produced in the retina from embolism of a branch of the central artery. I have made close examination of all this number of cases, pupils dilated with homatropia, direct and indirect method, and this reflex has always been present. The arteries are distinguished from the veins only by the larger size of the latter, and their more tortuous course, and not by any difference of color. The relation of veins or arteries in the one or the other passing over or under is not definite in the retina of the white or the black.

In my examination for a certificate of attendance given at the School of Ophthalmology and Otology, in connection with the New York Ophthalmic and Aural Hospital, I was asked to enumerate the ophthalmoscopic symptoms of morbus Brighti. In doing this I was reminded of having omitted, "the white patches," around the optic nerve, particularly between it and the macula, as being of greater importance and more pathognomonic of the disease than the stellate arrangement around the macula. I write this article with the view of asking, how is it possible to make the diagnosis of morbus Brighti in the retina of the negro, if that diagnosis must depend upon the examiner being able to see "white patches" upon a surface that is already white?

In the negro, I say, it is impossible to make the diagnosis of disease secondary to renal disease, if the existence of white patches around the disk must be taken as conclusive evidence. Of the one hundred and nine negroes, forty-two were healthy; the remainder, sixty-seven, presented themselves for eye disease with reduced vision. By examination of the urine, the history, etc., no doubt was left as to the existence of Bright's disease in nine cases. The small atrophic kidney, being the form causing, or most frequently present, when the eye is said to be the seat of Bright's disease, was undoubtedly present here. What was the ophthalmoscopic appearance? No white spots could be seen, but a most beautiful and distinct stellate arrangement around the macula, by far more typical than I had ever seen it in the retina of the white.

To summarize: The ophthalmoscopic appearance of the retina in the negro as "gauze-like," is incorrect, in my judgment; and the diagnosis of Bright's retinitis impossible, if it depends upon the existence of "white patches" around the disk, or between it and the macula.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF JOHN ASHHURST, Jr., M.D.,
Prof. of Clinical Surgery.

Reported by Guy Hinsdale, M.D.

Case I.—Lateral Lithotomy.

Our first case is one of vesical calculus, requiring the operation of lithotomy. The patient is a boy five years old, and he has shown symptoms of stone for a year or two. I will have him etherized and will sound him before you.

The symptoms of stone in the bladder are evident. There is pain, referred to the end of the penis, but due to the irritation at the neck of the bladder. This is owing to the fact that both these regions are supplied by branches of the same nerve.

Another symptom is incontinence of urine; but what I regard as a more valuable sign is a sudden cessation of the flow, followed by its return. In case of obstruction by a stone falling against the internal orifice of the urethra, a change of position will usually allow the flow to come on again. This is characteristic; the flow is suddenly checked and then the obstruction yields.

But none of these signs are absolutely pathognomonic. All the rational symptoms, except, perhaps, the sudden arrest of the flow of urine, occur independently of calculus, as in cases of tubercle of the bladder, or even as a consequence of simple inflammatory changes.

The true evidence is that gained by sounding. If the stone is small it may escape detection, from using an instrument not well adapted for its discovery; the calculus may slip around the curves of the sound and be missed; hence, we should use a sound with a short curve, which will enable it to be turned around behind the prostate if necessary. By the instrument which I now show you I once recognized a calculus which, on being removed, was found to weigh less than two grains, but which produced the most intense symptoms of urinary obstruction. In this case retention of urine constantly occurred, from the stone entering and plugging the posterior part of the urethra, and in micturition, the night before the operation, the straining was so intense that the patient ruptured a small blood vessel in each eye, producing well marked sub-conjunctival ecchymosis.

The stone may also escape detection from being covered with mucous membrane, and encysted; or it may be covered over all excepting a small portion of its surface. It is a rule, when there is reason to believe that a stone is present, though it cannot be felt with the sound, not to be satisfied with a single examination, but to examine the patient again in a few days, or in a different position, or with different quantities of fluid in the bladder.

On the other hand, one may think there is a stone present when there is not. The sound may strike the sacro-iliac symphysis, and the sensation be very deceptive. The walls of the bladder itself may be ribbed and thickened, or they may have a calcareous incrustation. These are the most common sources of mistake.

For demonstration to a number of persons simultaneously, a sounding board may be attached to the instrument, but the surgeon himself, in using the sound, relies on feeling quite as much as on hearing.

In children, lithotomy is the best operation for the removal of stone, the mortality of lithotrity in children being almost as great as that of lithotomy at all ages. The mortality of lithotomy in children is about five per cent. In adults it is different; the constitution of the patient, and particularly the greater liability of the viscera to organic disease, add very much to the danger.

The size and constitution of the stone indicate, to a certain extent, the operation to be employed. If the stone is larger than an English walnut, *i. e.*, from an inch to an inch and a quarter in diameter, or if it is very hard, lithotomy would usually be the proper method to employ.

The operation which we practice to-day is left lateral lithotomy. It is the old operation of Cheselden. The median operation is particularly adapted for the removal of foreign bodies. We have, also, for large stones, the supra-pubic, the recto-vesical and the bilateral operations; but, practically, for almost all cases, the lateral operation is sufficient.

For lithotomy you need a suitable knife; that known as Prof. Gross's is a good one, and commonly answers every purpose. I have often, in children, used simply a straight bistoury. If you have to divide the right side of the prostate as well as the left, you will find it useful to have a blunt-pointed knife. The staff which I prefer is one grooved on the back; many surgeons, however, use a staff with a groove on the left side. This groove should not fade out into nothing as the end of the staff is reached, but should terminate abruptly near the end of the instrument, so that the knife may be firmly arrested without any liability to slip. The forceps, of various shapes, may, if preferred, be covered with linen or flannel, as advised by Mr. Liston, thus preventing them from slipping. A scoop is also needed.

For the operation, the first step, after the patient is etherized and tied in the proper position, is to inject into the bladder a little warm water, just enough to distend its walls, and, as it gushes through the incision, to aid in the removal of the stone by bringing it down to the neck of the organ. We then introduce as large a staff as we can get in, remembering that a child's urethra can take a staff larger, in proportion to his size, than that of an adult. Having introduced the staff, I can with it also strike the stone, which is a surety that the instrument is properly placed in the bladder.

The incision should be made starting from a point corresponding to the perineal centre, just a little to the left of the rhaphe, and from an inch to an inch and a half in front of the anus, slightly below both and a shade nearer the tuber ischii. This incision necessarily divides the transverse perineal artery; if it be made too far forward we are in danger of wounding the artery of the bulb; if, on the other hand, the knife be carried too far backward, there is danger that the rectum or the prostatic plexus of veins may be wounded; while an incision placed too far to the outer side might endanger the pudic artery.

The first incision need not divide more than the skin, superficial fascia and fat; many surgeons, however, take pleasure in exposing the staff with the first cut. The plan which I recommend I think you will find more satisfactory to yourselves and safer for your patients.

I now put the middle finger of my left hand into the rectum and feel for the tuber ischii. Having made a rather long external incision I deepen it gradually and strike the staff at as low a point as possible. With my knife now on the staff, and feeling the groove, I push it along until a gush of water shows that the bladder has been entered. In introducing my finger I gently insinuate it *above* the staff, so as to avoid any risk of getting the finger between the bladder and the rectum. With a small scoop I now readily extract the stone, which, you see, is quite a small one, though it gave the patient so much trouble. I finally inject a syringe-full of water, so that, if there is any débris, it may not be left behind.

It is not likely, in a child of this age, that it will be necessary to tie any vessels; it is probable that all bleeding will stop when the edges of the wound are brought together. The outflow of water brought the stone down, so that I felt it right underneath my finger. The difficulty of the operation in children is in reaching the bladder, and this arises partly from the fact that, at that age of life, the bladder is an abdominal, rather than a pelvic organ. In adults, on the other hand, the trouble is in getting out the stone.

The after treatment is very simple. Keep the knees together for a few days, to prevent the edges of the wound being torn apart; a draw-sheet should be placed under the patient, so that he may be constantly kept dry. For a few days the urine will escape entirely by the wound, then through both the wound and the urethra, and finally, as the healing process advances, the urine will be passed through its proper channel.

For children, the prognosis is very favorable. Unless some unforeseen complication should arise, we shall expect that our patient will certainly get well.

Case 2.—Plastic Surgery.

I next show a patient on whom, a few weeks ago, Prof. Agnew did an operation for epithelioma of the lip, and who is about to leave the hospital. The growth was quite a large one, and a very extensive flap was brought up from the neck to close the gap left by its removal. The result is excellent, and there is very little deformity, and what there is will probably disappear in time. The upper lip will gradually come down, and the lower lip, although it is retracted, will come up, and the patient will, no doubt, be able to close his mouth entirely in a few weeks.

Plastic operations on the face are very satisfactory in their results. The face is so vascular that we can transplant large flaps and get union, whereas, in other parts of the body, not so well supplied with blood, a similar flap would be apt to slough, rendering the condition of the patient worse than before.

Case 3.—Amputation of a Finger.

This man is a carpenter. Six months ago one of his fingers received a severe bruise, and he comes here to-day with anchylosis of the joint. In his work the finger is very much in his way, and he wants it removed.

A forefinger, even if crooked, when it can be brought into contact with the thumb, is useful, and we can say the same of the little finger; but in the case of the others they are often more awkward than useful. If you have occasion to amputate these fingers above the ultimate joint, go to the metacarpal articulation. In the forefinger and little finger, on the other hand, every part that can be saved is of advantage. We often see cases in which only the thumb and forefinger or the thumb and little finger can be left, and yet the patient can make great use of such a hand. The thumb alone, with the palm of the hand, or even one joint of the thumb with one or two fingers, makes a good hand, with which a man may lead a very active life.

At the metacarpal joint the oval operation is the best, and it is made after the manner of the Larrey operation at the shoulder. A short longitudinal incision is made just below the knuckle on the back of the hand, and then curving the incisions obliquely downward through the interdigital webs, and then across the palmar surface of the finger, oval flaps are produced.

The middle finger of this hand is stiff, it is anchylosed, and no orthopædic operation would be of any use. There is not much hemorrhage attending the amputation of a finger. Slight compression made over the radial and ulnar arteries answers very well in preventing bleeding during the operation. There is not the slightest need of applying a tourniquet. There are usually two vessels to be tied. Put the arm and hand immediately at rest in a splint, and it will be very seldom that any bad consequences will follow. The operation can be done, if necessary, without ether.

JEFFERSON MEDICAL COLLEGE HOSPITAL, PHILADELPHIA.

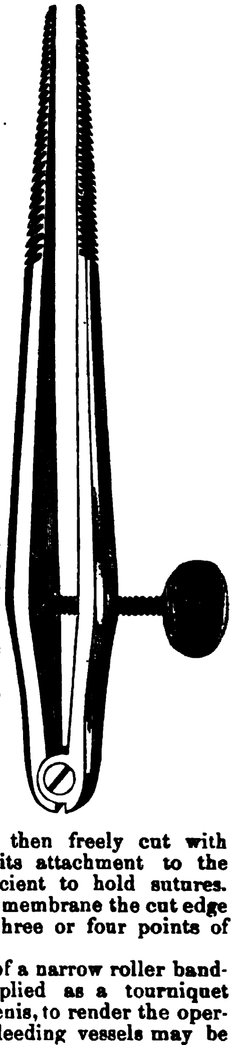
SERVICE OF R. J. LEVIS, M.D.,

Reported by H. Augustus Wilson, M.D.

A New Method of Operating for Phimosis.

At a recent surgical clinic, held in the Jefferson College Hospital, Dr. Levis showed the class his new procedure in the operation for phimosis.

The accompanying cut illustrates the instrument devised for the purpose. It is four inches long, and somewhat resembles the ordinary mathematical dividers or compasses. The legs have blunt terminations, and on their outer surfaces, for a distance of an inch and a half, are deeply serrated, with teeth set backward, to prevent the mucous membrane from slipping when traction is made. By means of the thumb screw the blades are forced apart and retained in that position throughout the operation.



The method of using the instrument is to insert it closed within the prepuce, passing it well up to the corona of the glans. By turning the thumb-screw the blades are widely separated, thus making tense the mucous membrane. Traction is then made upon the instrument, and at the same time the outer elastic skin is drawn backward, and divided near its junction with the mucous membrane, by a circular sweep of a knife. After division, the integument is retracted, exposing to view the mucous membrane beneath, which is then freely cut with scissors quite close to its attachment to the glans, leaving only sufficient to hold sutures. To this stump of mucous membrane the cut edge of skin is attached by three or four points of interrupted suture.

A cord or a few turns of a narrow roller bandage may be tightly applied as a tourniquet around the root of the penis, to render the operation bloodless. Any bleeding vessels may be ligated, but usually the hemorrhage is not sufficient to render ligation necessary.

The after treatment is the same as after the more ordinary operations.

The method so frequently adopted of removing an equal amount of mucous membrane and skin, or, as is more apt to be done, because of its elasticity, removing an excessive quantity of the normal outer skin, is open to serious disadvantages, which this procedure will avoid. The prepuce, after such operations, instead of lying normally in folds behind the corona, is, as a not uncommon result, stretched too tensely over the body of the organ, rendering erection sometimes painful, often difficult.

The writer has recently seen a case where, as a result of a faulty operation for phimosis, the penis was without integumentary covering for about one-half of its extent, and the organ, thus deformed, was a source of great annoyance to the patient, preventing his consummating a marriage engagement.

The object of this improved procedure is to remove nearly all of the inelastic mucous membrane, in which structure the constriction generally lies, and to leave as much as possible of the elastic skin to cover and protect the glans penis. The removed and morbidly tight mucous membrane is substituted by the elastic skin, as far as necessary. The ready convertibility of the skin into mucous membrane, and *vice versa*, is recognized in operations about the nose, mouth, and other parts where the skin and mucous membrane are joined. The instrument may be obtained from the surgical instrument makers.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Utero-Vaginal Injections in Childbed.

In January, before the Obstetrical Society of Dublin, Dr. W. J. Smyly read a paper on this subject. Utero-vaginal injection in childbed was a practice of great antiquity, but had of late years been practiced to an extent far exceeding that of former times. The cause of this he considered to be twofold: first, the more general adoption of the *dictum* of Semmelweis, "that puerperal fever was, without any exception, a fever of absorption, arising from the absorption of decomposed animal organic matter," which led to a belief in the identity of that fever with ichorhæmia, septicæmia, and pyæmia; and, second, the wonderful power of so-called Listerism in preventing the diseases in the field of general surgery, which leads to a desire for the employment of similar antiseptic precautions in childbed. Dr. Smyly then proceeded to show that the use of the utero vaginal douche in childbed, though apparently rational, and easy of accomplishment, was, nevertheless, one not unattended with considerable risk—either (1) from the irritation it might produce, owing to the high state of nervous excitability at the time of parturition, resulting in fits of hystero-epileptiform convulsions ending even in death, as in some cases quoted; or (2) from the displacement of uterine thrombi, causing hemorrhage; or (3) from overdistention of the uterus, giving rise to inflammation, or possibly to the escape of fluid into the abdominal cavity through the Fallopian tubes; or (4) by the entrance of air into the uterine sinuses, as suggested by the younger Legallois in 1829. Dr. McClintock had explained the mechanism by which the entrance of air into the veins in such cases took place. The veins of the gravid uterus were remarkable for their extraordinary size, their freedom of inosculation, their total freedom from valves, and their termination on the internal surface of the uterus, at the site of the placenta, by large open orifices. The same condition of the organ which caused flooding was exactly that which was indispensable for the ingress of air; so that the latter, when it did take place, was almost of necessity preceded or accompanied by hemorrhage. That he considered a most important point, and one which had been observed in almost all cases where air or other fluid had entered the circulation. The usual symptoms of such an accident having occurred were, a gurgling sound, escape of blood from the genitals, sudden sense of oppression and breathlessness, collapse, and asphyxia. The following case came under Dr. Smyly's observation, in the Rotunda Hospital, in 1879. M. M., aged thirty-five, was delivered of her first child in the hospital; the labor was natural, with the exception of laceration of the perineum, down to, but not through, the sphincter ani. All went well until the third day, when, the lochia being offensive and the perineal wound unhealthy, she was ordered to have the vagina syringed with a solution of Condy's fluid, which was done by means of a Higginson's syringe, in the ordinary way. Suddenly the woman became collapsed, respiration ceased, the pulse at the wrist became indistinguishable, and the cardiac impulse, which could faintly be felt for some time, soon ceased. The surface presented a mottled, marble-like appearance, from over-distention of the superficial veins; and in spite of all the efforts to restore vitality the woman died within twenty minutes of the accident. The *post-mortem* examination showed a quantity of frothy blood in the right heart; and when a knife was thrust into the distended iliac veins air escaped with an audible whiff. The dangers following the injection of carbolic lotion into the womb were not mainly due to the poisonous nature of carbolic acid, but, as shown by Dr. Fritsch, were really to be ascribed to the action of a heterogeneous fluid upon the nervous centres; as the transfusion of lamb's blood and the injection of salicylic acid lotion were followed by a similar series of symptoms. There was yet another danger attending the use of the vaginal douche in childbed, viz., the possibility of communicating thereby the very disease it was intended to prevent, either by direct infection from septic instruments, or by the admission of air into the womb—a circumstance which must be looked upon as somewhat analogous to making a simple fracture into a compound one. He, therefore, deprecated the use of vaginal injections, as a routine practice to be employed in every case; but admitted that in a certain number of cases, especially those in which there was already gangrene, decomposition, or the formation of gas going on in the uterus, it was most desirable. When injections were resorted to, it was most advisable that the method employed should be simple, and, at the same time, such as to reduce the risks to a minimum; for which qualities he recommended the common irrigator, with metallic tube and stop-cock, and condemned all pumping contrivances, such as Higginson's syringe, as its gum-elastic tube soon became soft, and readily cracked—thus rendering the absorption of septic matters most probable. It was also very liable to pump in air along with the fluid, and the stream being sent in jets was more dangerous than the even flow from an irrigator.

Sunstroke and its Treatment.

Dr. D. H. Cullimore writes to the *British Medical Journal*:—

I landed in India an orthodox believer in the absolute necessity of rapidly attempting to reduce the body temperature by cold baths, and in two forms of sunstroke I am still of opinion, mainly on theoretic grounds, that the treatment is the most effectual we possess. There is, however, a third form, and one that most frequently comes under the notice of the medical officer in India—at all events while in civil employment—in which my experience has not only taught me to prefer the tepid and warm baths (from 90° to 98° Fahr.), but has led me to think that cold baths proved rather injurious than otherwise. This third form was probably the disease, complicated with malarial fever, from which the Marquis of Ripon has lately recovered. The varieties of sunstroke to which, in my opinion, the cold bath should be restricted are these:—

The first is the sudden stroke from the direct effect of intense sun heat, combined with great fatigue, and predisposed to, perhaps, by the use of stimulants. This form is rapidly fatal; it most frequently occurs in young, vigorous, unacclimatized men, whose internal organs are probably sound; and is attended with loss of consciousness, pungent heat of skin, perhaps convulsions, and death from syncope, owing either to stunning of the brain, or to paralysis of the conducting nerves and their centres, brought about by a coagulation of the albuminous bodies in the nerves, muscles, etc. Here the immediate and repeated use of the cold bath, with the application of cold to the head, seems rational enough. I have seen but one case of this kind; and death was of too rapid occurrence to allow any treatment to be adopted with any chance of success. There were *post-mortem* signs of cerebral congestion and effusion of blood. The lungs were considerably engorged. The patient had an epileptic history.

The second form, in which the immersion of the body in cold water will reduce the temperature so as to permit the renewal of the suspended functional activity of vital organs, is that kind of heat asphyxia known to occur on board ship in narrow tropical seas, or ashore in the crowded barrack-room.

The third variety, and that in which my experience has led me to discard the cold and adopt the tepid and warm bath, may be described as follows: It occurs most frequently among acclimatized district civilians—engineers, police and medical officers—men whose duties necessarily expose them, at times, to great and prolonged heat, considerable fatigue, and a good deal of discomfort, while sojourning in tents or travelers' bungalows. They are probably tainted with malaria, and may have occasionally suffered from attacks of congestion of the liver and dysentery. While on a tour of this kind, the patient elect begins to feel irritable, tired, and out of sorts: he tries to look bright and pull himself together. After a day or two, the heat of skin increases, and he ceases to perspire; there are headache and intolerance of light; and when considerably done up he returns home, and after a sleepless night sends for the Doctor. His face is now flushed; there is intolerance of light and sound; perhaps delirium and muscular twitches; the skin is dry and burning; the temperature 106° or 107° Fahr., with exacerbations if complicated with fever. The pupils are often contracted; and there may be tenderness over the hepatic region, with a yellow conjunctiva. Patients suffering as described generally recover if treated promptly. The disease is liable to recur, and a sojourn in Europe is advisable, but not absolutely necessary.

The treatment which I have adopted in several cases of this affection, and to which, were I a patient myself, I should wish to be subjected, is as follows: A warm bath, to be repeated according to the judgment of the medical attendant; cold to the head, in the form of irrigation, if the patient will bear it; and removal to a cool, dark room, with a punkah. A thermantidote would be a great advantage; it is, however, necessarily restricted to public institutions, and I have never seen one in use in India. Aconite and belladonna, in from three to six minim doses, should be given every two hours. This combination is invariably followed by free perspiration, but a coincident reduction of the temperature does not always accompany it. Still it is the best means of attaining that end, at the same time controlling the meningeal disease. Bromide of potassium is a useful addition in some cases; chloride of ammonium in others; and quinia, if there be a malarial complication. Quinia, unless in cases of ague, does not, I think, reduce the temperature of the body. Potash water is the best beverage.

The Treatment of Anthrax.

We read, in the *Paris Médical*, that this subject was under discussion in the "Société de Chirurgié," on March 30th.

M. Le Fort, following the example of the German and Russian surgeons, has used a sharp curette in three cases of anthrax. He made a crucial incision on the anthrax, and removed the greater part of it by means of a sharp curette. He was obliged to desist, owing to the patient's being in extreme pain; however, a rapid cure followed. In a third case he made use of chloroform, and the patient was able to leave the hospital after seven days. M. Sée has also used the curette on anthrax after making a crucial incision, and he obtained an advantage both in the duration of treatment and the intensity of the general phenomena. He has, however, given up this method, and adopted Hueter's process, which should be used when the disease first appears. A small incision is made on the periphery, through which a curved tenotomy knife is introduced, and all the accessible fibrous parts are dissected. This should also be done on a few other points. All the little cells containing pus are thus united into one. and an ordinary abscess is thereby formed. The teguments suffer but very little loss of substance, and healing very rapidly follows. M. Tillaux observes that this method was suggested many years ago by M. Alph. Guérin. He does not approve of such incisions in all cases, but would reserve them for when the anthrax is very painful. M. Marjolin believes that success depends upon the incisions; they should be numerous, and extend beyond the limits of the affected parts.

M. Le Dentu has, within some time past, attended four very serious cases of anthrax, which he boldly incised, and they healed. In all these cases a marked amelioration rapidly followed. He believes an anthrax should not be incised before the sixth or seventh day. With one of his patients he used, as a dressing, a three per cent. solution of boracic acid mixed with half its bulk of tincture of iodine.

In the proceedings of the Société de Chirurgie for April 6th, reported in the *Paris Médical*, we find that M. Sée again brought up the treatment of anthrax, and having read M. A. Guérin's article on this subject, he insisted on the difference existing between that and Hueter's treatment. Hueter removes all constrictions of the cellular tissue in every direction, while Guérin simply made subcutaneous incisions. By the aid of small openings M. Sée dissects all the freni which extend from the skin to the superficial aponeurosis, and he also uses those openings for antiseptic injections.

M. Labbé called attention to a diversity of opinion existing among surgeons. Some (Broca) recommend total extirpation of anthrax, while others favor a palliative treatment. These opinions are based upon particular facts.

There are cases in which anthrax heal readily, and almost of their own accord, while in others elimination is difficult. Indurated anthrax, also called ligneous, requires large and numerous incisions, and sometimes, too, ablation, as recommended by Broca. M. Désprés treats anthrax without incisions, and out of forty-nine individuals he only lost three; two who were diabetic, and one who, when he came under his care, was already suffering from phlebitis. An anthrax formed out of a reunion of furuncles requires no incisions; a gangrenous anthrax cannot hasten the elimination of the eschar.

M. Trélat desires the fact known that Broca, who proposed ablation for anthrax never performed that operation. Therapeutics should vary according to the cause of anthrax. M. Trélat concludes by offering the following specified treatment: a limitation of the tumor, the elimination of the secreted matters, and antiseptia.

M. Tillaux can see no difference between Hueter's process and that of Guérin. Incisions may not be useful at the start, but when anthrax has reached a certain stage, they reduce fever and bring relief.

M. Verneuil is less affirmative. He thinks that out of one hundred cases of anthrax there are eighty which should be left undisturbed. The two chief indications are these: an anthrax should be incised when it is very painful, and when it is not self-limiting. As regards diabetic patients, their case is peculiar. M. Verneuil discourages all incisions with the bistoury, because of their liability to hemorrhages. The thermo-cautery should be used, and with it incisions made all around and extending beyond the limits of the anthrax. Subcutaneous incisions are considered by M. Verneuil as operative subtilties.

M. Th. Anger, has followed with success Nélaton's precept, of making large crucial incisions, and extending them in depth, so that the four flaps should be movable upon the deep parts.

M. Boinet states that on diabetic patients he makes seven or eight star-like incisions; in these he inserts arrows of Cangnoin paste, and then dresses the parts with tampons of lint saturated with tincture of iodine.

Rules for Introducing the Uterine Sound.

Cameron gives these judicious directions in the Glasgow *Medical Journal*:—

It may seem unnecessary that we should here repeat the warning, never to pass the sound where there is any reason to suspect pregnancy, as then you incur the serious responsibility of producing abortion; but the too frequent mistake of overlooking such a condition demands the repetition of this caution. The utmost care should be taken in the introduction of this instrument, because without this you may perforate the tissue, perhaps already softened, or set up peritonitis. Malignant disease of the cervix or fundus excludes its use, as also acute inflammation of the uterus or its appendages. It has been recommended in special cases: but it is better to avoid any examination during menstruation, and in no case should the sound be passed without previously having made a careful bimanual examination.

To introduce the uterine sound, place the patient as in passing the speculum, and pass two fingers of the right hand, viz., the index and middle, up to the cervix, with the knuckles toward the pubes, and in the groove formed by the fingers glide the instrument along, keeping the concave surface directed backward. Never forget to have the sound warmed previous to its introduction. If the passage is straight, as in females who have never had children, the index finger will be sufficient to guide the sound. If the os is directed downward and forward, the instrument is passed into the cavity without rotating the handle; if the os is, however, directed downward and backward, the instrument is only allowed to enter the external os, and then the handle is turned so that the point of the sound may be directed upward and forward.

If there be any difficulty in making the instrument enter, this is often overcome by slipping the point of the instrument from the finger tip into the os.

We noticed previously that the instrument usually passes into the uterine cavity for two and a half inches, as indicated by the nodule upon the convex edge of the sound. To measure the distance it has passed, place the finger point firmly upon the portion at the os, and keeping it there, withdraw the instrument, when you can at a glance observe by the engraved figures how far the sound has passed. With sufficient care, we can usually succeed in passing the sound into the healthy womb; but the most experienced finds it often exceedingly difficult to introduce it in certain affections of this organ.

In the various flexions and versions, as also neoplasms projecting into the cavity, we find much to oppose our attempts to pass the sound. In some cases you will even fail, and it is only by the greatest patience that success may reward your efforts. Generally its introduction is free from bleeding, and if traces of blood are seen, it is usually the result of congestion, cancer, fibroids, or polypi. Force should never be used, as you will simply expose your patient to much danger. To lay down special rules were vain, for experience must guide you in each case. Every instrument should have a mark upon the flat surface of the handle, so that the operator may have no difficulty in seeing at once how the instrument is situated. In replacing the displaced organ, say in displacement backward, the movement is effected by a rotation of the handle through half a circle, so that the portion acting within the uterus may rotate in the smallest degree. A simple twisting of the handle is apt to give pain, and may cause injury. In conclusion, the uterine sound, as before stated, should never be used without previously making a careful examination. So much is this overlooked that a very eminent obstetrician proposes to have a uterine sound made, having for its handle a small representation of a fœtus, which may be the means of causing the operator to pause before using the instrument.

The Use of Lime in Gout and Allied Diseases.

Dr. H. C. March writes, in the London *Med. Times and Gazette*, March 19th, 1881:—

In the treatment of gout we are apt to reach a troublesome stage. The subject, let us say, is fat and plethoric. He has an active mind, but a slothful body; a big belly and a disposition to keep it full. He gladdens his heart with corn and wine. All at once occurs a furious attack of podagra. The doctor is promptly summoned, who restricts the too ample diet, applies favorite lotions, and fires into him a fusillade of purgatives, alkalies, and colchicum, with a reasonable amount of benefit. For now he can limp a little, the nocturnal exacerbations are over, and the inflammation is gone. Indeed, the treatment may have been so successful that the circulation has become feeble, the skin chilly, and the appetite poor. But the foot remains swollen, and marked with purple veins, and when it is placed on the ground, "the blood rushes into it," as the patient says, and it assumes a livid appearance. This state of things may last for weeks, in spite of tonics and general treatment; but we all know that it is rapidly cured at Buxton or at Bath.

The notion of administering lime had often occurred to me. The difficulty was to find a satisfactory formula. Lime-water has obvious disadvantages. Many of the salts of lime are insoluble. The acetate, which is both soluble and stable, is excessively disagreeable. At last I thought I would manufacture a citrate, and set about it on this wise. I neutralized a quantity of liq. calcis saccharatus with citric acid. The compound was perfectly clear, and remained so all day; but the next morning, much to my astonishment, I found a copious, dense, white precipitate, which every chemist will readily understand was due to the slow conversion of the citrate of lime into the oxalate. The experiment was repeated, always with the same result; but presently I discovered a rather curious fact, and one that I cannot very well explain—that if the saccharated solution of lime be treated with a considerable excess of citric acid, this conversion into the oxalate does not take place. This is certain, because I have ascertained that citric acid does not dissolve oxalate of lime. Another curious fact should be mentioned, that if this acidulated citrate of lime be now neutralized with carbonates of the alkalies, chalk is not formed, the solution remains perfectly clear. Thus, then, the difficulty was removed, and the following is the formula I now employ:—

℞.	Liq. calcis sacch.,		ʒiv	
	Acid. citriç.,		℥iv	
	Tr. aurant.,		ʒij	
	Aquæ,	ad	℥iij.	M.
℞.	Sod. bicarb.,		ʒj	
	Pot. bicarb.,		ʒj	
	Am. carb.,		ʒss	
	Aquæ,		℥vj.	M.

Sig.—A tablespoonful of the acid mixture, with two of the other, to be taken in effervescence.

Of course, to this may be added Rochelle salts, or colchicum, or quinine, or anything, in fact, that the fervid practitioner may desire. But as the prescription stands, I have obtained from it the best and speediest results in those cases of chronic after-gout that I have endeavored to describe. The swelling of the foot subsides, the turgid veins contract, the strength of the joint increases, the appetite returns.

What is to be said of this therapeusis? A hundred and fifty years ago gravel and chronic gout were treated by lime-water with great success. Christison maintained that urate of lime is more soluble than uric acid. Clinically speaking, in the cases I have indicated, citrate of lime would seem to have an action specially tonic; an action that also appears to be of much benefit in some low sweating forms of rheumatic fever.

High-heeled Boots and Backache.

The following observations are made by Dr. C. D. F. Drury, in the *British Medical Journal*, March 26th:—

I am certain that, in women, the most frequent cause of backache is leucorrhœa; and until this (whatever may be its cause) is cured, the backache will continue. My experience is that considerably more than half the married women, and very many unmarried ones, suffer, off and on, from leucorrhœa. I believe the most prolific cause of "whites," in unmarried women, to be long standing on the legs and bodily fatigue. Another cause of backache is the wearing of high-heeled boots, which necessitates the continuous action of the muscles of the lower part of the spine, in order to maintain the proper balance and erect position. I have had four such cases, and I know of another, all cured by discontinuing the use of high-heeled boots. It is really surprising what very serious symptoms may arise from such an apparently trivial cause. The following is the first case about which I was consulted:—

M. A , aged 17, an assistant in a large drapery house, a delicate-looking blonde, of pale, lymphatic temperament, subject at times to hysteria; had been quite regular since she was fifteen ; and occasionally the catamenia were very profuse. She complained of almost nothing except severe backache, "a feeling as if her back had been bruised," which frequently prevented her from sleeping at night. She had had "whites" on several occasions, even sufficient flow to make her think she was menstruating; but at present she had none, and felt better and stronger than for some time. with the sole exception of backache. Her appetite, though generally capricious, was now good. I prescribed rest, change of air, valerianate of iron, and a large belladonna plaster to the back, and directed her to lie at least an hour, morning and afternoon, on the sofa, with a cushion well pressed into the back, and to take a short walk twice a day. She obtained a fortnight's holiday. When she returned the backache was no better; in fact, worse; so much so, that her mother was determined I should see it; she was sure "there must be something wrong with my daughter's back." She now, also, complained of aching in the calves of the legs, and great tenderness in both groins. Her mother said she had noticed that her daughter had always complained more on Sunday nights, and all day on Mondays ; but, during the last week, every day was the same. Her daughter did not dislike her employment, and, indeed. was now most anxious to return. I examined the back carefully; nothing seemed wrong there ; nothing was to be seen on the calves ; there was no glandular enlargement, nor any swelling in the groins, though there was tenderness to touch. Her urine was normal. I was about to leave the room, when I noticed that she was wearing very high-heeled boots. On my return to my room, I told the mother that her daughter must have another fortnight's holiday; must carry out my directions as to medicine, rest. etc., as before ; and in addition, must wear woolen stockings, a pair of soft-soled house-slippers always ; and when she went out, put a pair of goloshes over them, but at no time wear boots. In a fortnight she called to tell me she was quite well, and intended to return to her employment on the Monday following. I then explained to her that the sole cause of her backache was the wearing of high-heeled boots.

"Inward Fits" in Children.

Dr. Charles Bell writes on this subject, in the Edinburgh *Medical Journal*, December, 1880:—

This is a common disease in infants within a few months after their birth. The child lies as if asleep, but the eyelids are partially open and have a twinkling motion, the eyes are turned up so as to show the white, the muscles of the face and lips have a tremulous movement, producing the effect as if the child were smiling—a circumstance which has given rise to the beautiful idea that angels are whispering to it, which has been finely illustrated by Moore in his Irish Melodies, under the name of "The Angel's Whisper." As the disease increases the breathing is occasionally interrupted, the features become pinched, and a livid circle forms around the mouth and eyes. There is restlessness and starting during sleep, and the child is disturbed by the slightest noise, and sighs and brings up wind, after which it relapses into a drowsy state. In simple and mild cases the attacks generally disappear as the child's strength improves : but if it is improperly treated, the drowsy state increases, and a sort of thrush appears, accompanied by feverishness, sour vomiting, watery stools, gripes, which may terminate in regular convulsions.

Dr. Armstrong has divided this disease into four stages, viz. : 1st, inward fits ; 2d, fever and thrush ; 3d, sour vomiting ; 4th, convulsions. Underwood did not consider it worthy of being called a disease, and that he knew no complaint which ought to be called "*inward fits*;" the symptoms described above were worthy of attention only from the risk that they might pass insidiously into regular convulsions—an amply sufficient reason for their being carefully attended to and means taken for their being removed.

The incipient stage which occasioned the name may occur at very early periods, and the earlier it does so, there is the greater danger to be apprehended. Nurses often use the terms on insufficient grounds, and in consequence the mother is apt to become needlessly alarmed, and to have recourse to very improper medicines, such as Dalby's carminative, Godfrey's drops, Soot drops, etc., which are liable to produce serious results.

It has been connected with spasm of glottis, with acute asthma, the peculiar species of convulsions, cerebral croup, laryngitis stridulus, thymus, asthma, or spasmodic croup, by different authors.

Treatment.—It is clear that the symptoms which have just been described are the result of something irritating the bowels, and that a dose of magnesia will in general be sufficient to remove it. Should this not be the case, it may be necessary to attend to the state of health of the nurse, and to give the child the benefit of change of air.

Detection of Fuchsine and Certain other Aniline Colors in Wine.

We learn from the London *Chemist and Druggist* that, in the *Berichte der Deutschen Chem. Gesellschaft*, January 10th, 1881, F. König describes a very simple method for testing wine, or any other liquid, for fuchsine, by means of which mere traces of the color may be detected. The method is based upon the affinity of fuchsine for wool, the ready decomposition of the latter by caustic potash, and the solubility of rosaniline in ether.

The author manipulates with wine in the following way:—

About 50 cc. of the wine to be tested are treated with excess of ammonia until the red color passes into a dirty green. About half a gram of clean white wool is then immersed in the liquid, and the whole boiled until the entire quantity of alcohol and ammonia has evaporated, the green color gradually passing into a brownish red. This treatment suffices to destroy the color of wine, while fuchsine or other aniline colors become fixed upon the wool. The wool is then taken out of the liquid, washed with water, and wrung. In the case of samples of wine containing a considerable quantity of fuchsine, the wool becomes at once strongly colored; but, as even a strongly-colored, unadulterated red wine imparts to the wool a reddish tinge, to avoid error the piece of wool must be put into a test tube, and moistened therein with a solution of pure caustic potash containing about one-eighth to one-tenth of the dry alkali. The test-tube is then carefully heated, and continually shaken, until the wool has dissolved to a brown liquid. Upon cooling, the solution is first treated with about half its volume of pure alcohol, upon which an equal volume of ether is then poured, so as to form a layer above the alcohol. The whole is then shaken up, at first gently, and then more vigorously, and after a few seconds a layer of ether, which contains some alcohol and all the rosaniline present in the wine, forms above the brown liquid. This is either poured off or, preferably, removed by a separatory funnel, and treated in a test-tube with a drop of acetic acid, whereupon, if the wine operated on contained even a mere trace of fuchsine, a red tinge is produced. The delicacy of the method is chiefly due to the concentration of the fuchsine of 50 cc. of wine in a few cc. of potash solution, from which it is easily transferred to the alcoholic ether. The true coloring matter of wine is destroyed by the above process.

In the case of red wine containing 1 mg. fuchsine per litre the other assumes an intense red color, and even a wine containing only 0.04 mg. per litre (a dilution of fuchsine which is scarcely visible in a considerable layer of the water containing the color in this proportion) imparts to the ether a most decided red tinge, which cannot be mistaken, the coloring matter of even the darkest red wine not passing over into the ether solution. To detect such a dilute fuchsine solution the only way hitherto available was by evaporating a considerable quantity of the wine to be tested, and examining the residue.

Certain other aniline colors, such as violet and blue, admit of detection in the same way.

By working according to the author's method with known volumes, prepared by dissolving fuchsine in red wine, a scale may be prepared by means of which approximate quantitative results may be obtained.

Sanitary Rules for Public Buildings.

The following rules, says the *Sanitarian*, to be observed in the construction of all buildings erected under her Majesty's Office of Works, have been prepared and issued by the Secretary to the Office of Works:—

1. All water-closets and urinals shall be constructed so that one wall, at least, of such closets and urinals shall be an outer wall of the building.
2. All soil pipes shall be carried outside the building, and ventilated by means of pipes leading the foul gases above the highest point of the building. Such pipes to be carried to points removed from chimney stacks.
3. Separate cisterns shall be constructed for the water-closets and for the general purposes of the building. No tap or "draw-off" shall be affixed to any pipe communicating with a cistern supplying a water-closet or urinal.
4. All waste pipes and overflow pipes of cisterns shall terminate in the open air, and be cut off from all direct communication with drains.
5. Great attention shall be paid to insuring thorough ventilation in all rooms. Rooms so high that their ceilings shall be more than two feet above the top of the windows, corridors, staircases and other open spaces, shall be specially ventilated, so as to prevent the accumulation of stagnant air.
6. All main drains should, where practicable, be formed outside the building. In the event of its being necessary to carry a main drain underneath a building, it must be trapped immediately outside the main wall, and a ventilating pipe must be carried from that point to the highest part of the roof, as under Rule 2.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The advantage of the treatment of certain gynæcological cases by absolute rest, is set forth by an illustrative case by Dr. H. R. Bigelow, of Washington, in a reprint from the Maryland *Medical Journal.*

——We have received the Announcement of the Medical Department of the University of Pennsylvania, for the one hundred and sixteenth Annual Session, 1881–82, from which we give the following calendar:—

1881.
Sept. 12. Preliminary Course opens.
" 28. Competitive Examination for Scholarships held.
" 29. Examination for Admission to Advanced Standing, and Re-examination of Undergraduates.
" 30. Examination for Admission.
Oct. 3. Winter Session opens.

1882.
Feb. 27. Examination of Graduating Class begins.
March 1. Examination of First and Second Year Students begins.
" 15. Annual Commencement.
" 16. Examination for Resident Physicians, University Hospital.
" 20. Spring Session opens.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium, - - -	**7.00**
Physician's Daily Pocket Record, - -	**1.50**
Reporter and Pocket Record, - - -	**6.25**
Reporter, Comp. and Pocket Record, - -	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $1.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS. — MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS. — SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

STATISTICS OF SICKNESS IN BENEVOLENT SOCIETIES.

There is a valuable source of statistics relating to the amount of sickness in certain classes in this country, which, so far as we know, has not been utilized by our sanitary students. We refer to the reports of those benevolent societies which pay their members a certain sum when they are incapacitated by illness from pursuing their avocations. The most important of these societies is the Independent Order of Odd Fellows. For the experience of this influential organization we are indebted to the courtesy of MR. JAMES B. NICHOLSON, Grand Secretary of the Grand Lodge of Pennsylvania.

The attention of this Order is naturally turned to a study of the prevailing average of sickness, because the question of this average for each year of an individual's age is of importance in estimating the obligations which a Lodge assumes on receiving a member, and in devising a system of dues which shall bear equitably on every person. And all the statistics which have been accumulated for years go to prove that there is a steady rate of increase in sickness for the average individual, proportionate to his advance in age. Years ago this fact was established by the authorities of Great Britain in their investigations into the condition of friendly societies. The only reasonable question that remained was, whether the conditions of health and disease on the continent of North America were the same as in Great Britain. That question may also be considered as answered—all statistics showing that the yearly increase takes place in the new world as in the old; that the rate is slightly lower among our members than among members of benevolent societies in Britain; and that in all these organizations the rate is much lower than with the general community.

In Pennsylvania there is, throughout all the lodges, there has been, as might be expected, a steady increase in the average of sickness as the Order grew older, and a larger number of its members approached old age. This is strikingly illustrated in the following table, which gives the general average of sickness, in weeks, per one hundred members:

In 1873, this was........................62.25.
In 1874, " " ....62.91.
In 1875, " " ....67.22.
In 1876, " " ....64.47.
In 1877, " " ....77.39.
In 1878, " " ....80.90.
In 1879, " " ....89.78.

Classifying the lodges by hundreds, the statistics render apparent how much less time is lost by sickness in the junior lodges than in the old ones. Thus, the oldest 100 lodges in this State lost, in 1879, 125.81 weeks' sickness for each 100 members; while the 100 junior lodges lost but 22.85 weeks' sickness for each 100 members. A mathematical law has been deduced from the study of this progression, to this effect. It appears that after making due allowance for the causes that produce fluctuations, the existence of a law that regulates the demand for sick benefits is as clear as any mathematical demonstration can be made.

In the lodges numbering from 1 to 100, the increase in five years was twenty-four weeks for each one hundred members. In the lodges numbering from 501 to 601, the increase during the same period of time was thirteen weeks, while in the lodges numbering from 701 to 801, the increase was five weeks. Thus showing that the ratio of increase in five years was greatest in the oldest lodges, and least in the younger lodges. Nothing can be clearer than the fact thus demonstrated by the experience of the Order, that in every lodge there will be an increased demand for benefits in the future, as the lodges grow older, and that the ratio of increase will change and be enlarged with each decade of years, until the maximum demand is reached, on account of the maximum of sickness having been attained. The financial bearing of these facts on the prosperity of the Order is perfectly well recognized by the able men who have its interests in charge.

The reports of Mr. J. W. Hallam, Grand Secretary for the State of Delaware, present the statistics of the Order in other forms, one of his tables showing the number of members sick at each age, with the number of weeks' sickness, and the number who died. While another table shows, by decades, the number, averages and percentages of members sick at each age, the number of weeks' sickness, and the number who died. A part of this table we make room for, as it strongly shows the increasing invalidism with advancing life:—

AGE.	Total Membership.	No. of Members Sick.	No. of Weeks' Sickness.	Average No. of Weeks each Member is Sick.
From 21 to 30......	858	248	1001	4.
" 31 " 40......	680	361	1946	5.
" 41 " 50......	423	332	2279	6.83
" 51 " 60......	191	220	1488	6.76
" 61 " 70......	63	127	1230	9.85
" 71 " 86......	22	48	647	15.

It is believed, also, that temporary causes, especially business prostration, increase the amount of sickness, even among active, fairly well-to-do males, as most of the members of the I. O. of O. F. are. Thus, the Grand Secretary remarks of the sick rate in 1879, which mounted up to the heavy figure of 89.87 weeks for each 100 members:—

> The amount of sickness for which benefits have been paid, if distributed *pro rata* among the entire membership in the jurisdiction, would assign to each member during the past year a sickness of six days, six hours, fifty-eight minutes and forty seconds duration, an increase of nearly two days within the past five years. It was thought that the steady increase in the average amount of sickness was abnormal, arising largely from business depressions and want of steady employment. It is yet too early to declare that there is no ground for the idea. The experience of the current year will be looked for with some anxiety, to ascertain whether the increase will continue upon the same ratio as it has done in the past, or whether the revival of business will not have a favorable effect upon the ratio of sickness.

It is highly probable that this is an exciting cause of many maladies. The depressing effect of anxiety, grief and fear, of disappointment and discouragement, are too well known to need special mention.

These observations by no means exhaust the documents of the Order in their hygienic and sanitary interest, and we refer to them rather to bring them to the attention of special students in that branch than for any other purpose.

NOTES AND COMMENTS.

Iodoform as a Vermifuge.

Prof. F. L. Sim, M.D., of Memphis, relates, in the *Mississippi Valley Medical Monthly*, for May, the case of a young man who presented a number of distressing symptoms, such as intolerance of light and sound, with great debility and nervous prostration, impaired digestion, disturbed sleep, etc. He was first seen in April, 1876.

A visit to Hot Springs, Ark., during 1878, greatly improved his health, but upon returning he soon relapsed into his former condition.

May 1st, 1880, during the Doctor's absence, he called upon another physician, on account of disease of the prostate, for which he was advised to take one grain of iodoform three times a day. After continuing this treatment for some time, he observed some segments of tapeworm in his stools. He was now advised to take santonine in fifteen grain doses, but this vomited him so severely that its use was abandoned. A half drachm of oil of male fern was then ordered, to be followed in four hours by a large dose of castor oil and turpentine. This caused the expulsion of eighteen feet of the worm.

During the succeeding two or three weeks the patient greatly improved. At the end of this time he again had recourse to the iodoform for relief of uneasiness about the neck of the bladder. Three days later segments of the worm were noticed; this continued as long as the pills were taken regularly; when they were discontinued the proglottides ceased to pass.

October, 1880, he was ordered the male fern as before, this time resulting in the expulsion of thirty feet. Although no head was discovered, we hoped the entire worm had been passed.

The health of the patient continued to improve for about one month, when the former symptoms again made their appearance. The iodoform was this time resorted to for diagnostic purposes, and after a few days' use of it segments of the worm were found in the stools. Its use was persisted in for several days before adopting curative treatment, with the view of sickening the worm, thereby rendering its complete expulsion more certain.

Early in January, 1881, a large dose of kousso was taken, but at once rejected by the stomach. A drachm of oil of male fern (double the former dose) was then taken, followed by a brisk cathartic four hours later. This resulted in the expulsion of twenty-one feet, and probably all, of the tapeworm, as the iodoform has been taken several times since without discovering it. The health of the patient is entirely restored; he complains of nothing, eats heartily and his digestion is perfectly good.

Another case is related; that of a gentleman who complained of intolerable tickling and itching about the rectum and anus, becoming greatly aggravated after going to bed at night. This distressing feeling had annoyed him for months; recently, however, it had grown so violent that he was compelled to seek relief. He was ordered a suppository of cocoa butter, containing seven grains of iodoform, to be introduced into the rectum at bedtime. The following morning he reported having passed "a handful of needle-worms" (oxyuris vermicularis). Complete relief was obtained in about one hour after the introduction of the suppository, and the first good night's rest enjoyed for many nights followed. One grain of iodoform was then given by the mouth three times a day, the suppositories to be repeated if itching returned. No suppositories were subsequently indicated. After a continuation of the iodoform four days the worms began to pass, and were found in every stool for six days. No evidence of their presence has since existed.

In two other instances during the administration of the iodoform to adults for other purposes a number of the ascarides lumbricoid were ejected.

Where tapeworm is suspected the Doctor thinks the iodoform will prove of great diagnostic value. He does not regard it as a vermiciticide, as the segments were expelled alive. How it acts, he will not undertake to state, but thinks it quite probable that the odor proves intolerable and actually "stinks him out."

Menstruation after Ovariotomy and Gastrectomy.

M. Ormières, in an interesting thesis (Thèse de Paris, 1881) cites upwards of 150 cases and observations collected from all sources; in many cases after complete extirpation of the ovaries menstruation took place, just as before the operation; and even after the ablation of the body of the uterus (gastrectomy) and the two ovaries, menstruation has, in a certain number of cases, persisted.

The author, from the consideration of these cases, arrives at the following conclusions as regards the menstrual flow and its relations with the ovaries: The congestion which determines the menstrual flux is the consequence of a vasomotor reflex of which the point of departure is the ovary. This organ, at the period of puberty, enters on its period of functional activity and becomes the seat of a continuous cell formation, which reacts on the central nervous system, and thus determines, at the moment when excitation is most marked in the ovary (when the rupture of the Graafian follicle is imminent), that state of congestion which determines the monthly flow. But how explain the occurrence of menstruation after extirpation of the ovaries. If there is absence of ovaries or atrophy of these organs in the young girl menstruation never takes place. It would seem that when once the perfectly developed ovaries have reacted on the nervous system; induced menstruation and "habituated the uterus to regenerate monthly its mucous lining membrane, the phenomena of nutrition and cellular reproduction will from that time forward continue spontaneously." The author then considers that the reflex of menstruation, as also the menstrual discharge, may have its source in any part of the genital apparatus, from the ovary to the vagina. From the numerous considerations embodied in the thesis the following general law may be formulated: "Menstruation has in all cases, its origin and the cause of its periodicity in the functional activity of the ovarian epithelium, and later, or perhaps from the beginning, in that of the epithelium of the mucous membrane of the vagina and uterus."

Complete Obliteration of the Common Bile Duct, Without Jaundice

At a recent meeting of the Société de Biologie, April 23d, MM. Hanot and Gombault reported a case of sclerosis of the pylorus, with fibrous transformation of the hilum of the liver. On dissection and examination with the microscope, it was found that the common bile duct, the cystic duct and the hepatic artery were completely obliterated; the obliteration of the portal vein was not complete. There had never been any trace of jaundice while the patient was alive.

MM. Hanot and Gombault consider that the pathogenesis of jaundice is far from complete elucidation, and that the facts in this case might be variously interpreted. In the pathogenesis of jaundice, the condition of the excretory bile ducts is not the sole subject for consideration; the state of the vessels which carry to the hepatic parenchyma the elements of the secretion, as also the state of the secreting organ itself, are both subjects of primary importance.

In this case the ductus communis choledochus was obliterated; but, at the same time, there was complete obliteration of the hepatic artery, and incomplete closing up of the portal vein. It may then be admitted that the biliary secretion was, if not abolished, at least very notably diminished, so that its retention did not suffice to produce the phenomena of icterus.

The tissue of the liver presented the microscopic lesions, which are produced experimentally by ligature of the common bile duct and portal vein, a sort of compound cirrhosis, venous and biliary at the same time.

On Nerve Stretching.

The effects of nerve stretching, as reported in our foreign contemporaries, seem to be by no means uniform. Sometimes the most obstinate neuralgias are at once and permanently relieved, at other times no appreciable improvement is effected. Here is a favorable example from the practice of Dr. W. J. Naismith, reported in the *Lancet*, May 14:—

J. L., a miner, aged fifty four, was admitted with intense sciatica on the left side. He had formerly been a laborer, when he was exposed to all weathers, and he was much addicted to alcohol drinking. His appearance was strikingly indicative of a broken-down constitution. He had been in various hospitals within the last seven years, during which period he had been a martyr to his complaint. He had had all kinds of treatment, including blisters, liniments, subcutaneous injections, courses of iron, arsenic, quinine, etc., together with acupuncture, and the application of the button cautery, but all to no purpose. It was therefore resolved to try stretching the sciatic nerve; and the operation was performed under chloroform, in the usual manner, and without strict antiseptics, though dressings of carbolic oil, one to twenty, were used. For the first week there was a slight rise of temperature, and pain was complained of in the wound, but these symptoms subsided, and the man made a good recovery, expressing himself grateful for his entire immunity from his old sciatic pain since the day of the operation. This patient was under observation for three months, and during that time there had been no return of his complaint.

Race Differences.

The study of race differences, as exhibited in the bony skeleton, includes not merely the skull, the facial bones, the tibia, the os calcis, etc., but also the form of the scapula. This is studied in the last volume of the *Journal of Anatomy and Physiology* (1880), to which Professor Flower and Dr. Garson contribute an important article upon the "Scapular Index as a Race Character in Man." This index is the numerical expression of a proportion between the length and breadth of the scapula. The "infra-spinous index," *i. e.*, the distance between the root of the spine and the inferior angle, is also taken into account. Broca was the leader in this direction. In fourteen races (200 Europeans, 14 Australians, and 21 Andamanese,) the authors found the Europeans to have a scapular index of 65.2 and infra-spinous index of 89.4; the Australian indices, on the other hand, were 68.1 and 93.3, and the Andamanese 69.8 and 92.7.

The difference in the volume of skulls of the different races has been afresh investigated by Le Bon. In 100 skulls of Parisians of this century, 11 were over 1700 cubic centimeters in capacity; of 100 negro skulls not one reached this size. Among skulls of native Australians and of the Pariahs of India, he did not find one over 1500 cubic centimeters capacity; the largest skull found in these races was 400 cubic centimeters less than the largest in the modern French race.

Infiltration in Mammary Cancer.

In the last volume of the *Journal of Anatomy and Physiology*, Dr. Creighton calls attention to the hard cancers of the breast, and to their infiltrating properties. He starts with Sir J. Paget's definition of infiltration, as being the insertion of structures proper to cancer in the interstices of the proper tissue of the part, and then discusses two propositions: 1. That the initial condition of the original epithelium is, in many cases, that of an actual or literal infiltration into the surrounding stroma; and 2. That it is this literal and actual insertion of epithelium that determines, through the mimicry of infection, the familiar appearance of alveolar or linear groups of epithelial cells springing from the stroma cells at a number of independent centres. In another admirable paper on the pathology of sarcoma, he takes occasion to say, with regard to the origin of such tumors, that there is not a survival of the embryonic tissue itself, but of the *tendency to form* embryonic tissue.

Dr. Warren's Surgical Inventions.

The *Virginia Medical Monthly*, for June, contains an article from Dr. Joseph H. Warren, of Boston, defending his new surgical instruments against the adverse strictures of some critics at the meeting of the American Medical Association. It is evident from his account that certainly some of these criticisms were made altogether too hastily, and with an extremely superficial knowledge of the subject. Dr. Warren says:—

> It has also been said that my instruments are complicated and liable to convey disease in their joints. In answer to this, we need only say that any one, upon examination, can easily see that the instruments are of the most simple arrangement, combining the wedge and screw in shape, and moreover, can be very readily washed and cleansed after any operation. Thus the objection of septic poisoning exists only in the vivid imagination of my critic. From their construction, they open any passage before them with great ease, and, as I have said before, avoid friction by presenting to the mucous surface but a small portion of the instrument at any one time, thus allowing the body of the instrument to follow with ease through any strictured canal.

From what we have heard and seen reported in the journals, Dr. Warren's instruments have proved themselves very useful in practical surgery.

Purpura Hemorrhagica.

Recent works and observations would seem to confirm the opinion of MM. Stieldorf, Wagner, Henoch, Couty, etc., on the nervous origin of certain cases of purpura. MM. Rigal and Cornil, in considering a recent case with autopsy (Société Med. des Hôpitaux), arrives at the following conclusions: 1st. Purpura hemorrhagica of gravity is a symptomatic complexus, constituted fundamentally by hemorrhages from cutaneous and mucous surfaces, and by a progressive weakness which is not always in proportion with the abundance of hemorrhage. 2d. Whatever the morbid conditions which have primarily induced purpura, there must exist some trouble of the vascular innervation to explain the hemorrhages; either an excitation of the sympathetic, or a diminution in the action of the vaso-motor centres. 3d. The alterations of the blood, and the lesions of the vascular coats, appear to be variable and not constant. And, though of importance, they are insufficient to explain the phenomena of purpura hemorrhagica.

Cases of Allocheiria.

This is the name which Prof. Obersteiner, of Vienna, suggests for the subjective error of locating an impression on the opposite side from that on which it is made. At a late meeting of the Medical Society of Vienna, he related a number of cases in illustration of this not very unusual symptom. One was of a man of thirty-five years, the subject of syphilis and consequent melancholia; another, a workman, whose spine had been injured by a falling beam; a third, a choreic girl of thirteen, etc. In all these, the sensibility, as tested by the æsthesiometer, was normal, but the seat of irritation was located on the opposite side of the body from which it was made.

CORRESPONDENCE.

Pneumonia.

Ed. Med. and Surg. Reporter :—

The readers of your valuable journal, during the past few months, have seen much on the treatment of pneumonia. Views are expressed with freedom. with considerable warmth, occasionally a tinge of bitterness and ridicule, by men, some of whom are widely known. How shall the busy workers throughout our broad land get at the truth of the matter, when opinions and practices of eminent men differ so materially?

Dr. Corson, a man of eminence and experience, a bold and vigorous writer, claims that pneumonia is not a formidable disease if treated early and vigorously with the lancet. He denounces the modern methods in stinging terms, and contrasts unfavorably the results of to-day with those of our fathers.

Dr. Wile, like Saul of Tarsus, sees a great light, and becomes a vigorous apostle of the new dispensation. The claims of both in favor of bleeding, the ease with which the cases are managed, the rapidity of recovery of young and old alike, seem at first startling and wonderful.

But then comes Dr. Snow, an eminent statistician, a veteran observer. and says, May 14th, Medical and Surgical Reporter, in "Facts about Pneumonia," "The percentage of deaths from pneumonia is no greater and no less than it was twenty-five or even forty years since. There has been no perceptible change in this respect during this time." Again he says, "The debility of advanced life, and the debility of infancy, age and want of age, seem to be the most important causes of death from pneumonia. Less than one-fourth of the living population is under five and over fifty years of age, but this less than one-quarter of the population furnishes nearly three-quarters of all the deaths from pneumonia." (This reckoning for special latitude, and population of Providence.)

Again, in the number of May 7th, "B" says, "I have been in the practice thirty-seven years; half of that time have been what we call busy: have never lost a case of pneumonia, although I suppose I have had the usual proportion of that disease in my practice. If I get them before engorgement or congestion, I take pneumonia with as little concern as I do chicken pox or mild measles." Again, further on, "As for veratrum and aconite they are about as good a substitute for the lancet, in the hands of the physician, as a harrow is for a plow in the hands of the farmer." Speaking of "the stimulators," he says, "I expect all to die who are thus treated," etc.

All this suggests the old question, "who shall decide?" Where is the truth? A few comments : 1st. While our ears and our judgments should be ever open to the reception of truth from any and every source. let us not, as cool and candid physicians, be too easily influenced and carried away by the enthusiastic and extravagant claims of any one method. Cold water and ice are excellent helps in the treatment of scarlet fever, but let no one set up the claim that in that dread disease many will not die who are thus treated early and judiciously.

Give us your best treatment of diphtheria, but do not claim for it that it will cure all cases, for hundreds of us, that try it after your plan, know better. Tell us, after much experience and careful observation, what, in your judgment, is the best treatment in pneumonia, but do not add that you "take it with as little concern as you do chicken pox, or mild measles," or that "in thirty-seven years you have never lost a case." The physician has evidently seen but little of the severer forms of pneumonia in New England, in those who have passed threescore years, who can say that. And, pray, do not hold up to ridicule the practice of the hundreds of eminent and successful physicians, as honest as yourself, who think they can do better for their patients by methods differing from yours or mine. Show them the better way, calmly, considerately; do not claim too much.

2d. Is it not as well to admit the plain fact, that the gravity of the disease (in pneumonia), depends largely upon the amount of lung substance involved, the character of the disease. whether croupous or catarrhal, the age and vitality of the patient, the season of the year, etc. etc. And to admit what most of us fully believe, that many of the cases will recover without any medical treatment, and that many will die in our own time, as they have done through the past ages, under any form of medical treatment?

This query is not raised in the interests of any simple palliative, or do-nothing treatment.

It was not my purpose, in this communication, to express any preferences of my own regarding treatment; but to satisfy any curiosity on that point, I will adopt the language of Dr. J. H. Claiborne, of Virginia, in Reporter of May 14th, as my own. He did not think "we could fail to go astray if we followed the teaching of the gentlemen who always recommend bleeding, nor could we fail to go astray if we believe those who tell us never to bleed. The middle course was safest, and we should be guided more by experience than by theory. There was no one method of treatment applicable to all varieties of pneumonia."

Of the last twenty cases of pneumonia I have treated, eighteen have recovered; two have died. One of these latter was under two years of age. the other was sixty-six. The man of sixty-six I bled early in the disease, about twenty ounces. He was relieved for the time. but died about seven days from the attack. as I have known many of similar age to do. Though I cannot judge with any degree of certainty, still I hardly think the bleeding materially hastened or retarded the fatal termination. I think he would have died under any treatment. I did not bleed any one of the eighteen cases that recovered. I do not give this single case for its statistical value, for I agree with Dr. Post, "that little or no dependence can be placed on statistics," for. contrary to the old adage, "figures will lie." Still it comes in as a part of my experience.

3d. The well balanced, the useful physician, should not be an extremist. Use the knife boldly, give the heroic dose fearlessly, or the placebo conscientiously—not because any one man vehemently recommends it as the cureall, but because, from the best knowledge you are able to gather from books and teachers, and from your own unprejudiced, conscientious judgment, you believe it best for the safety of the life committed, under God, to your care. Do it, because you would do the same if your own wife or child were the patient.

W. G. Brownson, A.M., M.D.
New Canaan, Conn.

Dr. F. M. Robertson vs. Evolution.

Ed. Med. and Surg. Reporter:—

The recent attempt of the president of the North Carolina Medical Association (see the report of his address in the recently published transactions of the North Carolina Medical Society) to bring contempt upon the doctrine of evolution and its advocates should meet with rebuke. Dr. Robertson ignores the fact that a large portion — my limited acquaintance with physicians, physicists, naturalists, etc., would lead me to say the larger portion—of those who have had a thorough scientific training have adopted in some form those theories of descent and causation which he denounces. He ignores the fact that evolution is not necessarily irreligious or atheistic, and that even Darwin claims that the utmost which he has aimed to accomplish is to explain some of the modes of operation of Deity.

The ancient notion of the origin of species by special creation has been steadily giving way to that of creation by law, and naturalists, becoming better acquainted with the fundamental unity which pervades all living things, have looked and are looking to natural causes for an explanation of the manifold and marvelous diversity which everywhere exists. An ever growing realization of the all comprehensive scope of natural law has produced this result, and Mill and Lyell were the logical precursors of Darwin and Spencer. Mill, by positing the order and uniformity of nature as the basis of his system of logic, and by formulating with clearness and precision the canons of scientific induction, made evolutionists of many of his disciples before Darwin and Wallace expounded their theory of natural selection; and Lyell, by referring all past geologic phenomena to the slow action of the same forces which are still at work over the earth's surface and beneath its crust, paved the way for Darwin and Spencer to explain the evolution of higher from lower forms of life, by agencies which are still visibly in action. That the present is the child of the past; that all things now existing sprang from antecedent causes and conditions properly called natural and adequate to their production, seems a truism to most of us.

The substance of Darwin's theory, which is so abhorrent to the North Carolina president, is briefly this: The environment of all animals and plants is continually changing; they must adapt themselves to these changes or perish. Those organisms which are best fitted to their conditions of life survive and multiply, at the expense of the others; this is "survival of the fittest," or "natural selection." This process is known to be going on at the present time, and it is legitimate to believe that it has been going on in all past time. Important modifications of structure are thus effected in the course of a few generations; these are propagated by heredity; artificial selection can produce even greater structural modifications, as every gardener and stock breeder knows. But this law of variation through adaptation to changing condition and survival of the fittest, operating through countless ages of past time, must have produced great unlikenesses, and the presumption is—supported by striking facts from every department of natural science, as experts of all kinds, who have found the Darwinian theory helpful and even indispensable, testify—that the multitudinous differentiations of existing plants and animals, known as genera, species, etc., so originated. In other words, this is the best explanation which science can at present offer of a problem which miracle has hitherto been invoked to solve. That all living things, man not excepted, sprang from one or a few primordial forms, is also a necessary part of the theory.

It is needless to say that the main thesis of Darwinism is still nothing but a hypothesis, having, indeed, a very high degree of probability, and supported by deductive evidence that is very strong. Thus the single line of argument by which Huxley connected the living one-toed genus equus with a typical five-toed ancestor common to it and other ungulate animals, showing how by progressive modifications the development has taken place, and demonstrating the successive links in the chain, carries conviction to many minds, that in at least one branch of the animal kingdom a definite pedigree, in accordance with Darwinian principles, has been established; and the inference is to me irresistible, that such has been the general course of nature in respect to animals and plants. I see no caprice in nature, but one method, one order. Men who have no strong prejudices and prepossessions, who are attentive students of nature, who are observant of the modifications now going on in living organisms in accordance with changed conditions, and who have mastered the anatomical peculiarities which constitute varieties, the more conspicuous shades of difference which constitute species etc., and who have realized the impossibility of telling, in multitudes of instances, where varieties end and species begin—there being really no hard and fast line between them—who, moreover, feel their inability to form any conception of how species could have come into existence, except as gradual or more or less abrupt modifications of preëxisting varieties, to whom, moreover, the notion of continued miracle supplementing the ordinary operations of nature is repugnant and shocking, such persons find Darwin's theory both reasonable and helpful. Yet they accept it provisionally, waiting for more light, and anxious for the truth and nothing but the truth.

In conclusion I would state the following points as pretty well agreed upon among modern scientific reasoners:—

1. We are, by the necessary limitation of our faculties, forever debarred from all knowledge

of final causes. We may learn the how, but we can never know the why.

2. We are thus shut out from all speculations as to the origin of life, etc., which are so apt to complicate investigation.

3. The faith of the age, that all things came to pass in accordance with one eternal order, which knows no caprice or chance, will abide. This divine order is the expression of wisdom, and as we have a right to believe, a plan.

Newburyport, Mass. E. P. HURD, M.D.

Report of Snyder County, Pa., Medical Society.

ED. MED. AND SURG. REPORTER:—

Society met in quarterly meeting at Middleburg, May 4, 1881. Rather a slim attendance; but the meeting was still more interesting than usual; one election for membership; one proposition for membership. At this meeting we have our annual election for officers and delegates to the Medical Society of the State of Pennsylvania. Dr. Perc. Hermann was elected President; Drs. J. F. Kanawell and I. R. Swigart, Vice-Presidents; Dr. J. Y. Shindel, Secretary; Dr. R. Rothrock, Treasurer. For Censors—Drs. J. W. Sampsell, J. O. Wagner and I. R. Swigart. Delegates to Medical Society of the State of Pennsylvania—Drs. H. M. Nipple and John Y. Shindel. Retiring President's (Dr. H. H. Bordner) address, Subject, "Society," was listened to with marked attention, and received with merited applause; on motion, Dr. Bordner was asked for a copy of the address, to be inscribed on the minutes of the Society, and to be published in one or more of the county papers, and in the MEDICAL AND SURGICAL REPORTER, of Philadelphia. Under miscellaneous business the Secretary had read a letter from Dr. D. G. Brinton, editor of MEDICAL AND SURGICAL REPORTER, therefore the Secretary was instructed to send an abstract of our proceedings, with a copy of Dr. Bordner's (retiring President) address. Treasurer reported a balance in treasury—all debts paid. The President-elect, in obedience to standing resolution, appointed Drs. Nipple, Swigart and Bordner as Board of Examiners for ensuing year. An operation, for the extirpation of a tumor from the neck of a young woman, was then performed—Dr. H. M. Nipple very successfully plied the scalpel. The tumor was deeply imbedded among the tendons on the left side of the neck, just under the angle of the lower jaw; was firmly attached by its base to the deep fascia; made a good recovery. The Society adjourned to meet in regular quarterly session at Middleburg, first Wednesday in August, 1881.

JOHN Y. SHINDEL, *Sec.*

Scribner's Monthly's Plea for Quack Medicines.

ED. MED. AND SURG. REPORTER:—

Some comment seems needed anent the peculiar argument in favor of quack medicines that appeared in a late issue of *Scribner's Monthly*. It is difficult to account for the action of the editor of *Scribner's Monthly*, himself a member of the profession, upon any other ground than one of policy. The sale of patent "cure-alls" depends upon exhaustive and ingenious advertising. Large amounts of money are yearly set aside for this purpose. The magazine or journal that champions quacks will profit largely in dollars and cents. Humanity has a weak side, and "filthy lucre" tempts the best of us. If *Scribner's Monthly* gain nothing in the matter of intelligence, it will replenish its coffers, and this fact makes logical the most chaotic and unsound deductions. There is, however, a criminal side to the question, one of which the law may well take cognizance, and the person who aids or abets the sale of a nostrum claiming to cure diseases entirely dissimilar and depending upon the most opposite pathological conditions, is a *particeps criminis*, and amenable to prosecution. In the first place, there is a well established false pretence in the claim of most advertised patent medicines, and in the second place, there is a criminality in administering narcotics, irritants and excitants in diseases the nature of which renders such administrations highly dangerous. It has happened in the experience of every practitioner to meet with infants that have been made alarmingly ill by taking cough syrups and carminatives advertised to cure, and into the compounding of which opium enters as a chief ingredient.

Very recently a case has come to my notice, of a gentleman in good standing, who had been induced to treat himself for acute Bright's disease. Death satisfied him of the fictitiousness of the Great Kidney cure, and the dealer mourned the loss of a profitable customer. The life of the man, under proper surveillance and treatment, might have been prolonged for a considerable length of time. No one in his right mind believes in a panacea for all diseases. To advance such a claim is preposterous, and stamps the advocate either as an interested party, or as insane. Science may or may not include medicine as a collateral branch, this depending widely upon the personal bias of the layman; be this as it may, it certainly will not number among its disciples those who believe in the balm of universal youth, in the indefinite perpetuation of life, or in the efficacy of certain concoctions of ignorant men who dare not state the working formulæ of their remedies upon their bottles. It is a matter of congratulation that the editor of *Scribner's* is willing to submit himself as an experiment for the good of his fellow men, and that he will find out by experience the good and the bad. The man who can thus make a common cloaca of himself, for the reception and discharge of kidney and liver cures, vegetable compounds, female curealls, etc., etc., is worthy of historic perpetuation. But a question of morality is involved in this matter. Can a magazine having the reputation of *Scribner's Monthly* afford to parade to its readers the disgusting advertisements of Dr. So and so's great remedy for gonorrhœa, nocturnal emissions, and youthful indiscretions, or Mrs. Midwife's sure and safe remedy for women, warranted to cure; or Mr. Frand's love potions, indorsed by the leading faculties of Europe. Can we suppose that the editor of *Scribner's* does honestly believe that a remedy which will relieve corns will also cure Bright's disease, consumption, and cirrhosis of the liver; or that a sedative for whooping cough will cure phthisis? Can any educated gentleman indorse the claims of such universal remedies? There is much of common stuff in medicine and literature; one is as much a science as the other is an art. The literateur who debases his high calling, who propagates corrupting romance, who deals in sensuality, or who prostitutes his brain for money, by pandering to the demands of pretentious advertisers. is on a par with the physician who is such only by self-election, and who has neither knowledge, character, nor diploma to give him countenance. The good physician and the honorable man of letters go hand in hand through life, despising deceit, ever engaged in advancing all that is best, noblest, and most genuine. The man of letters becomes unscientific and ignoble in the endeavor, born of ignorance, to stultify the profession of the physician and to elevate that of pretenders. The science of medicine needs no defence. It stands upon a rock, against which the winds of cavil and the empty bellowing of conceit have for years beaten in vain. It has outlived its enemies in the past, and will win over those of the present by its noble philanthropies, its brilliant results and its unceasing investigation. It is sneered at, and decried only by the sciolists who know nothing of it. Ignorance is privileged to mock at knowledge. It can afford to pass by in silence the weary, foot-sore and much abused feuilletonist, who, in the "demnition guise" of news hunting, grasps at anything sensational with a delicious unconsciousness of truth or merit. With a bottle of liver cure on one side, and "uterine regulator" on the other, writhing under the effects of cancer cures, cathartic pills and regulators, in his stomach, the brain of the champion will naturally respond in notes discordant and inharmonious. We will await with some interest *Scribner's* plea for quack literature.

HORATIO R. BIGELOW, M.D.
Washington, D. C.

Iodine in the Treatment of Chronic Intermittent Fever.

ED. MED. AND SURG. REPORTER:—

My practice, for the most part, lies in exceedingly malarial districts, the river bottoms of Kansas. The streams are low, sluggish, with scarcely fall sufficient to carry their waters anywhere. The spring freshets frequently cause them to overflow their banks to such an extent as to engulph a great portion of the surrounding country, and a natural result is a great deal of vegetable *debris* for the scorching rays of summer to breed malarial fever. In the summer their surface is often coated with a thick, greenish scum, which only the autumnal frosts kill or winter consumes. The soil on these river bottoms is *fearfully* and wonderfully rich, an intensely black, tough compound very productive, full of moisture when the uplands are as dry as an Arabian desert, exhaling malaria of an exceedingly concentrated kind. Consequently, we have the malarial fevers in abundance, from early summer to very late fall, every variety of disease occurring partaking, more or less, of some degree of this malaria. Often, in crossing these bottoms at midday, during the hottest days of summer, I imagine I can see it, as a tangible body, floating in the air before my eyes, and at night, in fording these streams, I certainly smell it, beyond a doubt.

The ordinary forms of intermittent fever I treat with a great deal of success, by the following combination, a teaspoonful of which is taken every two hours, during both the cold and hot stages, for several days successively, omitting it only during the hours of rest at night, or when there is no recurrence of the chill after the third or fourth day of its employment. You will notice that it is a combination of the antiperiodic with a febrifuge, to meet the indications of both stages:—

℞.	Quiniæ sulph.,	ʒj	
	Acid. sulph. aro.,	q.s.	
	Elix. glycyrrhizæ comp.,	℥j	
	Spt. ether. nit.,	℥j	
	Spt. mindereri,	ʒvj	
	Tinct. aconit.,	gtt.xx	
	Syr. limonis,	q.s. ℥iv.	M.

If there is any anæmia present, as there frequently is, or if there is loss of appetite, with great debility, etc., I prescribe the following in connection with the above, a teaspoonful of which is to be taken three times daily, largely diluted with water, before meals:—

℞.	Ferri citratis,	ʒiv	
	Tinct. nuc. vom.,	gtt.xxx	
	Tinct. gentian. comp.,	℥iss	
	Tinct. serpentariæ,	℥iss	
	Aquæ font.,	q.s. ℥iv.	M.

Occasionally cases of a rarer or more persistent form present themselves for treatment; an old hoosier, for instance, who has been in a chronic shake, perhaps, from the hour of his birth; cases in which the paroxysms occur every fourteen days, or even every twenty first day, which resist all manner of ordinary treatment, and where the spleen is as large as an average "pancake." In these cases I have met with uniformly good results from the following combination, as alterative, prescribed during the interval of attack, and up to within a day or two of the expected recurrence, when the quinine mixture given above is to be renewed, and continued until after the danger is past:—

℞.	Tinct. iodinii,			
	Tinct. sanguinariæ,			
	Tinct. ferri chlo.,	āā	℥j.	M.

SIG.—From twenty to thirty drops, in water, three times daily, after meals.

I have found this act as a cholagogue, relieving the congestion of the liver so prevalent in these cases; as a chalybeate, remedying the anæmia present; as a *splenitic*, reducing the size of the spleen materially, and as a general tonic and alterative. I have prescribed the combination for a year, or more, past, and have met with nothing since able to supersede it. For these rare forms of intermittent fever, therefore, not so rare, after all, in malarial climates, such as this.

I make no hesitation in recommending it, knowing full well, by a great deal of experience, that it will give better satisfaction than most of the remedies in vogue.

This letter was suggested by one from Dr. Samuel R. Olliphant, of New Orleans, in the REPORTER for June the 4th.

Peabody, Kan. CHARLES H. MILLER, M.D.

The Use of Quinine.

ED. MED. AND SURG. REPORTER:—

I see in No. 15, current volume, where S. S. F., of PA., puts some queries that have not been answered. 1st. To disguise the bitter taste of sulph. quinine entirely, is next to impossible, but here are three methods which greatly diminish its bitterness:—

℞. Quiniæ sulph., gr. xij
Acidi tartarici, gr. vj
Syrup aurantii corticis, f.℥ ij M.

SIG.—One to two teaspoonfuls.

℞. Quiniæ sulph., gr. xij
Syrup acaciæ,
Aqua cinnamomi, āā f.℥ iss. M.

SIG.—Shake well. Dose, one to two teaspoonfuls, followed by a hearty draught of water. Is nearly tasteless, the quinia salt being only in suspension, not in solution.

℞. Quiniæ sulph., gr. xij
Syrup sarsap. comp., ℥ iss
Acidi tannici, gr. ij. M.

SIG.—Dose one to two teaspoonfuls.

Now, in regard to preventing relapses in intermittent fever or ague, my experience is this: There is no known remedy, unless taken continuously for some time, that will prevent a return of the paroxysms; that is, the patient still remaining in a malarious locality. But S. S. F. will find that the disease is not so likely to recur if checked with the following:—

℞. Cinchoniæ sulph., gr. xx
Pulv. capsici,
Pulv. ext. colocynth, c., āā gr. v
Pulv. ipecac, comp., gr. x. M.
Ft. chart. No. x.

SIG.—One every two or three hours; the last one to be taken two hours before expected chill.

This prescription should be given in wafers or capsules. A purgative is hardly ever required, as the colocynth combined generally moves the bowels sufficiently; and another great advantage of this prescription is its small cost, which is quite an item to those physicians who, like myself, have to furnish their own drugs; and last, is its certainty; it will not fail as often as sulphate of quinine.

I have been fighting malarial diseases in a very malarious vicinity for the last ten years, and where the disease shows a stubborn tendency to return I prescribe the following bitter—which is bitter, sure enough, but will do the work if taken according to directions:—

℞. Sulph. cinchonidia or quiniæ, ʒ ij
Ferri cit., ʒ iij
Spiritus frumenti, O ij. M.

SIG.—Tablespoonful before each meal.

This amount is generally sufficient to eradicate any case of simple ague, and has a tendency to give the patient an appetite, and remove that sallow and anæmic condition so universally found in those in whom ague has become chronic. I do not think there is any likelihood of the patient having an appetite created for stimulants, from this prescription. This is rather an expensive treatment when arsenic is so cheap, but arsenic is not so certain, nor does it meet all the indications so well; but a solution of arseniate of potassa, week about with the above, is very good treatment.

This article is a great deal longer than I expected it to be when I commenced. But if you think it would be of advantage to S. S. F., or any of the profession, publish it; otherwise, file it away in the waste basket. A. P. LEVICK, M.D.

Woodville, Md.

The Use of the Lancet.

ED. MED. AND SURG. REPORTER:—

I have been a subscriber and reader of the MEDICAL AND SURGICAL REPORTER for over twenty years, and consider its medical literature highly profitable to any medical man who will peruse it.

But I must confess that I have been somewhat amused, although gratified, by the correspondence which has been brought out since Dr. Corson's first article on the use of the lancet in the treatment of pneumonia. His long experience and close observation amply qualify him for saying that the lancet is the *sine qua non* as a therapeutic agent in the treatment of pneumonia.

I heartily endorse Dr. Stinson's remark (when bleeding is indicated what practitioner will refuse to resort to the lancet). Dr. Milliard, in the last number of the REPORTER says, nineteen out of twenty fail to see the indication. Now, if there is that percentage of medical men who fail to see the indication, we have nineteen out of twenty utterly unfit to use the lancet if they did see the indication.

Dr. Corson tells us, in one of his articles, that some of the *great minds* of the profession are averse to the use of the lancet in their teaching. But it is for us to decide who are called to the bedside of the pneumonic patient; it is upon our shoulders that rests the responsibility of the case. And upon our judgment rests the decision whether we will use the lancet or not.

I remember, a few years ago, of meeting a homœopathic physician in the road, in my own territory, who had discarded our system and taken up the infinitesimal plan of so-called medication. He remarked, "Doctor, I want to make you a present of my lancet. I fear, when my hour of dissolution arrives, that the use I have made of my lancet will be a source of regret to me." I remarked: "You had better hold on to it. I consider the lancet the sheet anchor in congestive and inflammatory conditions of the system." A short time after our conversation this follower of Hahnemann was called to a case of cerebral congestion in my locality, and using the lancet almost to *deliquium animi*, brought about a speedy convalescence. Meeting him soon after, I remarked, "How fortunate for you, as well as your patient, that you were in possession of your lancet." He replied, "Well, Doctor, this was a case that required prompt, decided, and immediate treatment." I must say that I conclude that the use of the lancet in the congestive stage of pneumonia is the *treatment*. provided we can see the *indication*. N. G. THOMPSON, M.D.

Brandywine Manor, Pa.

Skin Affections in Neuralgia.

ED. MED. AND SURG. REPORTER:—

The following case of neuralgia being so different from the usual form, prompts me in reporting it in your journal, with the hope of learning from other members of the profession of any cases similar. I am aware of the herpetic eruptions accompanying, at times, this very troublesome disease, but fail to find in medical literature any report of cases similar to mine.

Mrs. C., a young married lady—delicate in health from repeated miscarriages—gave me the history of her case before I had an opportunity of actual observation. Her statements were confirmed in about a week's time after. The pain is situated over the brow, or a little back of either wrist, and is so severe as to produce almost complete unconsciousness, lasting for an hour; then the skin over the painful part becomes red, and in from three to four days a blister, similar to one produced by cantharides, forms, bursts, and goes through the usual process of drying. After the formation of the blister the pain is relieved, and the only annoyance is the ulcer. The duration of the attack is from five to seven days.

W. PENN BUCK, M.D.

2010 *Arch st., Philadelphia.*

Crude Petroleum.

ED. MED. AND SURG. REPORTER:—

The many favorable reports of the efficacy of crude petroleum in chronic bronchial and lung diseases, has caused the M.D's. to give it a trial in these troubles. But I am informed that the patients soon revolt, on account of its nauseous taste and the disagreeable eructations it produces. Now, these were the troubles I encountered: in the first place, it resists almost all the formulas used in emulsifying cod liver oil. I have recently used the medicinal oil, which is purified and deodorized by throwing it as a spray into steam, and then filtering; it is pleasant, palatable, and equally as efficacous; it is simply the crude, deprived of its gases and unpleasant properties. We find it one of our most valuable medicines, in coughs, colds, asthma, and all forms of chronic lung diseases. Evidence is not wanting to prove it our most valuable palliative and cure in phthisis pulmonalis. The medicinal oil is easily emulsified. M. MILTON, M.D.

Bradford, Pa.

Correction.—On page 631, column first, line twenty-two, the paper on the Comparative Value of Atomized Fluids should have been credited to Dr. Roe, of Rochester.

NEWS AND MISCELLANY.

The Progress of Surgery.

The progress of surgery is well illustrated in the following extract from a recent lecture of Prof. Von Nussbaum, of Munich:—

That great scholar, Phillips von Walther, asserted that it was an impossibility for any man to see the deeper parts of the eye. He founded this statement upon the fact that the eye is a "camera obscura;" it is like a chamber with one window, and this window, as seen from without, appears always black, and does not permit of the remote parts of the room being seen. No one disputed this statement of Walther's; but scarcely was he laid in his grave when the ophthalmoscope was invented, and the deeper parts of the eye explored with almost mathematical exactness. The first step was to reflect light into the eye by means of a mirror; then the silvering was removed from a small portion of the back of the mirror, and so, while the rays of light reflected from the mirror lit up the interior of the eye, the structures could be conveniently examined through the transparent part of the mirror.

Dieffenbach, the bold German operator, wrote, in 1842, "It is unjustifiable to cut into the abdominal cavity in order to take out a diseased ovary. The organism will not tolerate such interference." Dieffenbach had only been a short time dead when ovariotomy produced splendid results in England; and now Keith performs fifty successive ovariotomies with only one death. A very modest calculation shows that through the ovariotomies successfully performed in England, France, and Germany, more than 30,000 years of life have been spared to the human race.

A few decades since it was considered that wounds of the intestine were invariably fatal; no one dared to put in stitches. Now the intestine is drawn out of the abdominal cavity, diseased portions to the extent of 10·12 cm. are taken away, and the healthy parts brought together. The bowel, carefully protected, is left outside the abdominal cavity for, perhaps, a few days, until it is soundly healed, and then it is returned into the abdomen. Thus it cannot now be affirmed with truth that wounds of the intestine are necessarily fatal.

It is not so very long since a suggestion made by the surgeon, Carl Theodor Merren, to remove cancer of the stomach, was looked upon as "a beautiful dream of youth." However, Professor Czerny demonstrated practically, four years ago, that a person can continue to live after the whole stomach has been removed. He cut out the entire stomach, and stitched the œsophagus to the intestine, and the digestive functions were carried on very well, and the patient had good health.

How Doctors are Made in China—The Last Resort of Medical Art among the Celestials.

Dr. Kate C. Bushnell, a lady missionary, at Kin Kiang, China, says, in a very interesting letter to the Chicago *Medical Journal and Examiner*, for May, 1881:—

The native physician of China is a member of the literary class, and well versed in the philosophy of Confucius; of medicine he is not required to have any special knowledge. There is a law by which physicians and druggists are held responsible for errors in prescriptions, but the native never takes advantage of it.

The creation of a physician generally comes about in the following manner: A Chinaman is seriously ill; he sends for the literary relative (or relatives, as the case may be), of the family, for advice. The literary gentleman searches all the works on medicine at his disposal, and treats the patient according to directions. Should that literary man happen to be successful in his treatment, his fame is spread abroad, and ever after that he is consulted as a specialist in that particular disease. There is no doubt that many a man of the most unreliable character makes his way to the front of the medical ranks in this way, and doubtless many a life is sacrificed thereby.

The *last resort*, in serious cases of sickness, is that of administering fresh, warm, human flesh to a dying person, and it is said there are many monuments in China erected to the memory of women who have allowed themselves to be butchered for their husbands, brothers or fathers. I have yet to learn of a case where either the dying man or person from whom the live flesh was cut recovered; unfortunately, however, the *physician* usually survives the operation. Fortunately this custom is not a common one.

The Paris Municipal Laboratory.

Since October, 1878, a chemical laboratory has been in function at the préfecture of police in Paris; the city is divided into ten sections, and two expert inspectors appointed to each section; they can enter any store, or any stall in the public markets, and seize on any bad or rotten fruit, vegetables, provisions, etc., exposed for sale, or on any article of food, etc., which appears to be adulterated. Two samples of the articles seized are sent to the central laboratory for examination; the inspectors are forbidden to have any commercial dealings with the storekeepers, and are changed from one section to another monthly.

Latterly, on the earnest petition of the storekeepers, this laboratory has been opened to the public; qualitative analysis of any substance (that is the simple determination of the quality, good or bad, of the substance analyzed), is done gratuitously. For a quantitative analysis of samples of sugar, wine, beer, spices, etc., a fee of from ten to twenty francs is required. Such a service, with a similar laboratory, would be useful in our own large cities.

Opium Smoking in Persia.

A correspondent of a London paper states that he witnessed opium smoking at Kelat, in Persia, carried on in the following manner:—

The smokers lie at full length on the floor, their heads together on the same pillow, their feet outward, like the spokes of a wheel. Close to the pillow is a small circular table of alabaster, a foot wide, and raised five inches from the ground. On this is a small lamp of the same material, fed with butter. This is covered by a glass bell, about seven inches high, its edges resting on three small copper coins, so as to allow air to enter. In the top is a small hole, bound with brass. The flame comes within a couple of inches of this aperture. A piece of opium, as large as a good-sized pea, is stuck on the point of a kind of metal bodkin, and held over the flame. It is repeatedly melted and tempered before being smoked. The opium pipe consists of an earthen or metal pear-shaped bulb, about the size of a boy's peg top. In the broad end is inserted a wooden tube, ten or twelve inches long. In the side of the bulb is a very small hole. A piece of roasted opium is placed on this hole, and pierced with the bodkin, so as to allow the passage of air. The smoker holds the opium thus placed over the aperture in the glass bell and inhales the smoke, a companion all the while turning and manipulating the opium with the bodkin. After half a dozen puffs the smoker relinquishes the apparatus and sinks back in a semi lethargic state.

Vaccination Experiences.

A Detroit (Mich.) doctor, who has vaccinated over five hundred persons, reports that not more than two men out of ten have it done in a straightforward way. They hesitate, make inquiries, and postpone it a few days. One insisted upon being strapped fast to his chair while the operation was performed. Another wanted to take chloroform. A negro was one day seen to walk past the office several times, and the doctor finally stepped to the door and asked him if he wanted to be vaccinated. "'Deed, sah, dat's what I cum for," he replied, "but de werry minit I turned dat corner de blamed thing quit aching!" As a rule, the men, when they feel the lancet, cry "Woosh!" or "Thunder?" The women cry "Ouch!" generally, but now and then one screams "Oh, Lordy!"

Enforced vaccination in England has led almost to a riot in the coal and iron district near Manchester. The report is now current that the Government find the population of the country is increasing too rapidly, and are determined to destroy as many as possible of the rising generation. Ready credence is given to other stories of the most monstrous character, and the people, in fact, are reduced to that state of panic in which they will lend an ear to any story, however absurd.

Centennial Meeting of the Massachusetts State Medical Society.

The Medical Society of Massachusetts held its Centennial Anniversary, commencing Tuesday, June 7th, and occupying that and the following days. The programme embraced an oration by Dr. S. A. Green, in Sanders' theatre, and one by Dr. John Collins Warren; a dinner with President Elliott and the Fellows of Harvard University; an excursion down Boston Bay; a reception by the President, and other pleasing features. The attendance was large, numbering in all about a thousand, and there were a number of invited guests, both from the non-medical citizens and from the profession in other States. Most of the addresses were historical in character, setting forth the early history of the Society, and the condition of the profession in Massachusetts in the olden time.

The British Contagious Diseases Acts.

The Report of these acts, which aim at the registration and examination of prostitutes, has been published for the year 1880. It sets forth in clear and unmistakable terms the advantages, both to the public and to this class of women, of such medical and police inspection. After a full analysis of the Report, the *British Medical Journal* says, editorially:—

"From all this, it is evident that the repeal of the acts would be most disastrous to the various districts which have the advantage of their beneficial working; while nothing could be more desirable than their extension, at least to all the garrison towns and naval seaports to which they have not as yet been applied."

There is not a medical journal in Great Britain but entertains and expresses similar sentiments; while in the United States the MEDICAL AND SURGICAL REPORTER continues almost alone in its advocacy of the introduction of a similar system here.

Comparative Mortality of 1881.

The *Sanitary Engineer* contains a comparative statement, prepared from figures in the possession of the National Board of Health, showing the comparative annual rate of mortality per 1000 of population, from diphtheria, scarlet fever, measles and smallpox, based on the returns for the first quarters of 1880 and 1881, of five leading cities:—

	1880.	1881.	Inc.	Dec.
New York	2.12	4.18	2.06	......
Brooklyn	2.42	4.07	1.65	......
Philadelphia	1.57	4.25	2.68	......
Cincinnati	1.68	1.21	......	0.48
Chicago	3 86	2.74	......	1.12

These figures show that while the death rate of Philadelphia is below that of some other American cities, it is increasing at a frightful rate.

Color Blindness in Pilots.

In conversation on the subject of color blindness, Supervising Inspector General of Steamboats Dumont says:—

"Every day develops additional proof that it is necessary that pilots of steam vessels and engineers of railroads should be most carefully examined for color blindness by experts. The latest case bearing on this subject that has been brought to the attention of the authorities here is that of the pilot of the City of Austin, who, through mistaking the color of the buoys in the channel, lost the vessel in the harbor of Fernandina, Fla., on the 24th day of last April. Owing to the fortunate mildness of the weather no lives were lost, but the estimated loss on vessel and cargo is $200,000.

Enlargement of the Jefferson Medical College.

The increase in the number of students at Jefferson Medical College, this city, has rendered an extension of the main building necessary. The Tenth Street front will be built up in pressed brick, even with the street line, giving additional seating capacity in the amphitheatre for one hundred more students. The present dissecting room will be transformed into a laboratory, and an additional story will be erected on the western end of the structure, to be used for dissecting purposes. The interior of the building will also be thoroughly renovated, and when the improvements are completed, which will be by September 1st, the building will be practically a new structure.

A Prophetic Joke.

A correspondent of the Louisville *Medical News* states that he was recently called to see a very intelligent lady, who was pregnant, and greatly troubled with nervous vomiting. She ascribed her gastric symptoms, in a jocular way, to "being *enceinte* with twin boys, and, you know, boys will quarrel."

He gave her one drop of wine of ipecac three or four times a-day, which afforded her decided relief during the succeeding three weeks of its use, at the end of which she was delivered of two fine boys. The diagnosis suggested by her wit had proved correct.

The National Board of Health

The annual meeting of the National Board of Health closed its sessions in Washington, June 3d. The following officers were elected for the ensuing year: President, James L. Cabell; Vice-President, John S. Billings; Secretary, Thomas J. Turner: Executive Committee, P. H. Bailhache, J. S. Billings, J. L. Cabell, S. F. Phillip, S. Smith, T. J. Turner.

Patent Medicines in Great Britain.

Increasing intelligence does not seem to diminish the sales of patent medicines. The English statistics show that, while in 1844 the State tax amounted only to $150,000 per year; at the present time it is nearly one million dollars a year. It is said, too, that they are bought rather by the middle and upper, than by the poorer classes.

The Washington Training School for Nurses

Held their graduating exercises in the Congregational Church, Tuesday evening, the 24th of May. The President, Dr. Toner, delivered an address on the organization and management of the Society, and its methods of instruction. A number of other addresses were also made.

Lactopeptine in Cholera Infantum

Now that the sickly period of the year for infants is approaching, it will not be inappropriate to recall to our readers the various testimonials to the value of lactopeptine in this complaint. Administered at a sufficiently early stage it modifies the secretions promptly and favorably, and leaves no after effects of an unpleasant character.

The Yellow Fever.

A few cases of yellow fever have been reported from Havana. Telegrams from the City of Mexico report that, owing to the prevalence of yellow fever at Vera Cruz, the Mexican railway company has put on a special train on the days of the arrival of steamers, to take passengers direct to Orizaba.

Personal.

—Dr. J. D. Littlefield, of Titusville, Pa., has removed to Boston, Mass.

—Dr. J. Marion Sims, who has been passing some months in Florida, has returned, greatly benefited in health.

Items.

—Trouble over the clause providing for the appointment of a female physician in the Insane Hospital at Warren, Pa., nearly defeated the bill, in the Legislature, for the organization of that Institution.

—The State Medical Society of Wisconsin met June 7th, in Milwaukee, with a full attendance. The President was Dr. Ira Manley, Jr., who delivered an address on the Influence of the Mind on the Body.

—A bill for the prevention of bad plumbing, and which requires all plumbers in New York City and Brooklyn to be registered, has become a law. Its principal feature is the requirement of the approval of the Board of Health for drainage and plumbing in the future.

—Diphtheria is epidemic in Ludington, Michigan. One hundred and twenty children have died there recently of that disease, out of a total population of four thousand. The schools are closed, and all the infected houses quarantined by special policemen.

OBITUARY NOTICES.

DR. GREENSVILLE DOWELL.

This well-known surgeon, who for the past fifteen years has been Professor of Surgery in the Galveston Medical College, and editor of the Texas *Medical Journal*, died in Galveston, June 9th, after five days' illness. He was born in Virginia, September 1, 1822, and received his degree of M. D. from the Jefferson Medical College, in 1847. He practiced first in Mississippi, then at Memphis, and in 1853 removed to Texas, where he finally established himself. During the war he was surgeon in the Confederate Army, and for two years was in charge of the Galveston General Hospital.

Dr. Dowell was a frequent contributor to medical journals, and wrote two separate volumes—one on the Radical Treatment of Hernia, the other on Yellow Fever and Malarial Diseases. He had an extensive acquaintance with modern languages, and as a lecturer was fluent and lucid. The radical operation for hernia which he devised gave excellent results in his hands, and has been adopted and successfully carried out by a number of surgeons, especially in the Southern States. Personally Dr. Dowell was a gentleman of agreeable manners, great kindliness of heart, and of pleasant conversation. He will be widely regretted.

DR. HUGH LENOX HODGE.

Dr. Hodge died of pneumonia, on June 9th, at his residence in Philadelphia, closing at a too early age a career of exceptional promise. He was born here, July 30th, 1836, his father being the late Professor Hugh L. Hodge, of the University of Pennsylvania. He graduated from the medical department of the University of Pennsylvania in 1858, when he became resident physician of the Pennsylvania Hospital, which office he retained until the spring of 1860. In 1861 he was appointed Demonstrator of Anatomy in the University of Pennsylvania, and commenced in the same year the instruction of private classes, on Chestnut street, between Ninth and Tenth streets. Shortly after he began a series of lectures on Anatomy and Operative Surgery. In 1870 he was appointed Demonstrator of Anatomy in the University, and about the same time became Attending Surgeon at the Children's Hospital. When the Presbyterian Hospital was opened, in 1872, he became Attending Surgeon at that institution.

Dr. Hodge wrote many important papers for the medical press. Some of his subjects were: "Metallic Sutures," "Tracheotomy in Croup," "Drainage by Solid Metallic Probes," "Deformities of the Hip," "The Construction, Ventilation and Hygienic Management of Anatomical Rooms," etc. His principal attention had been given to surgery, and during the war he was professionally engaged in the Army of the Potomac, and at various military hospitals. His personal character ranked among the purest and the best, and a wide circle of families to whom he was medical adviser will regret his loss, as well as the many personal friends to whom he was dear.

MARRIAGES.

BERGHAUS—SOHOENBEEK.—In New York, May 7th, by the Rev. Mr. Mohn, Alexander Berghaus, M.D., and Annie Sohoenbeek.

LEWENBERG—LEE.—On June 2d, 1881, by Rev. James Shrigley, J. F. Lewenberg, M.D., and Annie E. Lee.

DEATHS.

BOYD.—At Albany, N. Y., on May 10th, James P. Boyd, M.D., in the seventy-eighth year of his age.

EVANS.—At Penrhyn, Lower Merion, Montgomery county, on Sunday, May 22d, 1881, Dr. Edward Cadwalader Evans.

HODGE.—In this city, on Friday, June 10th, H. Lenox Hodge, M.D., in the forty-fifth year of his age.

O'DANIEL.—At Wilmington, Del., on the 1st instant, Dr. John P. O'Daniel.

WILMARTH.—On Tuesday, June 7th, at his residence, in East Orange, N. J., Frank Wilmarth, M.D.

THE
MEDICAL AND SURGICAL REPORTER.

No. 1269] PHILADELPHIA, JUNE 25, 1881. [Vol. XLIV.—No. 26.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PULMONARY GYMNASTICS; OR, FORCED RESPIRATION IN THE TREATMENT OF SO-CALLED WEAK LUNGS, ATELECTASIS, PHTHISIS, ETC.

BY T. C. SMITH, M.D.,
Of Aurora, Indiana.

Every practitioner of medicine of any considerable experience has often found himself confronted by patients complaining of general weakness, dyspnœa after moderate exercise, a feeling amounting to soreness, or dull pain within the lungs, perhaps dull intercostal pains. Attending these symptoms there is often general lassitude and melancholic expressions. Physical exploration may not, and very often does not, develop any evidence of disease of the lung tissue. Often there will be found seeming emphysema; sometimes this is real. When so, it is due to the destruction of the walls of the cells, resulting from a subacute inflammation or hypostatic stasis in a circumscribed tract of lung tissue. This condition, we think, can be produced by partial or complete disuse of a portion of the air cells, resulting from bronchial catarrh, especially the chronic form, and from lobular pneumonia, tubercular deposits, and, in otherwise healthy lungs, by long continued imperfect or incomplete respiration. This pathological condition once set up, the epithelium of the air-cell walls loosen their attachment to their walls, leaving them denuded of their natural protection. Under the influence of the decomposing débris of detached epithelium, the cell walls often break down, as in ordinary inflammation, and several cells are merged into one, producing cavities, small in extent, but as real as in phthisis. We think such a condition may in time be produced by imperfect respiration, which leaves these air cells unused until circumscribed disease results.

It has been a constant observation for many years, in my experience, that a very large proportion of persons complaining of the symptoms heretofore named have been men of sedentary habits, and women who labor while seated, and perhaps, while bending over their work. Among men affected thus, are tailors, teachers, students, scriveners and book-keepers, and sewing-women, milliners, etc., among the females. This difficulty has been found to be especially present among those confined closely at their labors many hours in the day, and who take little or no active exercise, outdoors or in. We have often noticed that persons affected with the symptoms named have made rapid improvement when taken from their sedentary labors and set at active out-door employments. It was a common observation, during the late war, that men of indifferent health, anæmic, thin in flesh, almost cadaveric in appearance, who went from store and shop to the open air, active drill, march and campaign, with their hardships and exposures, not only endured them well, but very often improved greatly in health under them. Of course no one will claim that all resulted thus. Nor will it be claimed that all were affected with so called weak lungs. But most were of those who had practiced, unconsciously, imperfect respiration while at their in-door employments. If, in these cases, there is any hereditary tendency to phthisis, the gravity of the symptoms is greatly increased, and, unless overcome, will be likely to lead to serious results.

My attention was called to this condition of lung tissue very early in my practice, now nearly twenty years ago, by the case of a young student, who was of healthy physique, good habits, and of healthy parents. He was a hard student, and applied himself to his books ten to fourteen hours per day. He complained of dyspnœa on slight exercise, pain in the chest, of intercostal pain, had dry, troublesome cough, general lassitude, and disposition to melancholia; thought he had some form of "heart disease." Of course, he was over-worked. Rest was ordered, out-door exercise and good diet. After about two weeks he had improved in general comfort and strength, but the pulmonary symptoms were quite the same. He was then directed to make deep and prolonged inspirations and forced expirations many times every day. The method was as follows: He was to place a small tube between his lips—a common quill or toothpick answers very well—and *breathe exclusively through this*, both by inspiration and expiration. He was to be slow in both processes, and to make the utmost effort at deep inspiration and forced expiration. The forced expiration is quite as essential as forced inspiration. About every third respiration he was directed to quickly withdraw the tube from between the lips, *when the lungs were thoroughly filled*, and to hold his breath as long as he could, without distress. This simple process was to be repeated six to eight times every twenty-four hours, and he was to take a dozen deep inspirations in this manner at each time of repetition. He at once experienced relief, and he soon not only was rid of all chest trouble, but improved more rapidly in general health. Physical examination at no time showed any real disease of lung tissue in this case. This young man continued to practice this during his years of student life, and acquired the ability to effect a difference of five inches in the measurements of his chest, as between forced expiration and inspiration; and could, after taking a few deep inspirations, hold his chest full of air for a full minute, without distress.

There is, perhaps, no simple expedient to which all sedentary persons, especially students, could so easily resort habitually, that would be likely to yield such good results in keeping them clear of so-called weak lungs and uneasy chest pains, as this one. It will at once be seen that it will cause a more perfect oxygenation of the blood, and thus rid the economy of the accumulated excess of carbonic acid gas, and enable other organs than the lungs to carry on their functions better, by means of a purer blood and better assimilation. Any one has but to practice these deep inspirations a few times every day, to note the fact that there follows almost every effort a feeling of general comfort and slight exhilaration. I could relate many cases like that above, but I turn from these to a typical one in the first stage of phthisis pulmonalis.

G. H., æt. 26, of spare build, nervo-lymphatic habit, farmer, living among the hills in a naturally healthy section. Several of his brothers had died of phthisis. I found his respiration loud and rasping, bronchial, the chest flat, right apex somewhat sunken, considerable cough, prolonged expiration, marked dullness over right lung, upper lobe; he had lost several pounds in weight during the autumn and early winter, had nocturnal sweating, and felt very much prostrated. His symptoms and physical condition, in short, were such as to warrant a diagnosis of phthisis in the first stage. This case presented itself to me in February, 1880. I gave him an ordinary expectorant for his cough, and a tonic of iron and quinine. With these there was belladonna added at bedtime, to control his nocturnal sweating. He was carefully instructed as to the method of forced inspiration and expiration, and urged to carry it out faithfully for many months to come. I did not see him again for two months. He then stated that he improved rapidly in strength under the use of the tonic, and that his cough soon ceased to annoy him. He referred to the forced respiration as a means of relief new to him, and that it had certainly proved of great value. He no longer felt any uneasy aching within the chest, nor any dyspnœa; could breathe deeper, expand his chest more fully; has less flatness of breast and less dullness on percussion. One year later he confirmed this statement, adding, with special stress, that the forced respiration had certainly been a great benefit to him, in the way of keeping him free from cough, short breathing, and pain in his lungs.

It is not claimed that this will cure phthisis in its early stage, but it may be made a valuable means of relief in connection with other remedies. It will often be found that in many cases where a condition of atelectasis is present, from bronchial catarrh, or following lobular pneumonia, forced inspiration will be the means of opening up the closed bronchial tubes and air cells sufficiently to cause a removal of the trouble. By this means the decomposing debris of detached and locked-up epithelium can be removed, and the diseased lung tissue treated to the pure air needed to restore it, through reparation, to a condition of health. Where the thickened mucous membrane of the diseased bronchia causes atelectasis of any portion of the lung, forced inspiration will often open this up, and the collapse of lung tissue will disappear, or enclosed foul air will be exchanged for that which is pure and wholesome.

It is almost needless to add that medicated vapors can by this same method be carried to all parts of the lung where it is possible for air to find access. The wise use of such vapors will often greatly aid in the treatment of many of these numerous cases. These statements are given, hastily, it is true, from an experience running over a sufficient number of years to have made many observations. And I can but say that in many forms of pulmonary disease it will often be found more beneficial than may at first seem apparent. Of course, the exercise should be performed in healthy air. It cannot be expected to permanently relieve the symptoms named when these depend on cardiac lesions, or extensive pulmonary lesions of large extent, but even there improvement may often be expected.

MEDICAL SOCIETIES.

RHODE ISLAND STATE MEDICAL SOCIETY.

The 70th Annual Meeting of this Society was held in Providence, June 8th. Dr. Charles O'Leary, the President, in the Chair. Reports were made by the Treasurer, the Board of Censors, the Trustees of the Fiske Fund, the Library and Publishing Committees.

EXPERT TESTIMONY.

Dr. Job Kenyon, from the Committee on Expert Testimony, submitted a report. Allusion was made to the presentation of the petition to the legislature, in 1879, asking that relief might be granted to physicians called to testify as experts; the drafting of an act embracing the relief asked for and its reference to the Judiciary Committee, and the appearance of the committee before the legislative committee. The committee recommended to the Society that the individual members, when called as experts, refuse to testify (in private cases), and thus protect ourselves from what we believe are unjust encroachments on our profession. The committee further recommended that continued efforts be made to induce the legislature to pass an act similar to that recommended in the second section, regulating expert testimony when given in the higher State courts, and that the present committee be discharged and a new one appointed for the purpose.

Dr. Ballou, of Woonsocket, moved that the report be received, with the exception of that clause in reference to the discharge of the committee. The motion of Dr. Ballou prevailed, and the committee were continued.

Dr. L. F. C. Garvin, from the committee, offered the following resolution, which was unanimously adopted:—

Resolved, That the Fellows of this Society, in serving as witnesses for parties other than the State, refuse, both when summoned and while upon the stand, to give expert testimony without suitable additional compensation.

ELECTION OF OFFICERS.

The election of officers was then proceeded with, and Dr. Charles O'Leary and Dr. Job Kenyon were candidates for the presidency. Dr. O'Leary received the majority of the votes, and declined the honor, but was induced to retain the office, the Society voting unanimously to that effect. The election then resulted as follows:—

President—Charles O'Leary, Providence.

First Vice President—Job C. Kenyon.

Second Vice President—O. C. Wiggin, Providence.

Recording Secretary—George D. Hersey, Providence.

Corresponding Secretary—Edward M. Harris, Providence.

Treasurer—Charles H. Leonard, Providence.

Board of Censors—David King, Newport; Ariel Ballou, Woonsocket; Otis Bullock, Warren; J. H. Eldridge, Greenwich; George B. Baker, of Providence (receiving 32 votes to 24 for W. O. Brown); J. W. C. Ely, Lloyd Morton, S. S. Keene.

Publication Committee—H. G. Miller, R. F. Noyes, G. W. Porter.

Library Committee—T. Newell. H. G. Miller, G. D. Hersey, O. C. Wiggin, G. W. Porter.

Dinner Committee—C. H. Leonard, A. G. Browning.

Audit Committee—T. Newell, C. W. Fabyan.

The following gentlemen were elected fellows of the Society:—

Stephen Hull Sears, M.D.; Josephus Corma Maranda, M.D.; Alvin H. Eccleston, M.D.

THE PRESIDENT'S ADDRESS.

President O'Leary then delivered an address upon the "Use and Abuse of Hospitals and American Charities," and gave an interesting historical sketch of the rise and growth of the hospital, the predominating spirit which has governed its success from the past ages down to the present time, until its attainment of its proud and honorable position.

At the close of the address a vote of thanks was given to President O'Leary for his admirable and interesting effort, and it was referred to the Publication Committee.

The meeting then adjourned, and the Society repaired to the City Hotel, to partake of the annual dinner.

BURLINGTON COUNTY (N. J.) MEDICAL SOCIETY.

The Burlington County New Jersey Medical Society held its regular quarterly meeting last week, at Moorestown. The able historian of the Society, Dr. Joseph Parrish, of this city, delivered an address upon the "Geography of Malaria." Dr. Parrish holds that the theory of marsh miasm is not vindicated by the experience of residents in most of the seaboard counties of this State. No malarious diseases seem to be indigenous to the salt marsh, cranberry bogs, shore springs and cedar swamps, which cover thousands of acres of New Jersey; indeed, those regions are noted for their healthfulness. It is equally true, he argues, that in elevated regions, which are free from contaminated or obstructed water courses, where there is no marsh or accumulated organic matter undergoing decay, fevers of a periodic nature are common. Indeed, they occur at all seasons, and in almost every climate, on the open sea, in the sandy desert and on the fruitless rock.

EDITORIAL DEPARTMENT.

PERISCOPE.

External Use of Jaborandi in Mammary Inflammation.

The following case is recorded by Dr. H. B. Stehman, in the Lancaster *Med. Soc. Trans.*, April, 1881.

Mrs. K., multipara, on the sixth day after confinement had much pain in the left breast, which had become hard and swollen, with considerable fever, pain in head and back. In examining the breast, I discovered a large cicatrix, and on inquiry learned that in her second confinement she had suffered in a similar manner; that the inflammation went on to suppuration, and finally the breast was lanced. I prescribed a diaphoretic mixture, and locally used a poultice composed of two parts flaxseed meal and one part crushed jaborandi leaves. The leaves were infused in a quantity of hot water necessary to make the poultice of proper consistency, in order that the active properties of the jaborandi might be more thoroughly mixed with the meal. These poultices were continued for forty-eight hours; at the end of the first twenty-four the breast was flaccid, the swelling reduced and the pain had disappeared.

There was no milk drawn from the breast in the interim, and the most gratifying feature was the fact that the engorged breast was entirely relieved.

At the end of the second day the treatment was discontinued, the milk flowed freely, and the mother nursed the child from this breast as well as from the other. I have used this treatment in a number of similar cases since then, and have never seen it fail, if adopted before suppuration had set in.

I have used these poultices in the inflammatory stages of buboes, and succeeded in preventing suppuration.

In mumps this treatment proved equally gratifying.

The Application of Galvanism to the Bladder.

Mr. R M. Murray says, at the close of an article in the Edinburg *Medical Journal*, April, 1881:—

Before concluding this paper I may be permitted to offer one or two hints as to the mode of conducting the application of galvanism to the bladder. The instructions given in books are not sufficiently explicit as to some precautions, and my experience in the treatment of several cases last winter, in the wards of the Royal Infirmary, under the charge of Professors Sanders, Grainger Stewart, and Annandale, and in the private practice of Dr. Croom, may enable me to offer some suggestions for the benefit of any one who may think of applying it.

In the first place, the current to be employed must be of the very gentlest at first, and the increase must be slow and gradual. The bladder is often morbidly sensitive, and anything like a violent current or shock may produce very acute cystitis. In my experience it has done so on one occasion, when, through a fault in the battery, the zinc plate suddenly slipped entirely into the fluid.

In order to avoid any risk at first, it is a safe plan for the operator to pass the current through his body, which can be done by seizing one handle with the left hand and passing the moistened right hand over the back and abdomen of the patient, the other terminal being in the bladder. By pressing the hand firmly or lightly the current can be increased or diminished, and its strength is accurately estimated by the operator, while the patient is gradually accustomed to an increased power of the current. The current should be applied for ten minutes at first, and this gradually increased as the patient can bear it. It is well to have a little urine in the bladder; it serves to diffuse the stimulus, and is more agreeable to the patient than when the bladder is empty. And a final precaution must not be forgot, and that is, to stop the current before withdrawing the bougie, otherwise the most acute pain will be induced in the course of the urethra, which often remains for a considerable time.

An Important Modification of the Ordinary Anæsthetic Methods.

The *Revue de Chirurgie et Arch. Méd. Belge* observes that Messrs. O. de Stefanis and Vachetta, convinced of the dangers attending the use of anæsthetics—statistics showing that with chloroform there occurred one death in 2873 cases, with ether, one in 23,204, while bichloride of ethylene showed one death in 5000 cases—propose a modification, which has already given them excellent results, both upon men and animals.

It was suggested to them by this consideration; that death being caused by cerebral anæmia or cardiac paralysis, anything that could induce a congestion of the nerve centres and excite the heart would help in controlling the noxious effects of the anæsthetic agent, without diminishing insensibility. For this purpose they make use of alcoholics; we shall not repeat here their experiments upon dogs and rabbits; it is more interesting to note the method recommended to bring on inebriety in the subjects to be anæsthetized.

In place of prescribing a strict fast, they advise patients to eat a light breakfast of crackers or bread, and according to age, sex, strength, and the habits of each one, to drink a certain quantity of some light wine. like claret. This quantity may vary from 100 to 200 grams. (f.℥xxv–f.℥l.) Those accustomed to alcohol may besides take a little brandy. When the heart is found to be sufficiently excited, the inhalation of ether or chloroform may be proceeded with.

Experience proves that under those conditions complete anæsthesia is obtained in a few minutes, by the use of from five to ten grams (♏ 75 to 150), of the anæsthetic agent.

Judging from their first experiments, the authors believe themselves warranted in drawing the following conclusions:—

When a dog is prepared for anæsthesia by the aid of Marsala wine, he is less sensitive to the effects of ether or chloroform, but the dangers inherent to anæsthesia are reduced If the animal is inebriated, insensibility and muscular relaxation are longer in showing themselves.

If anæsthesia is repeated at short intervals, the subjects become less liable to its effects. Alcoholic intoxication, both in man and in animals, does away with all danger arising from cardiac paralysis, or cyanosis due to vasomotor palsy; no emesis has ever been noticed.

A man slightly under the effects of alcohol yields more readily to the influence of an anæsthetic; a lesser quantity is required to induce sleep.

In no case has sleep been followed by such marked secondary phenomena, like vomiting, prolonged somnolency, and falling temperature, as happen with patients who have been put to sleep by the ordinary method.

Reviews and Book Notices

BOOK NOTICES.

A Treatise on the Diseases of the Nervous System. By William A. Hammond, M D., Surgeon-General U. S. Army (Retired List); Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of the City of New York. etc. With one hundred and twelve illustrations. Seventh Edition, Rewritten, Enlarged, and Improved New York: D. Appleton and Co., 1, 3 and 5 Bond Street. 1881. 8vo. pp. 929. Price, Cloth, $6. Sheep, $7.

During the five years which have elapsed since the publication of the sixth edition of this standard work on diseases of the nervous system, investigations in this special department o pathology have been pushed with remarkable activity and vigor, both in this country and abroad. New and improved instruments are constantly coming into use, enabling the physician to interpret accurately symptoms which formerly were obscure, and consequently make his treatment more rational. Among those who have contributed largely to this rapid advancement, few are more widely known than Dr Hammond, and we feel assured that this new edition, which has been thoroughly revised and enlarged by the addition of much that is new, will receive a hearty welcome from the medical profession on both sides of the Atlantic. The author is a concise writer, who never wastes any paper, and he has, as he says himself in his preface, views of his own on every disease considered, and he is not afraid to express them; in short, the work is largely the result of his own observation and experience, though the labors of others are by no means ignored.

After an introductory chapter on the instruments and apparatus employed in the diagnosis and treatment of diseases of the nervous system, he divides the contents of the book into six sections, in which are considered, severally, Diseases of the Brain, Diseases of the Spinal Cord, Cerebro spinal Diseases, Diseases of the Peripheral Nervous System, Diseases of the Sympathetic Nervous System, and Toxic Diseases of the Nervous System. Among the chief additions which this edition has received, we notice that the chapter on cerebral congestion has been considerably enlarged, and a chapter on myxœdema, and others on syphilis of the brain. the spinal cord and the nerves, have been introduced; also a chapter on the symptomatology of cerebral and cerebellar lesions. and a new section on diseases of the symp thetic nervous system, which is well worthy of being carefully studied. Material additions have also been made to the chapters on locomotor ataxia, progressive facial atrophy, chorea, epilepsy, neuralgia and others. The chapters on insanity have been omitted, the author being at present engaged in the preparation of a special treatise on this subject. As a proof of the universal favor with which this work has been received on the Continent of Europe, we learn that in addition to the French translation already in existence, an Italian translation, under the editorial supervision of Professor Diodato Borelli, of the Royal University at Naples, is now going through the press.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**2.50**
Reporter and Compendium,	**7.00**
Physician's Daily Pocket Record,	**1.50**
Reporter and Pocket Record,	**6.25**
Reporter, Comp. and Pocket Record,	**8.25**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $1.00. To Subscribers $3.20.

MORTIMER—GRANVILLE. — COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS. — MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS. — SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3 20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

THE IMPROVEMENT IN MEDICAL LITERATURE.

The full Index which we give in this number crowds out much of the reading matter we are accustomed to furnish. The value of an Index, however, is too well known for its intrusion to require any apologies. It is an indispensable feature in every well-edited book or periodical.

We may take occasion in this connection to remark on the manifest improvement, both in the contents, appearance and manufacture, of medical books and journals, within the last ten or a dozen years. This is visible, both in the care exercised in editing, in the more scientific tone of the contributions, and in the paper and printing. A gentleman who had been going over all the French medical journals he could lay his hands on, last winter, mentioned with surprise the fact that not one of them equals, in quality of paper, neatness of presswork and variety and value of contents. the MEDICAL AND SURGICAL REPORTER.

Even the best English journals, such as the *Lancet*, the *Medical Times and Gazette*, the *British Medical Journal*, and the *Medical Press and Circular*, compare unfavorably, both in paper and presswork, with the REPORTER, while not one of them is bound; and while in contents some of them are more lengthy, the excess is made up of the merest local discussions and obvious "padding."

Yet it is true that both in France and England everything relating to the manufacture of a journal is cheaper than in the United States: paper, setting the type, correction, presswork, are all at materially lower prices. The fact is, that the American public is more requiring than that of the Old World; it demands more frequent changes, more constant improvements, a perpetual progress; and it is right in doing so. This demand is a constant spur to strive after better things and to seek on all sides to obtain the most desirable.

Aware of this, we shall hereafter, as in the past, spare no pains to make the REPORTER more valuable to readers, by making it more costly to ourselves. every year. Both in respect to the details of its manufacture and to the quality of the material, it shall not abate its just claim to equal any journal of its class anywhere published.

NOTES AND COMMENTS.

Impetiginous Eczema of the Scalp.

The *Journal des Sci. Med.* states that M. Vidal recommends the following treatment: Lotions with a decoction of walnut leaves. Frictions, morning and evening, with a weak glycerole of cade, thus prepared :—

Glycerole of starch,	30 grams (ʒ viiss),
Oil of cade,	5 grams (grs.75).

If too great an irritation is produced by these frictions they should be discontinued for a time. If, as is often the case, the patient is of weak constitution, this local medication is to be further assisted by a general treatment, consisting of iodide of iron, hop tea and sulphurous baths.

In another, and quite different form of eczema, Mr. Vidal prescribed the following glycerole :—

Glycerole of starch,	30 grams	(f. ʒ viiss)
Tannin,	2 "	(ʒ ss)
Calomel,	1 "	(gr.15.)

This was in the case of a strong and vigorous, but arthritic, patient, in whom an eczema of both arms, although, since some time past, treated by envelopment in India rubber, remained in a stationary condition. When eczema has reached that stage a glycerole of tannin and calomel may induce a somewhat rapid modification of the lesion.

Rectal Touch in Coxalgia.

M. Cazin read a report on this subject before the Académie de Médecine April 26th.

This mode of investigation, formerly reserved for exceptional cases, where voluminous intrapelvic abscesses were suspected, should become an integral part of the examination of all cases of coxalgia, whether with or without suppuration. The symptoms observed in this way consist in pain on pressure over the post-cotyloid surface; engorgement of the intra-pelvic ganglions; augmentation in volume of the osseous surface; depression, flexibility, mobility, destruction or perforation of the post-cotyloid surface; boggy feeling of the soft parts and pelvic abscesses of different volumes; communication between pelvic abscesses of small volume and external fistulæ. These pelvic abscesses are often unique, and are found in cases of coxalgia regarded as without suppuration. So that every attempt at forced straightening, resection, etc., should be preceded by minute exploration of the portion of the pelvis corresponding to the bottom of the cotyloid cavity.

Action of Bromides in Epilepsy.

Dr. A. Hughes Bennett (Edinburgh *Medical Journal*, March, 1881), in an interesting paper, sets out the following conclusions: 1. In 12.1 per cent. of epileptics the attacks were completely arrested during the whole period of treatment by the bromides. 2. In 83.3 per cent. the attacks were greatly diminished, both in number and severity. 3. In 2.3 per cent. treatment had no apparent effect. 4. In 2.3 per cent. the number of attacks was augmented during the period of treatment. 5. The form of the disease, whether it was inherited or not, whether complicated or not, recent or chronic, in the young or in the old, in healthy or diseased persons, appeared in no way to influence treatment, the success being nearly in the same ratio under all these conditions. 6. In 66.6 per cent. there was no trace of bromide poisoning. In the remaining 33.4 per cent. this was observed in varying kinds and degrees; but in no case to any serious extent—namely, physical weakness in 28.5 per cent.; mental weakness in 18.8 per cent.; and the so-called bromide eruption in 16.6 per cent.

Lemon Juice in Diphtheria.

Dr. J. R. Page, of Baltimore, in the New York *Medical Record*, May 7th, 1881, invites the attention of the profession to the topical use of fresh lemon juice as a most efficient means for the removal of membrane from the throat, tonsils, etc., in diphtheria. In his hands (and he has heard several of his professional brethren say the same) it has proved by far the best agent he has yet tried for the purpose. He applies the juice of the lemon, by means of a camel's hair probang, to the affected parts, every two or three hours, and in eighteen cases on which he has used it the effect has been all he could wish.

Treatment of Eclampsia by Bleeding and Chloral.

M. Guyot related to the Société Médicale des Hôpitaux, that a child, aged eleven and a half years, was seized with an attack of eclampsia on the twenty-second day of an attack of scarlatina complicated with albuminuria. He was in a state of coma, and near death, when M. Guyot bled him to the extent of 300 grams, and gave him two enemata of chloral. The child recovered rapidly.

CORRESPONDENCE.

A Case of Poisoning by Opium, Successfully Treated with Atropia—without Emesis.

ED. MED. AND SURG. REPORTER:—

The following case has some features of special interest:—

A. B., aged fifty, coach painter, has been a patient of mine for the last three years, during which time he has had several attacks of delirium tremens, which yielded rapidly to the usual treatment. On the evening of June 2d, 1881, at nine o'clock, I was called to see him—word being left at my residence that he was very ill—not able to speak, etc., but gave no clue to the existing trouble. I soon started for his house, about two miles distant, and on arriving there, was told that he had taken one ounce of laudanum (such as is usually kept at country stores), about one hour before I arrived. I found the pupil contracted to the size of the smallest pin-head, the patient senseless and incapable of being aroused, the breathing slow and somewhat stertorous. Pulse rather slow, but of good volume. The family being intelligent people, and having had the same trouble to a small extent some years ago, had freely used all the domestic emetics without any effect, and I found, after forcing the mouth open, in order to administer a huge dose of ipecacuanha and zinc. sulph., that emesis could not be produced, on account of the torpid condition of the brain. I was now in a dilemma, and no stomach pump at hand. I drove rapidly back to my house, for my hypodermic syringe, and on my return with it I gave an injection of $\frac{3}{32}$ of a grain of sulphate of atropia. This was nearly two hours after the laudanum had been taken. In four minutes after the atropia was administered there was a decided amelioration of all the symptoms. This improvement lasted for fifteen minutes, when the stupor increased to some extent. After waiting five minutes longer, I repeated the injection, using the same quantity. Rapid and permanent improvement quickly followed; of course, the usual means of flagellation with wet towel, walking the patient, shouting, etc., to keep him awake, were not neglected; also strong coffee, etc. Before leaving the patient, at midnight, I gave by the mouth forty-five drops of tincture of belladonna (made from Squire's extract), and ordered thirty drops of same to be given at 3 A.M., and same quantity at 6 A.M., if required. The improvement, however, was so marked that the dose at 6 A.M. was not given. I saw the patient the next day (June 11) at 10 A.M., found him quite convalescent, and needing only some fluid extract of valerian and Hoffmann's anodyne, to straighten up his nervous system after his debauch. I dismissed the case on June 12th, as cured.

This case, I think, fully proves the power of atropia as an antidote to opium—as the cure was effected, not by getting rid of the poison, but by neutralizing it in the system, and that, too, when emesis could not be produced, and when the symptoms indicated a speedy death—consequently, I shall "tie to it" with absolute confidence, in future. It will be noticed that my doses were large, which is additional proof of the antagonism of the two drugs, otherwise serious consequences would have followed their administration.

Jenkintown, Pa. ROBERT COLTMAN, M.D.

Rœtheln.

ED. MED. AND SURG. REPORTER:—

In the REPORTER of May 28th, 1881, Dr. Hubbard, of Wauconda, Ill., reported a case of "Obscure Rubeola," and asked if it could be considered a case of rœtheln. I think it was most certainly a case of roseola. In our village, of 1200 inhabitants, we have had an epidemic of roseola during the past spring; one-half of the population, adults as well as children, have been visited with it. The diagnosis is rendered easy if attention be paid to the following points of difference between it and rubeola and scarlatina. The rash of roseola is *pink*, and on looking at it *sidewise* it seems as if the skin had been tattooed with pink ink; there is no elevation of the skin, as in rubeola. The eruption is larger and paler than the rash of scarlatina, and not so dark as in rubeola. There is not the same amount of coryza as is seen with rubeola; and not so severe (if any) throat symptoms as are usually present in scarlatina. There is also very little febrile movement, and the duration of roseola is only for a few days; few of the patients take to the bed during the course of this disease. Some who have had rubeola severely a few months previous have just had an attack of roseola; and the same is true of scarlatina.

JOHN C. HOLMES, M.D.

Cranbury, N. J., June 13th, 1881.

NEWS AND MISCELLANY.

The Pennsylvania Medical Law.

We give below a correct copy of the Medical Registration Act as approved by the Governor of this State, June 8th, 1881. We commend it to the careful attention of the physicians of this commonwealth. It should be added in this connection that the passage of this act is largely owing to the self sacrificing and disinterested endeavors of Dr. R. L. Sibbet, of Carlisle, Chairman of the Committee on Medical Legislation:—

AN ACT TO PROVIDE FOR THE REGISTRATION OF ALL PRACTITIONERS OF MEDICINE AND SURGERY.

SECTION 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it it is hereby enacted by the authority of the same:—

That the Prothonotary of each county shall purchase a book of suitable size, to be known as the Medical Register of the County (if such book has not been purchased already), and shall set apart one full page for the registration of each practitioner; and when any practitioner shall depart this life, or remove from the county, he shall make a note of the same at the bottom of the page, and shall perform such other duties as are required by this act.

SEC. 2. Every person who shall practice medicine or surgery, or any of the branches of medicine or surgery, for gain, or shall receive or accept for his or her services as a practitioner of medicine or surgery any fee or reward, directly or indirectly, shall be a graduate of a legally chartered medical college or university having authority to confer the degree of doctor of medicine (except as provided for in section five of this act); and such persons shall present to the Prothonotary of the county in which he or she resides or sojourns, his or her medical diploma, as well as a true copy of the same, including any endorsements thereon, and shall make affidavit before him that the diploma and endorsements are genuine thereupon; the Prothonotary shall enter the following in the register, to wit: The name, in full, of the practitioner, his or her place of nativity, his or her place of residence, the name of the college or university that has conferred the degree of Doctor of Medicine, the year when such degree was conferred, and in like manner any other degree or degrees that the practitioner may desire to place on record; to all of which the practitioner shall likewise make affidavit before the Prothonotary, and the Prothonotary shall place the copy of such diploma, including the endorsements, on file in his office, for inspection by the public.

Sec. 3. Any person whose medical diploma has been destroyed or lost, shall present to the Prothonotary of the county in which he or she resides or sojourns, a duly certified copy of his or her diploma; but if the same is not obtainable, a statement of this fact, together with the names of the professors whose lectures he or she attended, and the branches of study upon which each professor lectured, to all of which the practitioner shall make affidavit before the Prothonotary, after which the practitioner shall be allowed to register in manner and form as indicated in section two of this act, and the Prothonotary shall place such certified statement on file in his office, for inspection by the public.

Sec. 4. Any person who may desire to commence the practice of medicine or surgery in this State after the passage of this act, having a medical diploma issued or purporting to have been issued by any college, university, society or association in another State or foreign country, shall lay the same before the faculty of one of the medical colleges or universities of this Commonwealth for inspection; and the faculty, being satisfied as to the qualifications of the applicant and the genuineness of the diploma, shall direct the dean of the faculty to endorse the same, after which such person shall be allowed to register as required by section two of this act.

Sec. 5. Any person who has been in the coninuous practice of medicine or surgery in this Commonwealth since one thousand eight hundred and seventy-one, without the degree of doctor of medicine, shall be allowed to continue such pracice; but such person shall nevertheless appear before the Prothonotary of the county in which he or she resides, and shall present to him a written statement of these facts, to which the practitioner shall make affidavit. Thereupon the rothonotary shall enter the following in the egister, to wit: The name in full of the practioner, his or her place of nativity, his or her lace of residence, the time of continuous practice in this Commonwealth, and the place or places where such practice was pursued, to all of which the practitioner shall likewise make affidavit, and the Prothonotary shall place the certified statement on file in his office, for inspection by the public.

Sec. 6. Every practitioner who shall be admitted to registration shall pay to the Prothonotary one dollar, which shall be compensation in full for registration, and the Prothonotary shall give a receipt for the same.

Sec. 7. Any practitioner who shall present to the faculty of an institution, for endorsement, or to a Prothonotary, a diploma which has been obtained fraudulently, or is in whole or part a forgery, or shall make affidavit to any false statement to be filed or registered, or shall practice medicine or surgery without conforming to the requirements of this act, or shall otherwise violate or neglect to comply with any of the provisions of this act, shall be deemed guilty of a misdemeanor, and, on conviction, shall be punished for each and every offence by a fine of one hundred dollars, one-half to be paid to the prosecutor and the other half to be paid to the county, or be imprisoned in the county jail of the proper county for a term not exceeding one year, or both, or either, at the discretion of the court.

Sec. 8. Nothing in this act shall be so construed as to prevent any physician or surgeon legally qualified to practice medicine or surgery in the State in which he or she resides from practicing in this Commonwealth: but any person or persons opening an office, or appointing any place where he or she may meet patients or receive calls, shall be deemed a sojourner, and shall conform to the requirements of this act.

Sec. 9. This act shall take effect on the first day of June, one thousand eight hundred and eighty-one.

Sec. 10. That all acts or parts of acts heretofore passed, and inconsistent with this act, be and the same are hereby repealed.

Items.

—*Puck* says the order of the Knights of the Goitre are principally found in Switzerland. Its members are all swells.

—Five hundred children have been taken from the public schools at Atlanta, Ga., on account of the presence of a mysterious disease.

—The Japanese Government has appointed a Special Commissioner, Mr. Monosuke Sano, to study the subject of cremation, and he is now investigating the merits of the Italian system, at Milan.

—A lawless gang in West Virginia, calling themselves "Red Men," recently took Dr. Daniel Cain, of West county, from his house at midnight and gave him a severe flogging, for refusing to use steam in his flouring mill.

—The State Board of Health of West Virginia has been duly commissioned by the Governor. Dr. J. E. Reeves has been appointed for six years. Dr. Reeves is now President of the State Medical Society, and it is mainly to his endeavors that the Board of Health owes its existence.

OBITUARY NOTICES.

PROF. SKODA.

The cable, on June 14th, announced the death of Dr. Josef Skoda, the distinguished professor at Vienna. He was born in Bohemia, in 1805, graduated at the Vienna medical schools in 1831, in 1834 became second physician to the general hospital at Vienna, and became successively Physician for the Division of Lung Diseases, Chief Physician of the Hospital, Professor of Clinics, and a member of the Vienna Academy of Sciences. Professor Skoda was one of the first to popularize the use of the stethoscope, was a great authority on pathological anatomy and on the various methods of auscultation and percussion, and was considered the head of the new German school of diagnosis.

◆

QUERIES AND REPLIES.

Chronic Colitis

Mr. Editor.—I would suggest, in answer to "Query" on chronic colitis, June 11th, liq. ferri pernitratis, gtt. x, in wineglass of sweetened water, four times a day, continued two weeks or more, as may best seem fit. S. L. West, m.d.

Wilmington, Del.

Mr. Editor.—In reply to Wm. H. C., of Ill., I would suggest a plan of treatment which has for years been effectual in my hands. Give your patient ♏xxx of tinct. opii, in water; this will arrest the peristaltic action of the stomach, and renders it tolerant of the following dose in half an hour :—

Pulv. ipecacuanha, grs. xl, in some syrup or honey. No fluid to be given for at least three hours. If very thirsty, ice can be sucked.

This remedy seldom produces nausea or vomiting, in large doses, if the above plan is carried out. The ipecac. has a beneficial action upon the skin, by causing an increased secretion of mucus, and by restoring the deranged capillary circulation of the liver and intestines to its normal state. After this I give teaspoonful doses of ext. belæ liquid, three times a day. One dose is generally enough of the ipecac.; if not, give another in about eight hours from the first.

While a surgeon in H. M.'s Army in the East Indies, where chronic colitis or dysentery is so common, the above treatment seldom failed. The hygienic condition and surrounding of the patient must be attended to. This disease is malarial, having an affinity for the glandular structure of the intestines. And last, but not least, send your patient for a change of air, if possible, to the sea shore.

H. Isaac Jones, l.r.c.p.e., l.f.p.& s g.
Scranton, Pa. *Mem. Am. Med Association.*

Mr. Editor.—In answer to Wm. H. C., Ill., in your last issue, I would say, I had, in 1874, a similar case, differing only in severity; my patient had twelve to fifteen stools daily; after all else had failed he fell into my hands; I put him on—

℞. Pulv. ipecac., ʒss
Ext. opii, gr. j. M.
Ft. pil., No. vj, div.

To be taken at once, with directions to keep perfectly quiet in recumbent position. On following day stools had lessened to one third; the same dose repeated and the following twenty-four hours were passed without any movement of the bowels, when a course of tonic treatment, with careful diet, completed the cure; he has never had any symptom of the trouble since. Not wishing to take up too much of your valuable space, I refrain from dilating upon it. I reported the case to our County Medical Society, at the time. Should the gentleman incline to try this remedy, I would be much pleased to hear of the result. D. Schleimer, m.d.

Elizabeth, N. J.

Dr. J. M., of Indiana, writes: What is Reid's method of reducing dislocation?"

Ans.—We presume you refer to the method introduced by Dr. W. W. Reid, of Rochester, N. Y., in 1851. It is by manipulation, and may be found described in "Hamilton on Fractures and Dislocations," page 752, and elsewhere.

Dr. Lex, of Ohio.—We shall take an early opportunity to discuss the subject of the relationship of medical societies, and make some suggestions thereon.

◆

MARRIAGES.

BLACKLY—SHERRARD.—At the Parsonage, Prosperity, Pa., May 18th, by Rev. J. H. Sherrard, assisted by Rev. T J. Sherrard, Oliver L. Blackly, m.d., of Sparta, and Miss Anna R., daughter of the officiating minister.

CAMPBELL—KREMER.—On May 25th, by Rev. W. H. Logan, G. W. Campbell, m.d., of Newport, and Sallie A., youngest daughter of Perry Kremer, Esq., of Millerstown, Perry county, Pa.

CRANE—ECKARD.—June 3d, at Abington, Pa., by Rev. J. R. Eckard, Charles L. Crane, m.d., of Sumter county, S. C., and Anna Maria, daughter of the officiating clergyman.

DISBROW—CALHOUN.—On Thursday, April 21st, at the residence of the bride's parents, No. 713 Lexington Ave., by the Rev. Stephen H. Tyng, Jr., d.d., Clara Louise Calhoun and Robert N. Disbrow, m.d., both of New York.

GREENE—MENAGER.—By his Honor, Wm. R. Grace, Mayor of New York city, Dr. Wm. R. Greene, of Philadelphia, and Miss Sarah Menager, of Paris, France.

HARRIS—LEGGETT.—By Rev. S. S. Gilson, May 10th, 1881, at the Presbyterian Parsonage in Dennison, O., Dr. George M. Harris, of Lorraine, O., and Miss Dorret M. Leggett, of Uhricksville, O.

SPALDING—GARRETT.—At St. Canicus' Church, Mahanoy City, Pa., on Wednesday, June 1st, 1881, by the Rev. M. A. Ryan, Dr. S. C. Spalding, of Shenandoah, and Miss Agnes Garrett, of Mahanoy City.

◆

DEATHS.

COCKEY.—At Rye, Saturday, May 21st, John H. T. Cockey, m.d.

COOPER.—On the 27th of May, in Colfax county, New Mexico, Dr. Lehman Adams Cooper, of erysipelas, in the forty-second year of his age.

GREGG.—Entered into rest, on the evening of the 31st ult., H. Albina Gregg, aged sixty-five years.

HALSTED.—At his father's residence, Sing Sing, N. Y., on Tuesday, May 24th, Richard Frederick Halsted, m.d., eldest son of James W. and Mary A. Halsted.

JONES.—Friday, May 20th, at 4 p.m., at his late residence, No. 43 West [illegible]6th street, New York, Alanson S. Jones, m.d.

LANGSTROTH.—On May 8th, 1881, at Vinton, Iowa, Edward F. B. Langstroth, m.d.

ROY.—On Friday evening, May 20th, at his late residence, No. 216 West 34th street, New York, Dr. Enos G. Roy, in the fifty first year of his age.

SABINE.—In London, Ontario, on the 1st instant, Dr. Joseph B. Sabine, aged fifty-six years.

VAN WAGNER.—At Madison, N. J., May 30th, Frederick J. Van Wagner, m.d., in the forty-third year of his age.

3 2044 10